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JOINT TENANCY AFFIDAVIT

Prepared By and MAIL TO: Hegarty, Kowols & Associates PC 301 W. Touhy Park Ridge, IL 60068 (847) 692-3031 Doc#: 0710318031 Fee: \$28.00
Doc#: "Gene" Moore RHSP Fee:\$10.00
Eugene "Gene" Moore of Deeds
Cook County Recorder of Deeds
Date: 04/13/2007 10:47 AM Pg: 1 of 3

STATE OF ILLINOIS)
SS
COUNTY OF COOK)

GERALDP F. MORETTI,

hereby referred to as the affiant, states under oath that the affiant resides at 8048 N. Octavia, Village of Niles, Illinois; that the affiant was acquainted with DINO A. MORETTI, decedent; 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:

THE SOUTH HALF OF LOT 185 AND ALL OF LOT 186 IN FIRST ADDITION TO GRENNAN HEIGHTS, A SUBDIVISION OF PART OF THE SOUTH HALF OF THE SOUTH HALF OF THE SOUTH EAST QUARTER OF SECTION 24, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING EAST OF THE CENTER LINE OF MILWAUKEE ROAD, IN COOK COUNTY, ILLINOIS.

Commonly known as: 8048 N. Octavia, Niles, IL *53*/14 PIN: 09-24-423-051-0000 and 09-24-423-052-0000

That the decedent had no interest in any business or partnership, for held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest thereof or the creation of interest to take effect in possession or enjoyment after death;

That the decedent died on June 29, 1996, leaving no last will and testament. A certified copy of the death certificate is attached hereto and a copy of the last will and testament, if any.

That the total value of decedent's estate at death, including the taxable interest in the above property was less than the applicable Federal Unified Tax Credit and that the value of the above property individually was less than the applicable Federal Unified Tax Credit.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

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That affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever indemnify, protect, defend and hold NA harmless and to reimburse said title company for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which said title company 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 DINO A. MORETTI, the decedent.

2. Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;

Legacies, if any, created by the will of said decedent;

4. Rights of contribution.

GERALDINE F. MORETTI

Unit Clark's Office

Signed and sworn to before me this

day of Tederer , 200

Notary Public

OFFICIAL SEAL
MARY FRANCES HEGARTY
HOTARY DUTY OF STATE OF ILLINOIS

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STATE FILE NUMBER	DEATH (MONTH, DAY, YEAR)	26		WAS DECENSED EVEN IN U.S. WAS DECENSED EVEN IN U.S. WAS DECENSED EVEN IN U.S. WAS DECENSED IN U.S. WAS DEC		TY COUNTY BS 13dCook	SPECIFY CUBAN, MEXICAN, PUEF	LE (MAIDEN) LAST	SO 1 A MAILING ADDRESS (STREET AND NO OR R.F.D CITY OR TOWN, STATE, ZP)	N11es II 60714 Natural Properties of the permeter of the perm	<u> </u>	A	Constant	DPSY WERE ALTOPES FINONGS AVALABLE PHICK O COMPLETION OF CAUSE OF DEATH OF PERSONS NO 1990.	FEMALE, WASTHERE A PREGNANCY IN FAST HREE MONTHS? OC. YES NO	HOUR OF DEATH	DATE SIGNED (MONTH, DAY, YEAR)	ILLINOIS LIGENSE NUMBER	Y WAS INVOLVE	STATE DATE (MONTH, DAY, YEAR)	ois 24401 3, 1996	BS II 60714 FUNEAL DIRECTOR'S ILLINOIS LICENSE NUMBER	256. 34_009451	JUL 0 1 1996	
STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH	MIDDLE LAST SEX	A. AGE-LAST WOS DAYS HOURS MIN. Sd. May 26, 1929	HOSPITAL OR OTHER	2048 N. Octavia RRIED. NAME OF SURVING SPOUSE (W.) SPECIFY R. Coraldine Moli.	KIND OF BUSINESS OR IND. T. 9.	TOWN, TWP, O	13b. Niles CK. AMERICAN GF h. SPANIC ORIGIN? (SPECIFY NO	4 14a White 175b. LAST MOTH	MAILING ADDRESS (STREET AND NO.	1.0.71 fe 17c8048 N. Octavia	Enter the diseases, or complications that caused the ceath. Do not enter the mode of dying, such as careful as the caused the cause of	(a) Metastict to NON SMALL (C)	(b) DUE TO, OR AS // C. N. F. DUENCE OF	ut not resulting in the underlying cause given in PART I.	(A) FINDINGS OF OPERATION	OD. (WOATH, DAY, YEAR) EXAMINER NOTIFIED? (TESNO)	NADLAST SAMHIM/HEB AUT CONSTITUTED ATTHEFT ME DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	CAPE CHENKY)	11 6S TL 60714 HERTHANCERTIFIER (TYPE OR PRIMT)	I DCATION CITY ON TOWN	Saints Chromber OR R.F.O. Desplaines. I	ukas Avs. Nil	Strap	M.D. Nadine me July	
REGISTRATION /6.0	REGISTERED NUMBER	DECEASED-NAME 1. Dino COUNTY OF DEATH	. COOK HY, TOWN, TWP, OR ROAD DISTRICT	Sa. N.1.1 e.S. STATHPLACE (CITY AND STATE OF COPEGN COLUMN 19)	7. Chicago, IL	10. 322-26-3812 RESIDENCE (STREET AND NUMBER)	13a. 8048 N. Octavia	13e Illinois 136 6071	15. Guido	INFORMANT SNAME (TYPEC	17a. Gel alumie 18. PARTI.	Immediate Cause (Final disease or condition resulting in death)	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a)		DATE OF OPERATION, IF ANY	3	,	,	David Hilimian MD 22c. 8915 (101 f. Rd. Niles.		BURIAL CREMATION, REMOVAL (SPECIFY) 24a. Burial	FUNERAL HOME	ECTOP-BSIGNATURE	L'REGIE MESSIGNAT	AN JOHN DECISTRAR

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statues relating to the registrar of birth, stillhirth and death.