

STATE OF ILLINOIS }
COUNTY OF COOK } ss.

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RECORDERS USE ONLY



Doc#: 0625748095 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 09/14/2006 02:29 PM Pg: 1 of 3

**JOINT TENANCY
AFFIDAVIT**

ESTHER C. SCHNEIDER, hereinafter referred to as the affiant, states under oath that the affiant resides at 4143 N. Meade Avenue, City of Chicago, County of Cook, State of Illinois; that the affiant was acquainted with **HOWARD E. SCHNEIDER**, the decedent, 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 79 IN LAVINIA ELDRED'S SUBDIVISION, BEING A SUBDIVISION OF THE WEST 1/2 OF THE EAST 1/2 OF THE SOUTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 17, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N: 13-17-315-006-0000

Commonly known as: 4143 N. MEADE AVENUE, CHICAGO, ILLINOIS 60634

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 **17th** day of **July, 2006**, 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 \$1,500,000.00 and;

That the value of the above property individually was less than \$250,000.00;

That **ESTHER C. SCHNEIDER**, the affiant, hereby covenants and agrees, for herself, 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 **HOWARD E. SCHNEIDER**, 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.

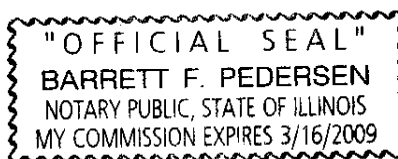


ESTHER C. SCHNEIDER

SUBSCRIBED AND SWORN to before
me this **5th** day of **September, 2006**.



Notary Public



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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

H. NO. REGISTRATION DISTRICT NO. **16.10** STATE OF ILLINOIS STATE FILE NUMBER **1099532**

MEDICAL CERTIFICATE OF DEATH

DECEASED-NAME **HOWARD** FIRST **E.** MIDDLE **Schneider** LAST **2 Male** SEX **3 July 17, 2006** DATE OF BIRTH (MONTH, DAY, YEAR)

COUNTY OF DEATH **1. Cook** CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **4. Cook** HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **5d. April 20, 1925**

RESIDENCE (STREET AND NUMBER) **10. 349-18-8899** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **11b. Telephone Co** COUNTY **13d. Cook**

STATE **13a. 4143 North Meade** ZIP CODE **13b. Chicago** OF HISPANIC ORIGIN? (SPECIFY IN OR YES-IF YES, SPECIFY GUAN, MEX, CAN, PUERTO RICAN, etc.) **13c. Yes**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **7. Chicago, IL.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **8a. Married** NAME OF SURVIVING SPOUSE (MADEN NAME, IF WIFE) **8b. Esther Litrenta** WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) **9. Yes**

SOCIAL SECURITY NUMBER **10. 349-18-8899** USUAL OCCUPATION **11a. Dispatcher** KIND OF BUSINESS OR INDUSTRY **12. 10** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) (Elementary/Secondary (0-12) College (13-16)) **13e. Yes**

FATHER-NAME FIRST **15. Adolph** MIDDLE **Schneider** LAST **16. Eleanor** MOTHER-NAME FIRST **14b. XENO** SPECIFY: MIDDLE **17c. 4143 N. Meade Chicago Illinois** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) **17b. wife** RELATIONSHIP

17a. Esther Schneider Immediate Cause (Final disease or condition resulting in death) **17b. wife** Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiration, body arrest, shock, or heart failure. List only one cause on each line.

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) **(a) Acute Myocardial Infarction** **(b) Coronary Artery Disease** **(c) YEMBS**

CAUSE LAST. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. **EMPHYSEMA, DIABETES MELLITUS**

DATE OF OPERATION, IF ANY **20a.** MAJOR FINDINGS OF OPERATION **21b. YES** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. **21c. 10:30 p.m.** HOUR OF DEATH **21d. 7/18/06** DATE SIGNED (MONTH, DAY, YEAR) M.

22a. SIGNATURE **22b. 60068** NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **22c. Dr. Walter Myalis 1875 W. Webster, Park Ridge, Illinois** ILLINOIS LICENSE NUMBER **22d. 03030743**

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) **24b. Cremation Services Ind24c. Schiller Park, Illinois** CEMETERY OR CREMATORY-NAME (LOCATION) CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)

BURIAL, CREMATION, REMOVAL (SPECIFY) **24a. Cremation Services Ind24c. Schiller Park, Illinois** STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)

25a. Lawrence Fuenral Home, 4800 North Austin, Chicago, Illinois **25b. Karen Christensen** FUNERAL DIRECTOR'S SIGNATURE (LOCATION) CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)

25c. 034-014516 **25d. 2006** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26a. **26b. JUL 20 2006** LOCAL REGISTRAR'S SIGNATURE (MONTH, DAY, YEAR)

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

JUL 20 2006

I, **FERRY MASON M.D., 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 OBDINANCE OF SAID LAW AND ORDINANCES.



LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.