



0531448133

Doc#: 0531448133 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 11/10/2005 02:41 PM Pg: 1 of 3

**JOINT TENANCY
AFFIDAVIT**

ARVIS A. KNUTSON, hereinafter referred to as the affiant, states under oath that the affiant resides at 2639 Elder Lane, Schiller Park, Illinois 60131, County of Cook, State of Illinois; that the affiant was acquainted with the decedent, **LAVERNE C. KNUTSON**, and that at 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 follows:

LEGAL DESCRIPTION: LOT THIRTY FOUR (34) IN BLOCK TEN (10) IN WESTBROOK UNIT NO. 3, BEING MILLS AND SON'S SUBDIVISION IN THE EAST HALF OF SECTION TWENTY EIGHT (28), TOWNSHIP FORTY (40) NORTH, RANGE TWELVE (12), EAST OF THE THIRD PRINCIPAL MERIDIAN.

P.I.N. 12-28-407-040-0000

Commonly Known As: 2639 ELDER LANE, FRANKLIN PARK, ILLINOIS 60131

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;

The decedent died on the **31st** day of **January, 1999**, leaving no last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property is less than \$1,000,000.00 and;

That the value of the above property individually was less than \$1,000,000.00;

That **ARVIS A. KNUTSON**, the affiant, hereby covenants and agrees, for himself, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold any title company harmless and to reimburse the Fund for all loss, costs, damages, suits, attorney's fees and expenses and 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 **LAVERNE C. KNUTSON**, the decedent;
2. State and Federal 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.

Arvis A. Knutson

ARVIS A. KNUTSON

SUBSCRIBED and SWORN to before me this **21st** day of **September, 2005**.

Notary Public



UNOFFICIAL COPY

Note: If the decedent left a Will, it is necessary that the original or a certified copy thereof be presented to us for inspection. a Death Certificate, together with evidence of payment of death taxes, if any, should accompany this Affidavit.

Prepared By and Return To:

BARRETT F. PEDERSEN
9701 West Grand Avenue
Franklin Park, IL 60131
(847) 455-9444
Atty. No. 27139

Property of Cook County Clerk's Office

UNOFFICIAL COPY



DuPage County
Health
Department

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 22.0	STATE OF ILLINOIS			STATE FILE NUMBER
	REGISTERED NUMBER 517	MEDICAL CERTIFICATE OF DEATH			
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED-NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)
	1. LAVERNE Carl KNUTSON			2. MALE	3. JANUARY 31, 1999
A	COUNTY OF DEATH	AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)
	4. Du Page	5a. 89	5b.	5c.	5d. December 8, 1909
B	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			IF HOSP. OR INST. INDICATE D.O.A. OPER. RM. INPATIENT (SPECIFY)
	6a. Elmhurst	6b. Elmhurst Memorial Hospital			6c. Inpatient
C	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
	7. Redwing, MN	8a. Married	8b. Arvis Emigh		9. NO
D	SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
	10. 352-18-9891	11a. Security	11b. Mfg. Co.	12. 8	College (1-4 or 5+)
E	RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP, OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY	
	13. 2639 Elder Lane	13b. Franklin Park	13c. Yes	13d. Cook	
PARENTS	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.)	
	13e. Illinois	13f. 60131	14a. White	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
1	FATHER-NAME FIRST MIDDLE LAST	MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST			
	15. Herman Knutson	16. Ida Elberg			
2	INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)		
	17a. Arvis Knutson	17b. Wife	17c. 2639 Elder Lane FP 60131		
3	18. PART I. Enter the disease 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.				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Immediate Cause (Final disease or condition resulting in death)	(a) RESPIRATORY ARREST			
4	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(b) Pneumonia			
		(c)			
5	PART II. Other significant conditions contributing to death but not resulting in the immediate cause given in PART I.			AUTOPSY (YES/NO)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
				19a. NO	19b.
N	DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	
	20a.	20b.		20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
P	(18)(D) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	HOUR OF DEATH		
	21a. 1-31-99	21b. NO	21c. 8:35 P.M.		
CERTIFIER	TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.			DATE SIGNED (MONTH, DAY, YEAR)	
	22a. SIGNATURE	22b. 2-1-99			ILLINOIS LICENSE NUMBER
DISPOSITION	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)			NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
	22c. A. ANTONIOS PAPADOPOULOS, MD 240 E LAKE ST. ADDISON IL 60101				
DISPOSITION	BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY-NAME	LOCATION CITY OR TOWN STATE	DATE (MONTH, DAY, YEAR)	
	24a. Burial	24b. Mt. Emblem	24c. Elmhurst, IL	24d. 02/03/1999	
DISPOSITION	FUNERAL HOME NAME	STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP			
	25a. Sax-Tiedemann Funeral Home 9568 Belmont Ave. Franklin Park, Illinois				
DISPOSITION	FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
	25b. [Signature]	25c. 034-012097			
DISPOSITION	LOCAL REGISTRAR'S SIGNATURE	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
	26b. [Signature]	26b. FEB 2 1999			

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This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

David R. McQuitt, M.D.

Local Registrar

Not valid without the embossed seal of DuPage County Health Department

111 North County Farm Road Wheaton, Illinois 60187