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JOINT TENANCY AFFIDAVIT

358345 1/3
 STATE OF ILLINOIS)
) SS
 COUNTY OF COOK)

Doc#: 0422329264
 Eugene "Gene" Moore Fee: \$28.00
 Cook County Recorder of Deeds
 Date: 08/10/2004 12:53 PM Pg: 1 of 3

ROBERT L. KARLSTEDT, hereby referred to as the Affiant, states under oath that the Affiant resides at 6242 BOCA RIO; In the City of OAK FOREST, State of ILLINOIS; that the Affiant was acquainted with LILLIAN A. KARLSTED, 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:

LOT 7 IN BLOCK 17, 2ND ADDITION TO MEDEMA'S EL VISTA GARDENS, BEING A SUBDIVISION OF PART OF THE SOUTH 1/2 OF THE NORTH WEST 1/4 OF SECTION 17, TOWNSHIP 36 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Commonly known as: 6242 BOCA RIO, OAK FOREST, ILLINOIS 60452
 PIN# 28-17-116-007-0000

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

The decedent died on December 22, 2003, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ n/a, and that the value of the above property individually was \$ n/a

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 Stewart Title Guaranty Company to issue its policy of title insurance on the above described property.

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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 Stewart Title Guaranty Company, harmless and to reimburse Stewart Title Guaranty Company for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that Stewart Title Guaranty Company may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

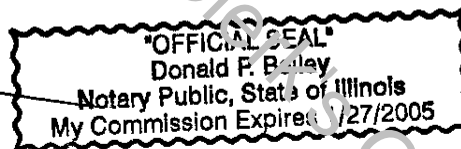
1. Claims against the estate of Lillian A. Karlstedt, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

Robert L. Karlstedt
(SEAL)

(SEAL)

Subscribed and sworn to before me this
17th day of July, 2004

[Signature]
(Notary Public)



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

This instrument was prepared by:

Donald P. Bailey Attorney at Law
10729 West 159th Street
Orland Park, IL 60467
(708) 460-2445

Return to:

Donald P. Bailey
10729 W. 159th ST
ORLAND PARK, IL
60467

UNOFFICIAL COPY
SIGNED: *[Signature]* DEPT. REG. STR. TINKER PARK, ILLINOIS
DATED: *December 26, 2003* SIGNED: *[Signature]* LOCAL REGISTRAR
I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE DECEDENT NAMED IN ITEM #1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF STILLBIRTHS, BIRTHS AND DEATHS.

REGISTRATION DISTRICT NO. *16.91*
REGISTERED NUMBER *430*
STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
STATE FILE NUMBER

DECEASED-NAME: **LILLIAN KARLSTEDT**
1. COUNTY OF DEATH: **ILLINOIS**
2. CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER: **COOK**
3. AGE-LAST BIRTHDAY (YRS): **62**
4. DATE OF BIRTH (MONTH, DAY, YEAR): **August 29, 1941**
5. SEX: **Female**
6. DATE OF DEATH (MONTH, DAY, YEAR): **December 22, 2003**

7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **Blue Island, IL**
8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **8a. Married**
9. SOCIAL SECURITY NUMBER: **10. 324-34-6516**
10. RESIDENCE (STREET AND NUMBER): **13a. 6242 Boca Rio**
11. CITY, TOWN, TWP. OR ROAD/DISTRICT NO.: **11b. Schools**
12. INSIDE CITY (YES/NO): **12. 12**
13. COUNTY: **13c. Cook**

14. FATHER-NAME: **14a. White**
15. FATHER-NAME FIRST MIDDLE LAST: **Joseph Ignaczak**
16. MOTHER-NAME FIRST MIDDLE LAST: **Edith Martino**

17. INFORMANT'S NAME (TYPE OR PRINT): **17a. Robert L. Karlstedt**
18. RELATIONSHIP: **17b. Husband**
19. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): **17c. 6242 Boca Rio Oak Forest, IL 60452**

19. IMMEDIATE CAUSE (Final disease or condition resulting in death): **20a. 20b. 20c. 20d. 20e. 20f. 20g. 20h. 20i. 20j. 20k. 20l. 20m. 20n. 20o. 20p. 20q. 20r. 20s. 20t. 20u. 20v. 20w. 20x. 20y. 20z.**

21. CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **21a. 21b. 21c. 21d. 21e. 21f. 21g. 21h. 21i. 21j. 21k. 21l. 21m. 21n. 21o. 21p. 21q. 21r. 21s. 21t. 21u. 21v. 21w. 21x. 21y. 21z.**

22. DATE OF OPERATION, IF ANY: **22a. 22b. 22c. 22d. 22e. 22f. 22g. 22h. 22i. 22j. 22k. 22l. 22m. 22n. 22o. 22p. 22q. 22r. 22s. 22t. 22u. 22v. 22w. 22x. 22y. 22z.**

23. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **23a. 23b. 23c. 23d. 23e. 23f. 23g. 23h. 23i. 23j. 23k. 23l. 23m. 23n. 23o. 23p. 23q. 23r. 23s. 23t. 23u. 23v. 23w. 23x. 23y. 23z.**

24. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **24a. 24b. 24c. 24d. 24e. 24f. 24g. 24h. 24i. 24j. 24k. 24l. 24m. 24n. 24o. 24p. 24q. 24r. 24s. 24t. 24u. 24v. 24w. 24x. 24y. 24z.**

25. FUNERAL HOME: **25a. Lawn Funeral Home 7732 West 159th Street Orland Park Illinois 60462**

26. LOCAL REGISTRAR'S SIGNATURE: **26a. [Signature]**

27. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **27a. December 26, 2003**

(BASED ON 1989 U.S. STANDARD CERTIFICATE)