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Decedent

JOINT TENANCY AFFIDAVIT

STATE OF _____)

COUNTY OF _____) SS

Adil Mujanovic

hereby referred to as the affiant, states under oath that the affiant resides at

1717 Crystal Lane #612
Mt. Prospect, IL 60056

In the City of Mt. Prospect,

State of IL;

that the affiant was acquainted with


Adil Mujanovic,

the decedent; at the time of death, the decedent was one of the owners of property,

by virtue of a properly recorded joint tenancy deed, said property located in

Cook County, State of

IL, and legally described as follows:


0417326143
Doc#: 0417326143
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 08/21/2004 12:07 PM Pg: 1 of 3

The decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

The decedent died on 12-23-04, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 50,000.00, and that the value of the above property individually was \$ 10,000.00

The State and Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate has been paid in full;

The affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc. (ATG) to issue its policy of title insurance on the above property.

30B

ATGF, INC.

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JOINT TENANCY AFFIDAVIT (continued)

The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that ATG may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of Sabina Mujanovic, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

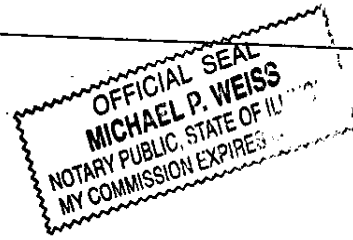
ADIL MUJANOVIC (Seal)

_____ (Seal)

Subscribed and sworn to before me this

24 day of March, 2004
(Month) (Year)

[Signature]
(Notary Public)



Note: If the decedent left a will, it will be necessary that the original or certified copy thereof be presented to ATG for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

This instrument prepared by:

Joe metovic
(Name)

180 N. LaSalle 916
(Address)

Chicago IL 60601
(City, State, Zip)

Return to:

Joe metovic
(Name)

180 N. LaSalle 916
(Address)

Chicago IL 60601
(City, State, Zip)

STATE OF ILLINOIS
County of Cook)

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DEC 24 2003

DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

David Orr
COUNTY CLERK

STATE OF ILLINOIS

STATE FILE NUMBER

**MEDICAL EXAMINER'S - CORONER'S
CERTIFICATE OF DEATH**

392 Dec 03

PERMANENT CERTIFICATE
 TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO. **16.0**
REGISTERED NUMBER

Type, or Print in PERMANENT INK See Coroner's or Funeral Directors Handbook for INSTRUCTIONS

DECEASED
BIRTHPLACE (CITY AND STATE OF FOREIGN COUNTRY)
SOCIAL SECURITY NUMBER
RESIDENCE (STREET AND NUMBER)
STATE

PARENTS

CAUSE

CERTIFIER

DISPOSITION

1. DECEASED NAME Sabiha		FIRST MIDDLE LAST Mujanovic		SEX Female	DATE OF DEATH (MONTH, DAY, YEAR) December 23, 2003
4. COUNTY OF DEATH Cook		AGE - LAST BIRTHDAY (YEAR) 5a. 25	UNDER 1 YEAR 5b.	UNDER 1 DAY 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. July 25, 1968
6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Hoffman Estates		6b. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) St. Alexius Hospital			6c. IF HOEP, OR INST, INDICATE D.O.A., OPEMER, OR INPATIENT (SPECIFY) ER
7. BIRTHPLACE (CITY AND STATE OF FOREIGN COUNTRY) BOSNIA		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED		8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Adil Mujanovic	
10. SOCIAL SECURITY NUMBER 399-94-1729		11a. USUAL OCCUPATION CASHIER		11b. KIND OF BUSINESS OR INDUSTRY PHARMACY	
13a. RESIDENCE (STREET AND NUMBER) 1717 Crystal Lane		13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Mt. Prospect		13c. INSIDE CITY (YES/NO) Yes	
13e. STATE IL		13f. ZIP CODE 60656		13d. COUNTY Cook	
13g. RACE (WHITE, BLACK, AMERICAN INDIAN, SPECIFY) White		14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
15. FATHER NAME FIRST MIDDLE LAST Adil Mujanovic		16. MOTHER NAME FIRST MIDDLE (MAIDEN) LAST Mina Dzatic			
17a. INFORMANT NAME (TYPE OR PRINT) Adil Mujanovic		17b. RELATIONSHIP Son		17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 1717 Crystal Lane, Mt. Prospect	
18. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					
Immediate Cause (Final disease or condition resulting in death)		(a) PULMONARY Embolism			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) Deep Vein Thrombosis			
		(c)			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. Intrauterine Pregnancy					
19a. NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED (SPECIFY) NATURAL		19b. DATE OF INJURY (MONTH, DAY, YEAR) 2003		19c. HOUR M. 20d.	
20a. INJURY AT WORK (YES/NO)		20f. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY)		20g. LOCATION (CITY, VIL. OR TOWN; OR TWP.; OR RD. DIST. NO., COUNTY, STATE)	
20e.		20h. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO		20i. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT		21b. THE DECEDENT WAS PRONOUNCED DEAD ON December 23, 2003		21c. AT 12:13A.M.	
22a. CORONER'S - MEDICAL EXAMINER'S SIGNATURE <i>E. J. Donoghue, M.D.</i>		22b. DATE SIGNED (MONTH, DAY, YEAR) December 23, 2003		22c. CORONER'S PHYSICIAN'S NAME (Type or Print) J. SCOTT DENTON, M.D.	
22a.		22b.		22c.	
23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal		23b. CEMETERY OR CREMATORY - NAME LOCAL		23c. LOCATION CITY OR TOWN STATE (Bosnia) Vratci	
24a. FUNERAL HOME Carbe Est.		24b. STREET AND NUMBER OR R.F.D. 3314 N. Armitage, Chicago, IL		24c. CITY OR TOWN STATE ZIP 60647	
25a. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		25b. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-009202			
25a.		25b.			
26a. LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i>		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) DEC 24 2003			
26a.		26b.			