

ATTORNEYS' TITLE **GUARANTY** FUND. INC.



Doc#: 0634720089 Fee: \$28.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 12/13/2006 09:51 AM Pg: 1 of 3

STATE OF

COUNTY OF (COV.

Thomas Stepp, hereby referred to as the affiant, states under oath that the affiant resides at 12613 S. Ada, Calumet Park, Illinois 60827; that the affiant was accuranted with Magnolia L. Stepp; 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 County, Illinois, and legally described as follows:

> Lot 6 (except the North 1 foot thereo) and the North 10 feet of Lot 7 in Block 7 in Calumet Highlands Addition, a subdivision of the East 1/2 of the South 1/2 of the Southwest 1/4 of Section 29, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook Coun y, Il inois

Permanent Index Number(s): 25-29-326-047

Property Address: 12613 S. Ada, Calumet Fart, IL 60827

MAY 1, 200Φ'
The decedent died on Aleaving no last will and testament;

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 thereir 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, and that the value of the above property individually is ;\$52,450.00

The State Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the occedent'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, damages, svits, 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 Magnolia L. Stepp, 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.

Thomas the

Attorneys' 1 S Whick

Chicago, I

Attn: Searc

0634720089 Page: 2 of 3

Subscribed and sworn to before me this	
day of November (Month) Ry commission expires: 3 1 1 (2)	OFFICIAL SEAL RHONDA LYNN GROTTO NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:03/07/10

E: If the death certifica.

This instrument prepared by:
W. Lee Newell, Jr.
134 Pulaski Road
Calumet City, Illinois 60409 Note: If the decedent left a will, a certified copy thereof must be presented to ATG for inspection, along with a certified copy of

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MAY 1 0 2006

STATE OF ILLINOIS) UNOFFICIAL COPY County of Cook)

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.

Haid On

COUNTY CLERK

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											•	
DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO.	ì	STATE OF ILLINOIS						STATE FILE			
	REGISTERED NUMBER		MI	EDICAL	CERTI	FIC	ATE C	F DE	ATH	NUMBE	H	
Type or Print in PERMANENT INK	DECEASE J-NAME	FI	IRST	MIDDLE	L.	AST	Isi	X	DATEO	FDEATH		
See Funeral Directors, Hospital, or Physicians	1. Magnoli	a		T.	Stepp		1		4	_	ONTH, DAY, YEAR)	
Handbook for	COUNTY OF DEAT !			AGE-LAST BIRTHDAY (Y	UNDER 1 Y		UNDER 1 DAY		Female 3. May 1, 2006 DATE OF BIRTH (MONTH, DAY, YEAR)			
INSTRUCTIONS	4. Cook CITY, TOWN, TWP, Oh TO	J STRICT	NUMBER	5a86	(RS) MOS. 15 5b. ROTHER INSTITU		HOURS MIN.	Ed 7.		18, 19	20	
A	6a. Olympia Fie	-1 <i>d</i> s			ames Hos					ER) IF HO! OP/EN	SP, OR INST, INDICATE D.O.A MER. RM, INPATIENT (SPECIF	
DECEASED	BIRTHPLACE (CITY AND STATE FOREIGN COUNTRY)	FOR	MARRIED, NE	VERMARRIED, IVORCED (SPECIF		SURVIVI	NG SPOUSE (TA LIE	STOS	6cI1	npatient	
	7. Leflare County	. MS	or Marc	ied (SPECIF	8b. Th				ir Wire)		WAS DECEASED EVER II ARMED FORCES? (YES	
В	SOCIAL SECURITY NUMBER		USUAL CCL	PATION	KINDOFB	USINES	Stepp SOR INDUSTR		TION (enco	EV ON II VI III OUT	9. NO ST GRADE COMPLETED)	
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	RESIDENCE (STREET AND NU	MBER)		C	ITY, TOWN, TWP	OR RO	AD DISTRICT	12. 1	INSIDE CIT	Y COUN	TV	
E	13a. 14255 South	Cice	ero Ave		3b. Crestw o				(YES/NO)			
İ	STATE	ZIP CODE		RACE (WH. TE, BL/	MERICAN		PANIC ORIGIN	1? (SPECIFYN	13c Yes	13d.	COOK AN, MEXICAN, PUERTO RICAN,	
	13e.Illinois	13/604	45	ADIAN, etc.) (SPEC IFY)			⊠ NO				AN, MEXICAN, PUERTO RICAN,	
PARENTS	FATHER-NAME FIRST	Mil	DDLE	LAST	0,			☐ YES IRST	SPECIFY:			
	15. Jose p	h	Rich	ard	Leo. P.Cd	1			_		(MAIDEN) LAST	
j.	INFORMANT'S NAME (TYPEO	RPRINT)			RELATIONSHIP	16.		lia	Α.	W:	illiams	
1	17a. Thomas Ste	DD			17Husbar						DWN, STATE, ZIP)	
2	18. PARTI,	nter the dis	eases, or com	plications that cause it only one cause o		tanto ib	1201.	3 S. A	da Cal	umet Pa	rk, IL 6082	
3	minimorate Cause (FMS)	inock, or he	eart failure. Lis	t only one cause o	n each line.	t eriter irit	a mode ot dying,	such as card	ac or respirate	ory arrest,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	disease or condition resulting in death)	→ (a)	Seiz	sus. N	Musear	dia		LAno	1200	•		
	, ,	DUET	O, OFINAS A CO	ONSEQUENCE OF	00]		1)	~~~			
	CONDITIONS, IF ANY WHICH GIVE RISE TO	(b)	uc.	CVA,	Chr. 1	an	al #	Mars	0			
CAUSE	MMEDIATE CAUSE (a) STATING THE UNDERLYING	DUETO	O, ORAS A CO	NSEQUENCE OF			- 1	0		`		
1_9	CAUSE LAST.	(c)	Dia	velis 1	Nellel	مب	, H	1pel	Ulan	non		
4	ART II. Other significant condition	s contributing	to death but not r	esulting in the underlyin	g cause given in PART	I.		-	LAUTORS	V		
5							•		(YESNS,	COMPLE	JTOPSY FINDINGS AVAILABLE PRIOR T TION OF CAUSE OF DEATH? (YES/NO)	
N	ATE OF OPERATION, IF ANY	MA	JOR FINDING	SOFOPERATION	1				19a. NC			
`	Da.	20	b.						lini	HEE MONTHS?	ERE A PREGNANCY IN PAST	
· · · · · · · · · · · · · · · · · · ·	DID) (DID NOT) ATTEND THE I ND LAST SAW HIM/HER ALIVE	PECENCED		DAY, YEAR)			IWAS CO	RONERORI		c. YES		
21	la.		4/:	30120	06		EXAMIN	er notified	? (YES/NO)	OUR OF DEAT		
TO	THE BEST OF MY KNOWLED	GE, DEATH	HOCCURRED	AT THE TIME, DA	TE AND PLACE AN	ID DUE T	0 THE CAUSE	S) STATED		1c. ATE SIGNED	2:50 A. M.	
CEDITIFIED 22	a. Signature 🕨	IV	wal	hory	WITA	411	204	MD	1		(MONTH, DAY, YEAR)	
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_22	c. 20201 S Cra	taford	. 01 vm	nia Piolo	do II CC	14.61			- 1			
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23									(0)	ATH THE CORO	Y WAS INVOLVED IN THIS NER OR MEDICAL EXAMINER	
REI	RIAL, CREMATION, MOVAL (SPECIFY)	CEMETER	YORCREMA	TORY-NAME	LOCA	TION	CITYORTO	DIA/AI	STATE	JST BE NOTIFIED).	
	a.Burial	24b. Ce c	dar Par	k Cemete	240	O- 1				DATE	(MONTH, DAY, YEAR)	
ISPOSITION		NON	nc:	STREET AND	NUMBER OR R.F.D.	Calu	met Par	OR TOWN	llinoi			
258	.Cedar Park Fu	neral	Home		. Halste					STATE	ZIP	
FUN	IEBAL DIRECTOR'S SIGN T	帰っ				<u> </u>	alumet		Illi	1018 6	0827	
25b		$\cancel{>}$	\$	4		أسمر		i i	D34	ILLINOIS LICENS	SE NUMBER	
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26a		pure	10	N		JA/	/	4	EDBYLOCAL P MAY		NTH, DAY, YEAR)	
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