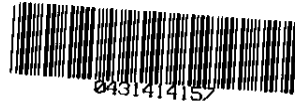


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JOINT TENANCY AFFIDAVIT



0431414157

Doc#: 0431414157
Eugene "Gene" Moore Fee: \$30.00
Cook County Recorder of Deeds
Date: 11/09/2004 10:38 AM Pg: 1 of 4

13394711/3

STATE OF ILLINOIS)
COUNTY OF COOK) SS

JANIS C. CEPEK,
hereby referred to as the affiant, states under
oath that the affiant resides at 15811
S. WAIPPLE MORNHAM

IL
In the City of MORNHAM,
State of ILLINOIS;

that the affiant was acquainted with
JAMES V. CEPEK,
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

_____ and legally

described as follows:
see attached

ATGF, INC

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 2-19-04, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ less than 50,000, and that the value of the above property individually was \$ nominal.

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.

3/2/04

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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 JAMES T. CEREK, 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.

Danis C. Cerek (Seal)
 _____ (Seal)

Subscribed and sworn to before me this

22nd day of October, 2004
 (Month) (Year)

[Signature]

 (Notary Public)



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:

Kenneth A. Krodens
 (Name)
11800 S. 75th Avenue
15811 S. Wh. Sunde 303
 (Address)
Palos Heights, IL 60463
 (City, State, Zip)

Return to:

Kenneth Krodens
 (Name)
11800 S. 75th Avenue #10303
 (Address)
Palos Heights, IL 60463
 (City, State, Zip)

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HARVEY, ILLINOIS DISTRICT 16.34

PERMANENT CERTIFICATE
 TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO. 16.34
REGISTERED NUMBER 323 Feb 04

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

Type, or Print in PERMANENT INK See Coroner's or Funeral Directors Handbook for INSTRUCTIONS

DECEASED

PARENTS

CAUSE

CERTIFIER

DISPOSITION

DECEASED-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. <u>JAMES T. CEPEK</u>		2. <u>MALE</u>	<u>February 19, 2004</u>
COUNTY OF DEATH	AGE-LAST BIRTHDAY (YRS) MOE DAYS	UNDER 1 DAY UNDER 1 HOUR	DATE OF BIRTH (MONTH, DAY, YEAR)
4. <u>Cook</u>	5a. <u>54</u>	5b. <u>54</u>	5d. <u>September 2, 1949</u>
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
6a. <u>Harvey</u>		6b. <u>IN GALLS Hospital</u>	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
7. <u>Chicago, IL.</u>		8b. <u>JANIS BOLEWSKI</u>	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
8a. <u>Married</u>		9. <u>Yes</u>	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10. <u>358-58-1703</u>	11a. <u>Dockman</u>	11b. <u>Shipping</u>	12. <u>11</u>
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.	COUNTY
13a. <u>15811 Whipple</u>		13b. <u>Markham</u>	13c. <u>Cook</u>
STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
13a. <u>Illinois</u>	13. <u>60426</u>	14a. <u>White</u>	14b. <u>NO</u> YES SPECIFY:
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST	
15. <u>JOSEPH CEPEK</u>		16. <u>BEVERLY BURTON</u>	
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a. <u>JANIS CEPEK</u>		17b. <u>Wife</u>	17c. <u>15811 Whipple Markham, IL 60426</u>
18. PART I. Enter the diseases, injuries, 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.			
Immediate Cause (Final disease or condition resulting in death)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1. <u>Arteriosclerotic Cardiovascular Disease</u>			
DUE TO, OR AS A CONSEQUENCE OF			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.			
(b) DUE TO, OR AS A CONSEQUENCE OF			
(c) DUE TO, OR AS A CONSEQUENCE OF			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			AUTOPSY (YES/NO)
			19a. <u>No</u>
			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
			19b.
NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18)
20a. <u>NATURAL</u>		20b.	20c. <u>M.</u> 20d.
INJURY AT WORK (YES/NO)	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY)	LOCATION (CITY, VIL. OR TWP. OR TWP. OR RD. DIST. NO., COUNTY, STATE)	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20e.	20f.	20g.	20h. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT			
21a. CORONER'S - MEDICAL EXAMINER'S SIGNATURE		THE DECEASED WAS PRO-NOUNCED DEAD ON	AT
22a. <u>E. J. Donoghue M.D. / Nancy L. Jones M.D.</u>		<u>Feb 20 04</u>	<u>6:07 PM</u>
CORONER'S PHYSICIAN'S NAME (Type or Print)		DATE SIGNED	(MONTH, DAY, YEAR)
5. <u>NANCY L. JONES M.D.</u>		<u>Feb 20 04</u>	
23a. BURIAL OR CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME	LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a. <u>Burial</u>		24b. <u>ABRAHAM LINCOLN NATL</u>	24c. <u>Elwood, Illinois Feb. 23, 2004</u>
FUNERAL HOME		NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP	
25. <u>HICKEY MEMORIAL CHAPEL 4201 W. 147th St. Midlothian, IL. 60445</u>			
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE #	
25b. <u>Michael B. Hickey</u> MICHAEL B. HICKEY		25c. <u>034-011598</u>	
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
26a. <u>Gwendolyn L. Davis</u>		26b. <u>FEB 20 2004</u>	

VR202 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1969 U.S. STANDARD CERTIFICATE)

CERTIFIED COPY OF VITAL RECORDS

I HEREBY CERTIFY THAT THE FOREGOING is a true and correct copy of the DEATH record for the individual named therein 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 BIRTHS, STILLBIRTHS and DEATHS.

D26344

DATE ISSUED FEB 20 2004

ISSUED AT

CITY OF HARVEY
15320 SO. BROADWAY AVE
ILLINOIS 60426

Gwendolyn L. Davis
GWENDOLYN L. DAVIS
LOCAL REGISTRAR

This copy not valid unless prepared on engraved border displaying seal and signature of Local Registrar.



UNOFFICIAL COPY

EXHIBIT A

LOTS 4, 5, AND 6 IN BLOCK 8 IN CROISSANT PARK MARKHAM 8TH ADDITION, BEING A SUBDIVISION OF THE SOUTH 1/2 OF THE SOUTHWEST 1/4 OF SECTION 13, TOWNSHIP 36 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING SOUTH OF THE INDIAN BOUNDARY LINE, IN COOK COUNTY, ILLINOIS.

FAC# 1339471

PIN# 28-13-327-004; 28-13-327-005; 28-13-327-006

PROPERTY ADDRESS: 15811 S. Whipple, Markham, IL. 60426

Property of Cook County Clerk's Office