

UNOFFICIAL COPY

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

Magdaline T. Schwien,

hereby referred to as the affiant, states under oath that the affiant resides at
828 W. 31st Street

In the City of Chicago,
State of Illinois;

that the affiant was acquainted with
Frank R. Macias,

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 6 in May Hubbard's Resubdivision of Lots 18 to 36 inclusive and of Lots 70 to 73 inclusive in Block 4 of Hubbard's Subdivision of Commissioner's Division of Lot 14 in Block 24 in Canal Trustee's Subdivision of Blocks in the South Fractional 1/2 of Section 29, Township 39 North, Range 14 East of the Third Principal Meridian, in Cook County, Illinois.

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②

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 January 6, 1982, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 100,000.00, and that the value of the above property individually was \$ 100,000.00.

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.

Property Address: 828 W. 31st Street
Chicago, Illinois 60608

Permanent Tax No: 17-29-426-064-0000 v. 518

1/5
1350933



Doc#: 0511705045
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 04/27/2005 09:57 AM Pg: 1 of 3

ATGF, INC

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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:

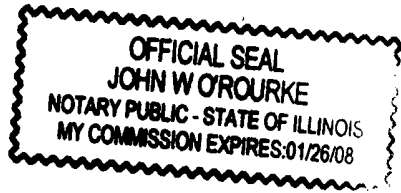
1. Claims against the estate of Frank R. Macias, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

Magdaline T. Schwien (Seal)
 Magdaline T. Schwien (Seal)

Subscribed and sworn to before me this

14th day of April, 2001
(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:

John O'Rourke
 (Name)
4239 W. 63rd Street
 (Address)
Chicago, IL 60629
 (City, State, Zip)

Return to:

John O'Rourke
 (Name)
4239 W. 63rd Street
 (Address)
Chicago, IL 60629
 (City, State, Zip)

APRIL 4, 2005

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY

DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

David Orr

COUNTY CLERK

DECEASED'S SEX AND AGE		REGISTRATION DISTRICT NO. 10-10		STATE OF ILLINOIS		STATE FILE NUMBER 600460	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH					
1. DECEASED NAME		2. SEX		3. DATE OF DEATH			
Frank R. Macias		Male		January 6, 1982			
4a. Race		4b. Mexican		5a. Age		5b. Days	
White				65		1	
6. Date of Birth		7a. County of Death					
Dec 3, 1896		Cook					
7b. City, Town, Twp., or Road District		7c. Hospital or Other Institution		7d. Inpatient			
Chicago		Rush Presbyterian St. Luke's Med. Center					
8. State of Birth		9. U.S.A.		10. Married		11. Name of Surviving Spouse	
Mexico						Mary Ramos	
12. Social Security Number		13a. Foreign		13b. International		13c. None	
707-09-4611							
14a. Residence Street and Number		14b. City, Town, Twp., or Road District		14c. Inside City		14d. County	
828 W. 31st Street		Chicago		Yes		Cook	
15. Father Name		16. Mother Maiden Name					
Romualdo Macias		Maximiana Rivera					
17a. Informant's Signature		17b. Relationship		17c. Mailing Address			
<i>Romualdo Macias</i>		Clerk		1753 W. Congress Pkwy Chgo Ill 60612			
18. Death was caused by		PART I. IMMEDIATE CAUSE				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) Acute Cardiac Failure		DUE TO, OR AS A CONSEQUENCE OF				24 Hours	
(b) Bilateral Lobar Pneumonia		DUE TO, OR AS A CONSEQUENCE OF				72 Hours	
(c)							
PART II. OTHER SIGNIFICANT CONDITIONS		AUTOPSY		IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH			
		19a. Yes		19b. Yes			
20a. Date of Operation		20b. Major Findings of Operation					
21a. Date of Death		21b. Date of Death		21c. Date of Death		21d. Hour of Death	
January 3 1982		January 6 1982		January 5 1982		4:10 P.M.	
22a. Signature		22b. Date					
<i>William O. Shorey</i>		January 8 1982					
22c. Name and Address of Certifier		22d. Illinois License Number					
W. Shorey M.D. 1725 W. Harrison Street Chgo Ill 60612		36-33263					
23. Burial, Cremation, Removal		24a. Cemetery or Crematory		24b. Location		24c. Date	
Burial		St. Mary Cemetery		Evergreen Park, Ill.		Jan 8, 1982	
25a. Burial Home		25b. Local Registrar		25c. Date Recd. by Local Registrar			
BIRICO-DAME DOMENICO HOME		N. J. Frank		JAN 9 1982			

A. 1-040
DECEASED

B. 6005

C. 236
PARENTS

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CAUSE

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N.
P.

CERTIFIER

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