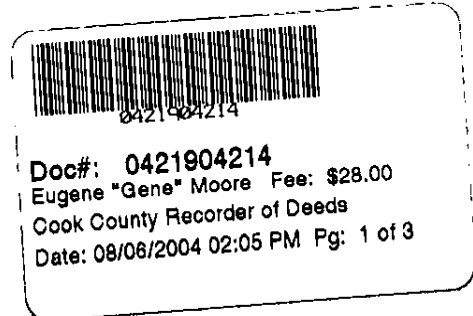


# UNOFFICIAL COPY

## JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )  
  ) SS  
COUNTY OF COOK    )

Diane Cunningham, hereby referred to as the affiant, states under oath that the affiant resides at 724 N. Vail, Arlington Heights, State of Illinois; that the affiant was acquainted with James E. Surratt, 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 Illinois, and legally described as follows:



THE SOUTH 33 1/3 FEET OF LOT 23 IN BLOCK 14 IN RHODES AND CLARK'S SUBDIVISION IN SECTIONS 26 AND 27, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

COMMON ADDRESS: 2453 N. Leyden Ave., River Grove, IL 60171

PERMANENT REAL ESTATE INDEX NUMBER: 12-26-321-030-0000

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, herein or the creation of interests to take effect in possession or enjoyment after death;

The decedent died on June 20, 1997, leaving a last will and testament;

The total value of the decedent's estate, including taxable interest in the above property, was \$ 246,500.00, and that the value of the above property individually was \$ 197,500.00.

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 described property.

The affiant hereby covenants and agrees, individually, and for the affiant's 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 James E. Surratt, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of the decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

# ATGF, INC.

1322/20 9/5

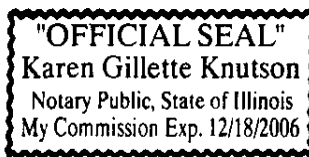
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0421904214 Page: 2 of 3  
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*Mick Cunningham* (SEAL)

Subscribed and sworn to before me this  
2<sup>nd</sup> day of May, 2004

*Karen Gillette Knutson*  
Notary Public, State of Illinois



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

This Instrument was prepared by:

Karen G. Knutson, Esq.  
SMITH, RICKERT & SMITH  
8259 W. Grand Ave.  
River Grove, IL 60171-1539

Return To:

Karen G. Knutson, Esq.  
SMITH, RICKERT & SMITH  
8259 W. Grand Ave.  
River Grove, IL 60171-1539

Property of Cook County Clerk's Office

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

JUN - 4 1997

L SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, DEATHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF LAWS AND ORDINANCES.

UNOFFICIAL COPY



THIS CERTIFIED COPY VALID IN THE MULTICOLOR SIGNATURE SEAL AFFIXED.

MEDICAL CERTIFICATE OF DEATH

NUMBER 609271

REGISTERED NUMBER	DECEASED-NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH	MONTH	DAY	YEAR	
	JAMES		EVERETT	SURRATT	SURRATT	MALE	JUNE 02, 1997				
COUNTY OF DEATH	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		NAME OF SURVIVING SPOUSE (MARRIAGE, IF NFB)		DATE OF BIRTH		MONTH	DAY	YEAR
4. COOK	CHICAGO		RESURRECTION MEDICAL CENTER		LAURA PUCCI		3 JUNE 02, 1997				
6a. CHICAGO	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		8b. LAURA PUCCI		5d. SEPTEMBER 16, 1933		IF POSS, OR PAST, MONICA Y. D.O.A. OR FEMER. RIL. INPATIENT (SPECIFY)		
7. CHICAGO, ILLINOIS	MARRIED		8b. MARRIED		8d. LAURA PUCCI		5d. SEPTEMBER 16, 1933		SC. INPATIENT		
SOCIAL SECURITY NUMBER	USUAL OCCUPATION		11a. MAINTENANCE		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY IF POST-GRADUATE COMPLETED)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)		
10. 335 26 3071	SUPERVISOR		SUPERVISOR		SUPERVISOR		12. 11		9. YES		
RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP. OR ROAD DISTRICT NO.		RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)		14a. WHITE		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		SPECIFY:		
13a. 6550 W. GUNNISON #201	HARWOOD HEIGHTS		14a. WHITE		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		MOTHER-NAME		MIDDLE		
STATE	13b. HARWOOD HEIGHTS		14a. WHITE		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		HELEN		MIDDLE		
13c. ILLINOIS	13c. HARWOOD HEIGHTS		14a. WHITE		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		HELEN		MIDDLE		
FATHER-NAME	RELATIONSHIP		17b. WIFE		MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN, STATE, ZIP)		60656		MIDDLE		
15. EVERETT	17b. WIFE		17c. 6550 W. GUNNISON, HARWOOD HEIGHTS, ILL.		60656				MIDDLE		
INFORMANT'S NAME (TYPE OR PRINT)	17c. 6550 W. GUNNISON, HARWOOD HEIGHTS, ILL.		17c. 6550 W. GUNNISON, HARWOOD HEIGHTS, ILL.		60656				MIDDLE		
17a. LAURA SURRATT	17c. 6550 W. GUNNISON, HARWOOD HEIGHTS, ILL.		17c. 6550 W. GUNNISON, HARWOOD HEIGHTS, ILL.		60656				MIDDLE		
18. PART I	17c. 6550 W. GUNNISON, HARWOOD HEIGHTS, ILL.		17c. 6550 W. GUNNISON, HARWOOD HEIGHTS, ILL.		60656				MIDDLE		
Immediate Cause (Final disease or condition resulting in death)	(a) ACUTE VENTRICULAR FIBRILLATION		(b) CEREBRAL HEMORRHAGE		(c) DUE TO, OR AS A CONSEQUENCE OF		MINUTES		MONTHS		
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(a) ACUTE VENTRICULAR FIBRILLATION		(b) CEREBRAL HEMORRHAGE		(c) DUE TO, OR AS A CONSEQUENCE OF		MONTHS		MONTHS		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	(a) ACUTE VENTRICULAR FIBRILLATION		(b) CEREBRAL HEMORRHAGE		(c) DUE TO, OR AS A CONSEQUENCE OF		MONTHS		MONTHS		
DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION		AUT (DPS) (YES/NO)		19b. NO		19c. NO		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		
20a.	20b.		19b. NO		19c. NO		20c. YES <input type="checkbox"/> NO <input type="checkbox"/>		20c. YES <input type="checkbox"/> NO <input type="checkbox"/>		
10 (D) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON	JUNE 02, 1997		WAS CORNER OR MEDICAL EXAMINER NOTIFIED? (MESSAGE)		21b. NO		21c. 09:45 P. M.		HOUR OF DEATH		
21a.	JUNE 02, 1997		21b. NO		21c. 09:45 P. M.		DATE SIGNED		MONTH DAY YEAR		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE ABOVE TO THE CAUSE(S) STATED.	JUNE 02, 1997		21b. NO		21c. 09:45 P. M.		22a. SIGNATURE		DATE SIGNED		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	UPENDRA C SHAH, M.D. 7447 W TALCOTT, CHICAGO, IL 60631		22a. SIGNATURE		22b. JUNE 03, 1997		ILLINOIS LICENSE NUMBER		22c. 036-057815		
22a.	UPENDRA C SHAH, M.D. 7447 W TALCOTT, CHICAGO, IL 60631		22b. JUNE 03, 1997		22c. 036-057815		22d. 036-057815		WAS THERE AN INJURY INVOLVED OR THIS DEATH THE RESULT OF A MEDICAL EXAMINER'S SURVEY? (YES/NO)		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	22b. JUNE 03, 1997		22c. 036-057815		22d. 036-057815		22e. 031-008880		DATE OF BIRTH (MONTH, DAY, YEAR)		
22b.	22c. 036-057815		22d. 036-057815		22e. 031-008880		22f. 031-008880		DATE OF BIRTH (MONTH, DAY, YEAR)		
BURIAL, CREMATION, REMOVAL (SPECIFY)	24b. MARYHILL CEMETERY		24c. NILES, ILLINOIS		24d. NORRIDGE, ILLINOIS		24e. 60656		FUNDING DIRECTOR'S ILLINOIS LICENSE NUMBER		
24a. BURIAL	24b. MARYHILL CEMETERY		24c. NILES, ILLINOIS		24d. NORRIDGE, ILLINOIS		24e. 60656		FUNDING DIRECTOR'S ILLINOIS LICENSE NUMBER		
FUNERAL HOME	24b. MARYHILL CEMETERY		24c. NILES, ILLINOIS		24d. NORRIDGE, ILLINOIS		24e. 60656		FUNDING DIRECTOR'S ILLINOIS LICENSE NUMBER		
24b. COMBERLAND CHAPELS	24b. MARYHILL CEMETERY		24c. NILES, ILLINOIS		24d. NORRIDGE, ILLINOIS		24e. 60656		FUNDING DIRECTOR'S ILLINOIS LICENSE NUMBER		
FUNERAL DIRECTOR'S SIGNATURE	24b. MARYHILL CEMETERY		24c. NILES, ILLINOIS		24d. NORRIDGE, ILLINOIS		24e. 60656		FUNDING DIRECTOR'S ILLINOIS LICENSE NUMBER		
25a.	24b. MARYHILL CEMETERY		24c. NILES, ILLINOIS		24d. NORRIDGE, ILLINOIS		24e. 60656		FUNDING DIRECTOR'S ILLINOIS LICENSE NUMBER		
LOCAL REGISTRAR'S SIGNATURE	24b. MARYHILL CEMETERY		24c. NILES, ILLINOIS		24d. NORRIDGE, ILLINOIS		24e. 60656		FUNDING DIRECTOR'S ILLINOIS LICENSE NUMBER		
26a.	24b. MARYHILL CEMETERY		24c. NILES, ILLINOIS		24d. NORRIDGE, ILLINOIS		24e. 60656		FUNDING DIRECTOR'S ILLINOIS LICENSE NUMBER		
VR200 (Rev. 5-95)	24b. MARYHILL CEMETERY		24c. NILES, ILLINOIS		24d. NORRIDGE, ILLINOIS		24e. 60656		FUNDING DIRECTOR'S ILLINOIS LICENSE NUMBER		

*Sheila Lyne*  
SHEILA LYNE, REGISTRAR OF VITAL STATISTICS  
JUN - 4 1997