# **UNOFFICIAL COPY**

STATE OF ILLINOIS SS COUNTY OF C O O K

### JOINT TENANCY AFFIDAVIT

ARLENE M. WARD, hereby referred to as the affiant, states under oath that the affiant resides at 3900 W. Bryn Mawr, Apt. 410 in the City of Chicago, Illinois; that the affiant was acquainted with RAYMOND E WARD, the

decedent; that it the time of death,

the decedent was one of the owners of the property, by virtue of a properly recorded joint tenancy warranty deed, said property, located in Cook County, Illinois, and legally described as per the attached.

Address of Property: 3900 M. Bryn Mawr, Apt. 410, Chicago, IL 60659 P.I.N. 13-02-300-002-8002

That 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;

That the decedent died on May 5, 2004, as evidenced by a certified copy of his death certificate attached hereto, leaving a last will and testament;

That the Illinois Estate Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full.

That the affiant makes this affidavit to induce Attorney: Title Guaranty Fund, Inc. to issue its policy of title insurance on the above described property.

The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indepnity, protect, defend and hold Attorneys' Title Guaranty Fund, Inc. harmless and to reimburse The Fund for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which The Fund 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 RAYMOND E. WARD, the decedent;
- 2. Illinois Estate Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
- 3. Legacies, if any, created by the will of said decedent:

4. Rights of contribution.

(SEAL)

Doc#: 0425345130

Eugene "Gene" Moore Fee: \$28.50 Cook County Recorder of Deeds

Date: 09/09/2004 11:40 AM Pg: 1 of 3

Subscribed & Sworn to before me this

day of

avit Prepared by and return to:

N. Milwaukee Avenue 60646 Chicago, Illinois

"OFFICIAL SEAL"
Michael J. Cornfield
Notary Public, State of Illinois
My Commission Expires 12/06/2007

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#### PARCEL 1:

UNIT 410 IN CONSERVANCY AT NORTH PARK CONDOMINIUM I AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED PREMISES:

THAT PART OF THE EAST 833 FEET OF THE WEST 883 FEET OF THE NORTH 583 FEET OF THE SOUTH 633 FEET OF THE SOUTHWEST 1/4 OF SECTION 2, TOWNSHIP 40 NORTH RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT THAT PART OF THE LAND DEDICATED FOR PUBLIC ROADWAY BY DOCUMENT 26700736) DESCRIBED AS FOLLOWS: COMMENCING AT THE NORTHWEST CORNER OF SAID TRACT; THENCE EAST ON THE NORTH LINE OF SAID TRACT A DISTANCE OF 833.00 FEET TO THE NORTHEAST CORNER OF SAID TRACT; THENCE SOUTH 0 DEGREES 06 MINUTES 24 SECONDS EAST ON THE EAST LINE OF SAID TRACT A DISTANCE OF 583 FEET TO THE SOUTHEAST CORNER OF SAID TRACT; THENCE WEST ON THE SOUTH LINE OF SAID TRACT A DISTANCE OF 255.38 FEET; THENCE NORTH A DISTANCE OF 120 FEET TO THE POINT OF BEGINNING; THENCE CONTINUING NORTH ON THE LAST DESCRIBED LINE 89.0 FEET; THENCE WEST 78.0 FEET, THENCE WEST 48.0 FEET, THENCE SOUTH 20.0 TEET, THENCE WEST 78.0 FEET THENCE SOUTH 89 FEET THENCE EAST 204 FEET TO THE POINT OF BEGINNING IN COOK COUNTY, ILLINOIS

WHICH SURVEY IC ATTACHED TO DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT 94923282 TOGE FIFR WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS

## PARCEL 2:

THE EXCLUSIVE RIGHT TO THE USE OF PARKING SPACE 410 AND STORAGE SPACE 410, LIMITED COMMON ELEMENTS AS DELINEATED ON THE SURVEY ATTACHED TO THE DECLARATION AFORESAID RECORDED AS DOCUMENT 94923282

### PARCEL 3:

EASEMENTS FOR INGRESS AND EGRESC OVER COMMON AREAS AS SHOWN IN DECLARATION RECORDED OCTOBER 28, AS DOCUMENT >4°23280

0425345130 Page: 3 of 3 ē sicians for SNS 'ectors XXX CONDITIONS, IF ANY
WHICH GIVE RISE TO
IMMEDIATE CAUSE (a)
STATING THE UNDERLYING
CAUSE LAST. VR200 (Rev. 5/89) FUNERAL DIRECTOR'S SIGNATOR BURIAL, CREMATION, REMOVAL (SPECIFY)
24a, BUILLAL NAME AND ADDRESS OF CERTIFIER (OID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON FUNERAL HOME NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I BRTHPLACE (CITYAND STATE OR FOREIGN COUNTRY)
7. Chicago, II. 22a. SIGNATURE 🏲 O THE BEST OF MY KNOWLEDGE, DEATH OCCURREDAT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED PATE OF OPERATION, IF ANY <sub>17a</sub>Arlene Ward INFORMANT'S NAME (TYPE OR PRINT) STATE RESIDENCE (STREET AND NUMBER) SOCIAL SECURITY NUMBER CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER Immediate Cause (Final disease or condition 18. PART I. FATHER-NAME 10. 338-18-8825 COUNTY OF DEATH resulting in death) NUMBER REGISTERED DECEASED-NAME Smith-Corcoran 3900 W. Chicago Illinois Cook Raymond Bryn Mawr Enter the diseases, 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. Raymond ZIP CODE <sub>13f.</sub> 60659 CEMETERY OR CREMATORY-NAME DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF ত্র (a) MIDDLE FIRST Euneral Home 6150 N. MAJOR FINDINGS OF OPERATION EXECUTIVE MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Calvary Cemetery HaVice President ander TYPE OF PRINT) (525 ±00) Married (MONTH, DAY, YEAR) Diaheles Renai MEDICAL CERTIFICATE OF DEATH **类10** Illinois Department of Public Health—Division of Vital Records トレークト INDIAN, eightspecien) RACE (WHITE, BLACK, AMERICAN BIRTHDAY (YRS) <sub>6b.</sub> 3900 W. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN SITHER, GIVE STREET AND NUMBER) MIDDLE 13.0 STREET AND NUMBER OR R.F.O. Ward LAST ないな 36 RELATIONSHI 17b.Wife fi-rut when TOWN, TWP, OR ROAD DISTRICT NO MOS DAYS NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 116 Electronics KIND OF BUSINESS OR INDUSTRY 8b. Arlene Bryn Mawr Chicago Ward Cicero Avenue 24c. LAST LOCATION OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN ... XIL IN, PUERTO RICAN, etc.) MOTHER-NAME 6 146 Evanston, Illinois UNDER 1 DAY Ů× NO MAILING ADDRESS (STREET AND NO. OR 6. C. D. C. TY OR TOWN, STATE, ZIP) Valenzano 3900 W. 类10 215 CITY OR TOWN WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YESNO) <u>≤</u> Florence SEX CITY OR TOWN Male DATE OF BIRTH (MONTH, DAY, YEAR) <sub>5d.</sub> July 11, Bryn Mawr #10, Chicago, EUUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETE)

Elementary/Secondary (0-12)

College (1-4 or 5 + ) DATE FILED BY LOCAL REGISTRAR (MON 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER (YESANO Yes INSIDE CITY SPECIFY: STATE AUTOPSY DATE OF DEATH MIDDLE 19a. 034-012032 May 5. MA DATE SIGNED IL 60646 IF FEMALE, WAS THERE A PREGNANCY IN PAST ĉ THREE MONTHS? 8 NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. ILLINOIS LICENSE NUMBER HOUR OF DEATH (BASED ON 1989 U.S. STANDARD CERTIFICATE) 1924 STATE FILE NUMBER YES | NO | Chicago, 13d. COUNTY OP/EMER. RM, INPATIENT (SPECIFY 2004 WERE AUTOPSY FINDINGS AVAILABLE PRIGHTO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b 24d. May10, 2004 DAILE **Fieming** コロコ (MAIDEN) S RETWEEN ONSET AND DEATH WAS DECEASED EVER IN 13 (1) (MONTH, DAY, YEAR) (MONTH, DAY, YEAR) Yes II 60659 とかのと LAST r<del>u</del> ≥ SHEET IS A TRUE COPY OF A RECORD BY VIRTUE OF THE LAWS OF THE STATE AND DEATHS FOR THE CITY OF CHICAGO COUNTY OF COOK STATE OF ILLINOIS LAW AND ORDINANCES. KEPT BY ME IN ORDINANCE OF SAID ACCOMPANYING CERTIFICATE ON THIS THE CITY OF CHICAGO; THAT THE OF ILLINOIS AND THE ORDINANCES OF CERTIFY THAT I AM THE KEEPER OF THE CITY OF CHICAGO, DO HEREBY RECISTRAR OF VITAL STATISTICS OF I, JOHN E. WILHELM M.D., LOCAL CITY OF CHICAGO THE RECORDS OF BIRTHS, STILLBIRTHS

ÄITI NC.

REGISTRATION S

STATE OF ILLINOIS

AFFIXED. MULTICOLOR SIGNATURE SEAL IS THIS CERTIFICATE COPY VALID WHEN

# DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

he lim, LOCAL REGISTRAR

are.