

# UNOFFICIAL COPY

## JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )  
COUNTY OF COOK ) SS



Doc#: 0603002315 Fee: \$30.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 01/30/2006 01:56 PM Pg: 1 of 4

WENDY VANVAIKENBERG

hereby referred to as the affiant, states under oath that the affiant resides at 3448 W. 83<sup>RD</sup> ST. WOODRIDGE, IL 60517

In the City of WOODRIDGE,  
State of ILLINOIS;

that the affiant was acquainted with WILLIAM J. AMSCHEK

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:

SEE ATTACHED

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 APRIL 12, 2003, leaving no last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 1,000,000.00, and that the value of the above property individually was \$ 350,000.00

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.

# ATGF, INC.

4K9

1369671

(1 of 4)

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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:

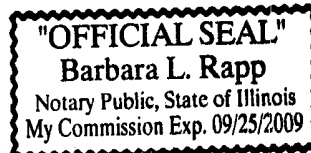
1. Claims against the estate of William J. Amscher the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

Wendy L. VanValkenberg (Seal)  
 \_\_\_\_\_ (Seal)

Subscribed and sworn to before me this

6<sup>th</sup> day of JANUARY, 2006  
(Month) (Year)

Barbara L. Rapp  
(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:

Peter BURBAN  
(Name)

6509 S Kedzie AVE  
(Address)

Chgo. IL 60629  
(City, State, Zip)

Return to:

RE Wendy VanValkenberg  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

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PRECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>.R20</b>		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>					
Type or Print in PERMANENT INK as Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED—NAME FIRST MIDDLE LAST 1. <b>William J. Amschler</b>			SEX 2. <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <b>April 12, 2003</b>		
	COUNTY OF DEATH 4. <b>DuPage</b>		AGE—LAST BIRTHDAY (YRS) 5a. <b>78</b>	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. <b>December 1, 1924</b>	
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. <b>Downers Grove</b>		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. <b>Good Samaritan Hospital</b>			IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) 6c. <b>Inpatient</b>	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. <b>Chicago, Illinois</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. <b>Married</b>		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. <b>Valerie Baker</b>		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. <b>Yes</b>
	SOCIAL SECURITY NUMBER 10. <b>350-12-1169</b>		USUAL OCCUPATION 11a. <b>Bottler</b>		KIND OF BUSINESS OR INDUSTRY 11b. <b>Brewery</b>		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (1-4 or 5+) 12. <b>10</b>
RESIDENCE (STREET AND NUMBER) 13a. <b>1414 Plainfield Road</b>			CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. <b>Darien</b>		INSIDE CITY (YES/NO) 13c. <b>Yes</b>	COUNTY 13d. <b>DuPage</b>	
STATE 13e. <b>Illinois</b>		ZIP CODE 3f. <b>60561</b>	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. <b>White</b>		OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
FATHER—NAME FIRST MIDDLE LAST 15. <b>Ludwig Amschler</b>			MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST 16. <b>Johanna Rahberger</b>				
INFORMANT'S NAME (TYPE OR PRINT) 17a. <b>Wendy Van Valkenburg</b>		RELATIONSHIP 17b. <b>Daughter</b>		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. <b>1414 Plainfield Rd. Darien, IL 60561</b>			
18. PART I. Enter the diseases, 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)		(a) <b>Acute myocardial Infarction</b>				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) <b>Atherosclerotic Heart Disease</b>					
		(c)					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause (enter in PART I).							
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION <b>Dilated mitralis. Acute vent failure.</b>			AUTOPSY (YES/NO) 19a. <b>No</b>	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.	
20a.		20b.			IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>		
I (DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21a. <b>April 12, 2003</b>		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. <b>NO</b>		HOUR OF DEATH 21c. <b>3:35 P. M.</b>			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.							
22a. SIGNATURE		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>John Pollakowski</b>			DATE SIGNED (MONTH, DAY, YEAR) 22b. <b>04-14-03</b>		
22c. <b>4203rd Street Downers Grove, IL</b>		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)			ILLINOIS LICENSE NUMBER 22d. <b>036-078402</b>		
23. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.							
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <b>Burial</b>		CEMETERY OR CREMATORY—NAME 24b. <b>St. Mary Cemetery</b>		LOCATION CITY OR TOWN STATE 24c. <b>Evergreen Pk. Illinois</b>		DATE (MONTH, DAY, YEAR) 24d. <b>April 16, 2003</b>	
25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP <b>Kosary Funeral Home 9837 S. Kedzie Av. Evergreen Pk. Illinois 60805</b>							
FUNERAL DIRECTOR'S SIGNATURE 25b. <b>Walter Kosary</b>				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. <b>034-008825</b>			
LOCAL REGISTRAR'S SIGNATURE <b>Charlotta Schmidgall-Deputy</b>				DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. <b>APR 14 2003</b>			

VM200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1969 U.S. STANDARD CERTIFICATE)



**DuPage County Health Department**

111 North County Farm Road  
Wheaton, Illinois 60187

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

*Charlotta Schmidgall*

Local Registrar

Not valid without the embossed seal of  
DuPage County Health Department

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LOT 20 IN GEORGE B. SHERMAN'S SUBDIVISION OF WEST HALF (1/2) OF WEST HALF (1/2) OF BLOCK 7 IN MAHAN'S SUBDIVISION OF SOUTH HALF (1/2) OF NORTH WEST QUARTER (1/4) OF SECTION 13, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS; AND ALSO LOT 19 AND LOT 20 IN BLOCK 4 IN MARCUS M. HUEBSCH'S SUBDIVISION OF BLOCK 7 (EXCEPT THE WEST HALF (1/2) OF THE WEST HALF (1/2) THEREOF) AND BLOCK 8 IN MAHAN'S SUBDIVISION OF THE SOUTH HALF (1/2) OF THE NORTH WEST QUARTER (1/4) OF SECTION 13, TOWN 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PERMANENT INDEX NUMBER: 19-13-128-033-0000  
PERMANENT INDEX NUMBER: 19-13-128-034-0000  
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