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JOINT TENANCY AFFIDAVIT

STATE OF Ill.)
COUNTY OF Cook) SS



Doc#: 0423820133
Eugene "Gene" Moore Fee: \$32.00
Cook County Recorder of Deeds
Date: 08/25/2004 03:02 PM Pg: 1 of 5

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

In the City of Chicago,
State of Ill.

that the affiant was acquainted with John Y. Isoda,

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:

1318923

(see attached)

4

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 1/20/2000, leaving no/a last will and testament.

The total value of decedent's estate, including the taxable interest in the above property was \$ 110,000, and that the value of the above property individually was \$ 105,000.

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.

Search Dearborn Illinois 60606

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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 John Y. Iroda, 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.

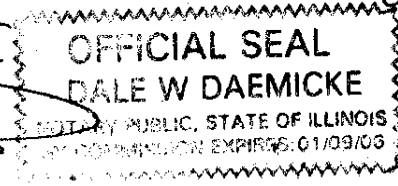
Kathleen Iroda (Seal)

Kathleen Iroda (Seal)

Subscribed and sworn to before me this

9th day of August, 2004
(Month) (Year)

[Signature]
(Notary Public)



daughter

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:

Dale W Daemicke
(Name)
Att. at Law
(Address)
1249 Waukegan Rd
(City, State, Zip)
Orland Park Ill. 60029

Return to:

(Name)

(Address)

(City, State, Zip)

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DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 16.2

STATE OF ILLINOIS

STATE FILE NUMBER

REGISTERED NUMBER 112

MEDICAL CERTIFICATE OF DEATH

Type of Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. John Y. Isoda Male 3. January 20, 2000

COUNTY OF DEATH AGE-LAST BIRTHDAY (MYS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)

4. COOK 5a. 13 5b. 5c. 5d. March 4, 1924

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER) 6c. Inpatient

6a. Evanston 6b. ST. FRANCIS 6c. Inpatient

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Niles, CA 8a. Married 8b. Elizabeth Noshima 8. Yes

9. 528-28-7635 A 10. 11a. Mechanic 11b. Auto 11c. 12. 12. 12

RESIDENCE (STREET AND NUMBER) 13a. 5006 N. Western Ave. 13b. Chicago 13c. Yes 13d. COOK

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, OR SPECIFY) 13e. ILLINOIS 13f. 60625 13g. Japanese 14. X NO YES SPECIFY:

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST

15. Kohel Isoda 16. Ai Kozaki

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

17a. Elizabeth Isoda 17b. Wife 17c. 5006 N. Western Chicago, IL 60625

18. PART I. Immediate Cause (Final disease or condition resulting in death) (a) Acute GI bleeding. (b) Acute liver failure. (c) hepatic encephalopathy. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 240

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) (b) (c) PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION AUTOPSY (YES/NO) 19a. NO 19b.

20a. 20b. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES NO

21a. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21c. HOUR OF DEATH

22a. SIGNATURE 22b. DATE SIGNED (MONTH, DAY, YEAR) 22c. ILLINOIS LICENSE NUMBER

22a. CHARLES BRAKHA 355 RIDGE EVANSTON, IL 22b. JAN. 22, 2000 22c. 036097975

23. RIFIAL CREMATION REMOVAL (CITY) 24a. CREMATION 24b. MONTROSE 24c. CHICAGO, ILLINOIS 24d. DATE (MONTH, DAY, YEAR)

24a. 24b. 24c. 24d. JAN. 26, 2000

25a. LAKE VIEW, 1458 W. BELMONT AVE. CHICAGO, IL 6057 25b. PUNERAL DIRECTOR'S SIGNATURE 25c. H. Masumoto 25d. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

25a. 25b. 25c. 25d. 034-09178

26a. LOCAL REGISTRAR'S SIGNATURE 26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26a. 26b. January 24, 2000

VR200 (Rev. 6/89)

Illinois Department of Public Health - Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act

DATE JANUARY 24, 2000

SIGNED

[Signature]

AT EVANSTON

Illinois OFFICIAL TITLE LOCAL REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

VR-201C (1978)

OFFICE OF VITAL RECORDS • ILLINOIS DEPARTMENT OF PUBLIC HEALTH • SPRINGFIELD 62761

P.013/018

10:847724952

1 312 396 5910

APR-20-2004 06:49 FROM: I 1

TH. NO. REGISTRATION DISTRICT NO. REGISTERED NUMBER DECEASED-NAME FIRST MIDDLE LAST

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 604223

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

MAR 15 2002

1. DECEASED-NAME FIRST MIDDLE LAST ELIZABETH Y. ISODA 2. SEX FEMALE 3. DATE OF DEATH (MONTH, DAY, YEAR) 3 MARCH 14, 2002

4. COUNTY OF DEATH Cook 5. AGE-LAST BIRTHDAY (MRS) 57 6. UNDER 1 YEAR MOS. DAYS 5d 7. UNDER 1 DAY HOURS MIN 5d 8. DATE OF BIRTH (MONTH, DAY, YEAR) JANUARY 20, 1932

9. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER Chicago 10. HOSPITAL OR OTHER INSTITUTION (NAME IF NOT IN EITHER GIVE STREET AND NUMBER) 5006 N. WESTERN AVE. 11. HOME

12. RESIDENCE (STREET AND NUMBER) 528-28-7635 D 13. HOME 14. CHICAGO 15. CHICAGO 16. CHICAGO

17. STATE ILLINOIS 18. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) Japanese 19. OFF-HISPANIC ORIGIN? (SPECIFY) NO 20. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) College (11-12 or 13)

21. FATHER-NAME FIRST MIDDLE LAST NAOJI NOSHIMA 22. MOTHER-NAME FIRST MIDDLE LAST CHIYOKO MORI 23. RELATIONSHIP DAUGHTER 24. MAILING ADDRESS (STREET AND NO. OR R.D., CITY OR TOWN, STATE, ZIP) 5006 N. WESTERN AVE. CHICAGO, IL 60625

25. IMMEDIATE CAUSE (Final disease or condition resulting in death) ACUTE MYOCARDIAL INFARCTION 26. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) COVARIETY (c) ALTERNATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) COVARIETY (c) ALTERNATE CAUSE

27. DATE OF OPERATION, IF ANY 28. MAJOR FINDINGS OF OPERATION 29. AUTOPSY (YES/NO) 30. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 31. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES NO X

32. SIGNATURE OF CERTIFIER 33. NAME AND ADDRESS OF CERTIFIER 34. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) 35. DATE SIGNED 36. ILLINOIS LICENSE NUMBER

37. BURIAL, CREMATION, REMOVAL, (SPECIFY) 38. FUNERAL HOME 39. CEMETERY OR CREMATORY-NAME 40. LOCATION 41. CITY OR TOWN 42. STATE 43. DATE (MONTH, DAY, YEAR)

44. FUNERAL DIRECTOR'S SIGNATURE 45. FUNERAL DIRECTOR'S NAME 46. STREET AND NUMBER OR R.F.D. 47. CITY OR TOWN 48. STATE 49. DATE (MONTH, DAY, YEAR)

50. LOCAL REGISTRAR'S SIGNATURE 51. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 52. LOCAL REGISTRAR'S SIGNATURE SEAL

John L. Wilhelm, M.D. LOCAL REGISTRAR

JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE 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 OBTAINANCE OF SAID LAW AND ORDINANCES.

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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PIN# 13-12-411-097

LOT 8 (EXCEPT THAT PART TAKEN FOR STREET) IN PETER BARTZEN'S SUBDIVISION OF LOT 22 IN BOWMANVILLE, A SUBDIVISION IN THE EAST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 12, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office