

UNOFFICIAL COPY

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 Mary Agnes Reed, 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.

Arthur Reed (Seal)

_____ (Seal)

Subscribed and sworn to before me this

29 day of July, 2006

Richard G. Crusor Jr.
(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:

Richard G. Crusor Jr. Esq.
(Name)

20704 Sparta Ct
(Address)

Olympia Fields, IL 60451
(City, State, Zip)

Return to:

Richard G. Crusor Jr.
(Name)

20704 Sparta Ct
(Address)

Olympia Fields, IL 60451
(City, State, Zip)

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LEGAL DESCRIPTION

THE NORTH 26 FEET OF LOT 203 AND LOT 202 (EXCEPT THE NORTH 30 FEET OF SAID LOT 202) IN E.B.SHOGREN AND COMPANY'S AVALON HIGHLANDS, A SUBDIVISION IN THE NORTHWEST ¼ OF SECTION 35, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT RECORDED AS DOCUMENT NUMBER 6751064, IN COOK COUNTY, ILLINOIS.

P.I.N. 00-35-123-004-0000

Property of Cook County Clerk's Office

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1610

MEDICAL CERTIFICATE OF DEATH

NUMBER

600290

REGISTERED NUMBER 1610 DECEASED-NAME FIRST MARY MIDDLE Agnes LAST Reed SEX Female DATE OF DEATH (MONTH, DAY, YEAR) January 1, 1999

1 COUNTY OF DEATH Cook CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER Chicago HOSPITAL OR OTHER INSTITUTION-NAME IF NOT NETHER, GIVE STREET AND NUMBER 6-Trinity Hospital

2 BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, Illinois MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married

3 SOCIAL SECURITY NUMBER 454-34-3832 8a. MARRIED 8b. MARRIED 8c. MARRIED 8d. MARRIED

4 RESIDENCE (STREET AND NUMBER) 8217 S. Ingleside Chicago, Illinois 11b. Baker 12 12th

5 FATHER-NAME Fred 13a. 8217 S. Ingleside Chicago, Illinois 14b. NONE 15c. YES 15d. COOK

6 MOTHER-NAME Josephine 14c. NONE 15a. YES 15b. COOK

7 INFORMANT'S NAME (TYPE OF RELATIONSHIP) 17a. Arthur Reed Jr. 17b. Husband 17c. 8217 S. Ingleside Chicago, Ill.

8 IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) Ischemic Dilated Cardiomyopathy

9 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

10 DATE OF OPERATION, IF ANY 20a. MAJOR FINDINGS OF OPERATION 20b. DATE OF OPERATION, IF ANY

11 I.D.I.D. (DO NOT ATTEND THE DECEASED AND LAST SAVER NUMBER ALIVE ON 21a. TO THE BEST OF MY KNOWLEDGE, I AM POSITIVE AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

12 NAME AND ADDRESS OF CERTIFIER 22a. SIGNATURE 22b. NAME AND ADDRESS OF CERTIFIER 22c. TYPE OF PRINT

13 NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) 23. Paul A. Jones 23a. Paul A. Jones 23b. King Drive Chicago, Ill.

14 FUNERAL HOME 24a. Burial 24b. Lincoln Cemetery 24c. Worth 24d. Chicago, Illinois

15 FUNERAL DIRECTOR'S SIGNATURE 25a. A. A. Rayner & Sons 318 E. 71st Street Chicago, Illinois 60619

16 LOCAL REGISTRAR'S SIGNATURE 25b. Pamela Hagan-Owens 25c. 031-008989 25d. 031-036-075923 25e. 031-008989 25f. 031-036-075923 25g. 031-008989 25h. 031-036-075923

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

JAN 8 1999

SHARIL A. LYNE, RSM, 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 OBLIVANCE OF SAID LAWS AND ORDINANCES.



DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.