

ATTORNEYS TITLE **GUARANTY** FUND. INC.

Doc#: 0630440125 Fee: \$28.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 10/31/2006 12:41 PM Pg: 1 of 3

JOINT TENANCY AFFIDAVIT

STATE OF	Illinois)
) SS
COUNTY OF	Cook)

Jessie Wilson, hereby referred to as the affiant, states under oath that the affiant resides at 4103 West 16th Street, Chicago, Illinois 60623; that the affiant was acquainted with A. D. Wilson; at the time of the decedent's death, the decedent was one of the owners of a parcel of property by virtue of a properly recorded joint tenancy or tenancy by the entirety deed, said property located in COOK Courty, Illinois, and legally described as follows:

LOT 2 IN BLOCK 3 IN REYELS LOEFFLER ADDITION, A SUBDIVISION OF SECTION 22, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. Permanent Index Number(s): 16-22-405-009-0000 Property Address: 4103 West 16th Street, Chicago, IL 60623

The decedent died on September 15, 1997, leaving no las' will and testament;

The decedent had no interest in any business or partnership, nor beid 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 total value of decedent's estate, including the taxable interest in the above property, is 100.000 the value of the above property individually is 69,000.00;

The State Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due fro n 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.

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, dar lage, 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 A. D. Wilson, deceased, 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.

Attorneys' Title Guaranty Fund, Inc. 1 S Wacker Dr., STE 2400 Chicago, IL 60606-4650 Attn: Search Department

ATG F()RM 3007 @ ATG (REV. 1/00)

Prepared by ATG REsource™

FOR USE IN: ALL STATES

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UNDEFEICLAL COPY

(continued)

Subscribed and sworn to before me this

My commission expires:

day of October, 2006
(Month), (Year)

Aug 2- Particle
(Notary Public)

"OFFICIAL SEAL"
TARA L. PARKER
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMPUSE (CHEEN TIPES 7/21/2009)

Note: If the decedent left a will, a certified copy thereof must be presented to ATG for inspection, along with a certified copy of the death certificate and evidence of payment of death taxes, if any.

This instrument prepared by: Robert G. Guzaldo & Associates, Ltd. 6650 North Northwest Highway, Suite 300 Chicago, Illinois 60631

Return to:
Robert G. Guzaldo & Associates, Ltd.
6650 North Northwest Highway, Suite 300,
Chicago, Illinois 60631

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STATE OF ILLINOIS)
County of Cook)

UNOFF GUILLING PY

OCTOBER 5, 2006

I, Darid 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.

					\wedge	tud On
REGISTRATION DISTRICT NO.		STATE OF	LLINOIS		COUNTY	STATE FILE
RECISTE EN A	MEDICA	CERTIF	ICATE	OF DE	ATH	615293
	FIRST MIDDI	.E LAS	T	SEX	DATE OF DEA	ATH (MONTH, DAY, YEAR)
1. A	.D.	111	LSON	2. MALE	3 SEP	TEMBER 15,1997
COUNTY OF DEATH	AGE-LAS BIRTHDA			DAY DATE OF	BIRTH (MONTH, D	AY YEAR)
4. COOK	5a.	7.5 5b.	5c.	Isa Al	PPIL 16,	
CITY, TOWN, TWP, OR ROAD LIST IN	CT NUMBER HOSPITA	LOROTHERINSTITUTI	ON-NAME (IF NOT I	NEITHER, GIVE STRE	ET AND NUMBER)	IF HOSP, OR INST, INDICATE D O A OPEMER RM, INPATIENT (SPECIFY)
6a CHICAGO			HOSP ITAL	MEICAL	CENTER	6c. INPATIENT WAS DECEASED EVER INU:
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	AN RRIED, NEVER MARRIE	PECIFYI		ISE (MAIDEN NAME.	IF WIFE)	ARMEDFORCES? (YES NO
7. Mississippi	1ba. Married	8b. Je	ssie Wi	I I S O N	ATION (SPECIEYO	9 NO
SOCIAL SECURITY NUMBER	USUN OCCUPATION	i .	_	Element	ary/Secondary (0-12)	
10. 428-40-1707 RESIDENCE (STREET AND NUMBER,	lia Laggrer	ICITY, TOWN, TWP	neral OR BOAD DIST	PICT NO.	8th TINSIDECITY	COUNTY
4103 W 16TH	ST 1ST FL.O	13b. CHICAG			13c. YES	13d. COOK
STATE ZIPCO	DDS RACE (WHITE	B' AMERICAN	OF HISPANIC (ORIGIN? (SPECIFY)		SPECIFY CUBAN, MEXICAN, PUERTORICAN 64
THI THOUSE 6	1623 INDIAN, etc.) (SF		14b. x □ NO	[] YES	SPECIFY:	
FATHER-NAME FIRST	NAMES OF TAXABLE PARTY.	LAST	MOTHER-NAM	The same of the sa	MIDDLE	(MAIDEN) LAST
15. Olive	n Wi	lson	16.	Asile	e	Bailev
INFORMANT'S NAME (TYPE OR PRINT		RELATI DINSHI		ADDRESS (STRE	ETANDING ORRE	D , CITY OR TOWN, STATE, ZIP)
176. CARMEN MCCLA	IN	17h CLE	RK 170. 1	500 S. C	ALIFORMI	IA AVE CHGO, IL 606
18 PARTI. Enter if	ne diseases, or complications the or heart failure. List only one	at chused the death. Do r	of ente the mode	of dying, such as ca	rdiac or respiration	y BITONI, APPROXIMATE INTERVAL BETWEEN INSET AND DEATH
Immediate Cause (Final	or heart failure. List only one	CRUSE ON EBOT INE.	4			
dn.ease or condition re-sulting in death,	a) Sepsi,			<u> </u>		
1	DUE TO, OR AS A CONSEQUE		<u> </u>			
CONDITIONS, IF ANY WHICH GIVE RISE TO	b) Enditiel	- Kenax - di	rase	<u> </u>		
IMMEDIATE CAUSE (A) STATING THE UNDERLYING	JUE TO, OHAS A CONSEGUE	NCE OF				
PART II. Other significant conditions conditions	C)	a undarhano causo oiven in PA	LITI		AUTOPSY	Y WERE AUTOPSY FORDIN 1S AVAILABLE PRED
PART II. Coner agrisación como ocur in con	REDUCTED SO CHEST COLL LICE LICEOUS AND AS A CO.	a Disconfia ig cardoo givo	****	•	INESMO)	O 190.
DA'TE OF OPERATION, IF ANY	MAJOR FINDINGS OF OP	ERATION			IFF	EMALE, WAS THERE A PREGNANCY IN PAST
	20b.				120	NC YES [] NO []
20-1, 1(DID) (BIONOT) ATTEND THE DEC) .			OR MEDICAL TO	HOUR OF DEATH
AND LAST SAW HIM/HER ALIVE ON	9.15-9	7		21b.		21c 1.55 PM
TO THE BEST OF MY KNOWLEDGE	DEATH OCCURRED AT THE	TIME, DATE AND PLAC	EARC DUE TO TH	E CAUSE(S) STAT	TED 031	DATE S. GNES (MONTH, DAY, YEAR
22a. SIGNATURE >	Ke321					22D. 9.16.97-
NAME AND ADDRESS OF CERTIFIE		y a coli	Mine -	+15-168	Mark.	ILLINOISLICENSFINUMBER
L KoYA	PANJURAN	JUM,	B			22d 036089772
NAME OF ATTENDING PHYSICIAN	IF OTHER THAN CERTIFIER	(TVPE OR PRINT)			1	'int ni odvjovki raw vrumle na w istom Imaks jadiose no reitorod sitt ataso
23.				TO SECURE OF THE		MUST BE NOTWIED.
REMOVAL (SPECIFY)	EMETERY OR CREMATORY-		LOCATION	CITTORTOWN	STATE	Sept. 20.1
410.	4b. Oakridg	STREET AND NUMBER OF		side Il		
FUNERAL HOME	NAME	-				Illinois 60644
258 A.A. Rayner FUNERAL DIRECTOR'S SIGNATUR	<u> & Sons 591</u>	I W. Maul	3011 361			R S ILLINGIS LICENSE NUMBER
	10 1-11	5 Bun	un-	1	250 0 3/0	109394
25. LOCAL REGISTRAR'S SIGNATURE	10 porpo	A			THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	AL REGISTRAR (MONTH, DAY YEAR)
	10 ala n	Yana El			26t. SE	P 2 2 1997
268.	Nilonia Pasada	and Dublin Hughhand	Nital Re	ecreda		PASEC ON ILEGUS STANDARD CERTIF