

UNOFFICIAL COPY

Mail to:



Doc#: 0425944065
Eugene "Gene" Moore Fee: \$30.00
Cook County Recorder of Deeds
Date: 09/15/2004 01:25 PM Pg: 1 of 4

Prepared by:
Maggio & Associates
7824 W. Belmont Ave.
Chicago, Illinois 60634

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)

COUNTY OF COOK)

ss.

0407-11195

Astrid Matson, hereinafter referred to as the affiant, states under oath that affiant resides at 2645 West Street, in the City of River Grove, Illinois 60630:

That the affiant was acquainted with Norman H. Matson, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of a properly recorded joint tenancy deed, said property located in Cook, County, Illinois, and legally described as follows:

*****SEE ATTACHED LEGAL*****

2645 West Street, River Grove, IL 60171
PIN #12-27-404-016-0000

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 January 13, 1986 leaving NO / A last will and testament:

04

PRAIRIE TITLE
6821 W. NORTH AVE.
OAK PARK, IL 60302

UNOFFICIAL COPY

That the total value of decedents estate including the taxable interest in the above property was less than \$ 50,000.

That the Illinois Inheritance 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 the title insurance company (Attorneys' Title) 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 assigns, to forever fully indemnify, protect, defend and hold the title insurance company (Attorneys' Title) harmless and to reimburse the title insurance company for all loss, costs, damages, suits, attorney fees and expenses of every kind and nature which the title insurance company may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

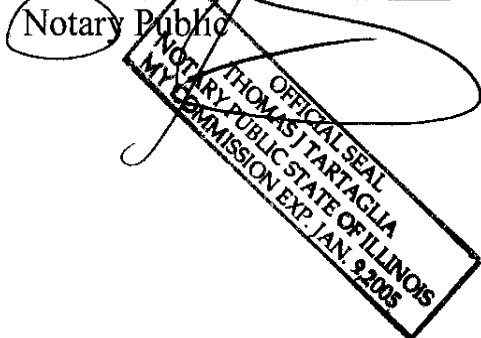
- 1) Claims against the estate of Norman H. Matson, the decedent;
- 2) Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent
- 3) Legacies, if any, created by the will of said decedent
- 4) Rights to contribution.

Norman H. Matson

Affiant

Subscribed and sworn before me this 17 day of August 2004

[Signature]
Notary Public



UNOFFICIAL COPY

LEGAL DESCRIPTION

Legal Description:

LOT 41 IN BLOCK 11 IN WALTER G. MCINTOSH COMPANY'S RIVER PARK ADDITION, A SUBDIVISION OF PART OF THE FRACTIONAL SECTIONS 27 AND 34, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO PLAT THEREOF RECORDED JUNE 15, 1925, AS DOCUMENT 8944974, IN COOK COUNTY, ILLINOIS.

Permanent Index Number:

12-27-404-016-0500

Property Address:

2645 N. West
River Grove, IL 60171

Property of Cook County Clerk's Office

UNOFFICIAL COPY

PRINTED BY THE AUTHORITY OF THE STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

Type or Form in Permanent Ink See Funeral Director, Hospital or Physician Handbook for Instructions

REGISTRATION NO. 1635
DISTRICT NO. 21

DECEASED NAME

FIRST MIDDLE LAST

SEX DATE OF BIRTH

DATE OF DEATH

1. RACE (WHITE, NEGRO, AMERICAN INDIAN OR DESCENT, ASIAN, PACIFIC ISLANDER, HISPANIC OR LATINO)
2. WHITE
3. AGE (MONTHS) 67
4. SEX MALE
5. DATE OF BIRTH NOV. 29, 1918
6. COUNTY OF DEATH COOK

7. MELROSE PARK
8. ILLINOIS
9. U.S.A.
10. MARRIED
11. ASTFELD WENNEROD
12. 319-05-9689
13. Sheet Metal
14. RIVER GROVE
15. YES
16. YES
17. YES
18. YES
19. YES
20. INPATIENT

19. FATHER NAME NELS ANTON MATSON
20. MOTHER MAIDEN NAME DAGMAR COOK
21. HULTMAN

22. ADELA GILLESPIE
23. DEATH WAS CAUSED BY: (a) CHRONIC of Lungs with Metastases
24. RECORDS 172 MELROSE PARK, ILLINOIS 60160

25. DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION
26. DATE SIGNED 11/13/86
27. ILLINOIS LICENSE NUMBER 036-025128

28. SIGNATURE
29. NAME AND ADDRESS OF CERTIFIER
30. NAME OF ATTENDING PHYSICIAN (OTHER THAN CERTIFIER)

31. RIVER GROVE
32. ILLINOIS
33. STATE

34. COLUMBIAN FUNERAL HOME
35. 10300 W. GRAND AVE. FRANKLIN PK. ILL. 60131

36. LOCAL REGISTRAR'S SIGNATURE
37. DATE REC'D. BY LOCAL REGISTRAR 13-1986

38. ILLINOIS DEPARTMENT OF PUBLIC HEALTH - OFFICE OF VITAL RECORDS
39. DATE 13-1986

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 Jan 13-1986 SIGNED John Otuski
AT MELROSE PARK OFFICIAL TITLE DEPUTY 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.