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Doc#: 0634956098 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 12/15/2006 03:40 PM Pg: 1 of 3

Joint Tenancy Affidavit

Above Space for Recorder's Use Only

Virginia M. Labno, hereinafter referred to as the affiant, states under oath that the affiant resides at 3834 S. Grove Avenue, in the City of Berwyn, Illinois; that the affiant was acquainted with Stephen J. Labno, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of properly recorded joint tenancy warranty deed, said property located in, County, Illinois, and legally described as follows:

THE SOUTH 30 FEET OF THE NORTH 60 FEET OF LOT 14 IN BLOCK 52 IN THE SUBDIVISION OF BLOCK 45, 47, 48, 49, 50, 51 AND 52 IN THE CIRCUIT COURT PARTITION IN SECTION 31 AND 32, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

Permanent Index Number (PIN): 16-31-330-029

Address(es) of Real Estate: 3834 S. Grove Avenue, Berwyn, Illinois 60402

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;

That the decedent died on September 7, 2006, leaving no/a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$188,400.00; and

That the value of the above property individually was \$185,000.00.

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That the affiant makes this affidavit to induce Chicago Title Insurance Company to issue its policy of title insurance on the above-described property.

The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold Chicago Title Insurance Company, harmless and to reimburse the Fund for all loss, costs, damages, suites, 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:

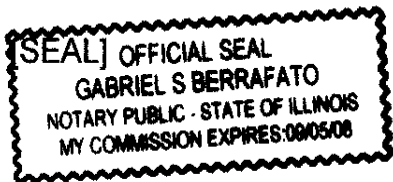
1. Claims against the estate of Stephen J. Labno, the decedent;
2. Illinois State Inheritance Tax and Federal Tax which may be charges against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights to contribution.

Virginia Labno (Seal)

_____ (Seal)

STATE OF ILLINOIS)
) SS
 COUNTY OF COOK)

Subscribed and Sworn to before me this 18th day of November, 2006



Gabriel S. Berrafato
 Notary Public

This instrument was prepared by:

Gabriel S. Berrafato & Associates
 8720 Ferris Avenue
 Morton Grove, IL 60053-2843
 (847) 965-2233

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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record for the person named and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths, and deaths.

DATE: SEP 12 2006

SIGNED: Robert C. Pachous

AT: BERWYN, ILLINOIS

OFFICIAL TITLE: REGISTRAR

The original record is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. Local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of this record by the Department of Public Health or the local registrar shall be prima facie evidence in all courts and places of the facts therein.

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 1621

REGISTERED NUMBER 573

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED-NAME Stephen FIRST MIDDLE LAST Labno SEX 2. Male DATE OF DEATH 3. September 7, 2006
COUNTRY OF BIRTH 1. Cook AGE LAST BIRTHDAY (MNS) 4. 62 UNDER 1 YEAR 5a. 62 UNDER 1 DAY 5b. MIN. DATE OF BIRTH (MONTH, DAY, YEAR) 5c. 62 JULY-14, 1944
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. Berwyn 6b. MacNeal Hospital HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6c. Emer. Rm.
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7a. Chicago, IL 7b. Married 7c. Virgilia Quinn NAME OF SURVIVOR, 3RD CHOICE (MAIDEN NAME, IF WIFE)
SOCIAL SECURITY NUMBER 8a. Married 8b. Virgilia Quinn KIND OF BUSINESS OR INDUSTRY 8c. Residential EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 9. No
RESIDENCE (STREET AND NUMBER) 10a. Painter 10b. Painter 10c. Residential EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. College (11-12 or 13)
STATE 13a. Illinois 13b. Berwyn 13c. Yes 13d. Cook INSIDE CITY (YES/NO) 13c. Yes 13d. Cook COUNTY
FATHER-NAME 14a. John 14b. MIDDLE 14c. MIDDLE MOTHER-NAME 14d. MIDDLE 14e. MIDDLE MIDDLE LAST
MOTHER-NAME 14d. MIDDLE 14e. MIDDLE MIDDLE LAST

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STATE 13a. Illinois 13b. Berwyn 13c. Yes 13d. Cook INSIDE CITY (YES/NO) 13c. Yes 13d. Cook COUNTY

PARENTS 15. FATHER-NAME 15a. John 15b. MIDDLE 15c. MIDDLE MOTHER-NAME 15d. MIDDLE 15e. MIDDLE MIDDLE LAST
MOTHER-NAME 15d. MIDDLE 15e. MIDDLE MIDDLE LAST

CAUSE 18. PART I. Immediate Cause (Final disease or condition resulting in death) (a) Coronary artery disease + Renal failure (b) Di. ETIO. OR AS A CONSEQUENCE OF Diabetes Mellitus - Type 1 (c)
PART II. Other significant (and) contributing to death but not resulting in the underlying cause given in PART I.

20a. DATE OF OPERATION, IF ANY 20b. MAJOR FINDINGS OF OPERATION 20c. AUTOPSY (YES/NO) 20d. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES [] NO []
20e. HOUR OF DEATH 21c. 2:47 P.M.
21d. DATE SIGNED 21e. 9/11/06
21f. ILLINOIS LICENSE NUMBER 22d. 036-054550

CERTIFIER 22a. SIGNATURE [Signature] 22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. Dr Emmanuel 2160 S 1st Ave Maywood, IL
NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT) 23.
23a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 23b. Forest Crematory 23c. Forest Crematory 23d. Forest Crematory 23e. Forest Crematory
23f. Forest Crematory 23g. Forest Crematory 23h. Forest Crematory 23i. Forest Crematory 23j. Forest Crematory
23k. Forest Crematory 23l. Forest Crematory 23m. Forest Crematory 23n. Forest Crematory 23o. Forest Crematory 23p. Forest Crematory
23q. Forest Crematory 23r. Forest Crematory 23s. Forest Crematory 23t. Forest Crematory 23u. Forest Crematory 23v. Forest Crematory
23w. Forest Crematory 23x. Forest Crematory 23y. Forest Crematory 23z. Forest Crematory

DISPOSITION 25a. Cremation Society of Illinois 1030 E Northwest Hwy Mt. Prospect, Illinois 60056
25b. Local Registrar's Signature [Signature] Gerald Sullivan
25c. Date Filed by Local Registrar (Month, Day, Year) SEP 12 2006
25d. Date Filed by Local Registrar (Month, Day, Year) SEP 12 2006