

# UNOFFICIAL COPY

## JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )

COUNTY OF Cook ) SS

Eddie MAE BERRY,  
hereby referred to as the affiant, states under  
oath that the affiant resides at

28 West Washington

In the City of Oak Park,  
State of ILLINOIS;

that the affiant was acquainted with  
Walker Berry,

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:

The West 1/2 of Lot 13 AND the East 1/2 of Lot  
14 in Block 4 in Dickel and Baker's Addition to Austin  
in the Southeast 1/4 of Section 5, Township 39 North,  
Range 13, East of the Third Principal MERIDIAN, in Cook  
County, ILLINOIS.

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 MAY 16, 2004, leaving no last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 250,000, and that the value of the above property individually was \$ 125,000.

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.



Doc#: 0611702213 Fee: \$30.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 04/27/2006 10:34 AM Pg: 1 of 4

13846314

Attorneys' Title Guaranty Fund, Inc.  
33 N. Dearborn, Suite 650  
Chicago, Illinois 60602-3104  
(312) 427-1735

4 PG  
C.F.

# 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 Walker Berry, 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.

Eddie Mae Berry (Seal)  
 \_\_\_\_\_ (Seal)

Subscribed and sworn to before me this

13<sup>th</sup> day of April, 2006  
 (Month) (Year)

David R. Beaudry  
 (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:

Robert J. Jenkins, Attorney  
 (Name)  
175 West Jackson - #2215  
 (Address)  
Chicago, IL 60604  
 (City, State, Zip)

Return to:

Eddie Mae Berry  
 (Name)  
28 West Washington - Apt 28-1B  
 (Address)  
Oak Park, IL 60302  
 (City, State, Zip)

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



DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <u>16-92</u>		STATE OF ILLINOIS				STATE FILE NUMBER	
		REGISTERED NUMBER <u>709</u>		<b>MEDICAL CERTIFICATE OF DEATH</b>					
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		1. DECEASED-NAME FIRST MIDDLE LAST <u>Walker Lee Berry</u>			2. SEX <u>MALE</u>		3. DATE OF DEATH (MONTH, DAY, YEAR) <u>May 16, 2004</u>		
4. COUNTY OF DEATH <u>COOK</u>		5a. AGE-LAST BIRTHDAY (YRS) <u>73</u>		5b. UNDER 1 YEAR MOS. DAYS		5c. UNDER 1 DAY HOURS MIN.		5d. DATE OF BIRTH (MONTH, DAY, YEAR) <u>April 04, 1931</u>	
6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <u>NORHLAKE</u>		6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <u>Kindred Hospital N. LAKE</u>				6c. IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. BM. INPATIENT (SPECIFY) <u>INPATIENT</u>			
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <u>Hazen, AR</u>		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>MARRIED</u>		8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <u>Eddie Mae Nash</u>				8c. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) <u>NO</u>	
10. SOCIAL SECURITY NUMBER <u>431-48-659D</u>		11a. USUAL OCCUPATION <u>Laborer</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) <u>12.9th</u>			
13a. RESIDENCE (STREET AND NUMBER) <u>5963 W. Rice</u>		13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. <u>Chicago</u>		13c. INSIDE CITY (YES/NO) <u>Yes</u>		13d. COUNTY <u>Cook</u>			
13e. STATE <u>Illinois</u>		13f. ZIP CODE <u>60651</u>		14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <u>Black</u>		14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
15. FATHER-NAME FIRST MIDDLE LAST <u>Alex Berry</u>		16. MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST <u>Martha Mae N/A</u>		17a. INFORMANT'S NAME (TYPE OR PRINT) <u>Delores Berry</u>		17b. RELATIONSHIP <u>Daughter</u>		17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <u>5963 W. Rice Chgo Il. 60651</u>	
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.		(a) Immediate Cause (Final disease or condition resulting in death) <u>Metastatic prostate Cancer.</u>		(b) CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		19a. AUTOPSY (YES/NO) <u>NO</u>		19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) <u>NO</u>					
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION				20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
21a. (I) (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <u>May 15, 2004</u>		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <u>NO</u>		21c. HOUR OF DEATH <u>12:56 a.m.</u>					
22a. SIGNATURE <i>MARCEL NAJARA</i>		22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <u>MARCEL NAJARA 2525 S. M. Chicago Ave CHICAGO IL 60616</u>		22c. ILLINOIS LICENSE NUMBER <u>036-091513</u>		22d. DATE SIGNED (MONTH, DAY, YEAR) <u>May 18, 2004</u>			
22e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) <u>Michael R. McDermott</u>		22f. BROADVIEW ILLINOIS 60155		22g. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		22h. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <u>May 19, 2004</u>			
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		24b. CEMETERY OR CREMATORY-NAME <u>Forest Home</u>		24c. LOCATION CITY OR TOWN STATE <u>Forest Park Il.</u>		24d. DATE (MONTH, DAY, YEAR) <u>5-22-04</u>			
25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP <u>Wallace Funeral Home 5838 W. Division Chicago Il. 60651</u>		25b. FUNERAL DIRECTOR'S SIGNATURE <i>Kandy Wallace</i>		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <u>034-014334</u>		25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <u>May 19, 2004</u>			
26a. LOCAL REGISTRAR'S SIGNATURE <i>Michael R. McDermott</i>		26b. BROADVIEW ILLINOIS 60155		26c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <u>May 19, 2004</u>		26d. BASED ON ILLINOIS STANDARD CERTIFICATE			

DECEASED

PARENTS

CAUSE

CERTIFIER

DISPOSITION

# UNOFFICIAL COPY

ATTORNEYS TITLE GUARANTY FUND, INC.

## LEGAL DESCRIPTION

**Legal Description:**

THE WEST 1/2 OF LOT 13 AND THE EAST 12 1/2 FEET OF LOT 14 IN BLOCK 4 IN DICKEY AND BAKER'S ADDITION TO AUSTIN IN THE SOUTHEAST 1/4 OF SECTION 5, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

FAC# 1381453

5963 W. Rice St.  
Chicago, IL 60651

**Permanent Index Number:**

Property ID: 16-05-426-002

**Property Address:**

5963 West Rice Street  
Chicago, IL 60651

Property of Cook County Clerk's Office