

UNOFFICIAL COPY



STATE OF ILLINOIS)
)SS.
COUNTY OF COOK)

Doc#: 0722716065 Fee: \$26.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 08/15/2007 09:44 AM Pg: 1 of 2

JOINT TENANCY AFFIDAVIT

ROSE M. COLLINS, hereby referred to as the affiant, states under oath that the affiant resides at 6028 N. Newburg, in the City of Chicago, Illinois; that the affiant was acquainted with **EDWARD G. COLLINS, the 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:

Lots 9 and 10 in Sub-Block 6 in Wilson's Resubdivision of Blocks 85, 86, 92, 93 and 94 in Norwood Park in Section 6, Township 40 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Address of Property: 6028 N. Newburg, Chicago, IL 60631
P.I.N. 13-06-403-008

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 February 15, 1996, as evidenced by a certified copy of his death certificate attached hereto, leaving no last will and testament;

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

That the affiant makes this affidavit to induce Attorney's Title Guaranty Fund, Inc. 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 Attorneys' Title Guaranty Fund, Inc. harmless and to reimburse The Fund for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which The Fund may suffer, expend or incur by reason of the issuance of said policy, and clear of the following objections:

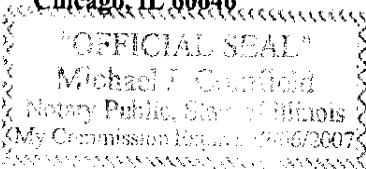
1. Claims against the estate of **EDWARD G. COLLINS, the decedent;**
2. Illinois Estate Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

Rose M. Collins
ROSE M. COLLINS

Subscribed & Sworn to before me this 9 day of AUGUST, 2007

Michael J. Cornfield
Notary Public
My Commission Expires 12/31/2007

Affidavit prepared by and return to:
Michael J. Cornfield
6153 N. Milwaukee Ave.
Chicago, IL 60646



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OCTOBER 14, 2004

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

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.

David Orr
COUNTY CLERK

DISTRICT NO. <u>160</u>		STATE OF ILLINOIS		STATE FILE NUMBER	
MEDICAL CERTIFICATE OF DEATH					
DECEASED NAME: FIRST <u>EDWARD</u> MIDDLE <u>George</u> LAST <u>COLLINS</u>		SEX: <u>2 MALE</u>		DATE OF DEATH (MONTH DAY YEAR): <u>3 FEBRUARY 15, 1996</u>	
COUNTY OF DEATH: <u>COOK</u>		AGE - LAST BIRTHDAY (YRS) <u>5a. 70</u>		DATE OF BIRTH (MONTH DAY YEAR): <u>5d. September 10, 1925</u>	
CITY/TOWN/TWP. OR ROAD DISTRICT NUMBER: <u>6a. ELK GROVE VILLAGE</u>		HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER GIVE STREET AND NUMBER): <u>6b. ALEXIAN BROTHERS MEDICAL CENTER</u>		IF HOSP. OR INST. INDICATE DO A OP-EMER RM, INPATIENT (SPECIFY): <u>6c. HOSPITAL INPAT</u>	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): <u>7 Chicago, IL</u>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): <u>8a. Married</u>		NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE): <u>8b. Rose Grau</u>	
SOCIAL SECURITY NUMBER: <u>10 357-14-4808</u>		USUAL OCCUPATION: <u>11a. Machinist</u>		KIND OF BUSINESS OR INDUSTRY: <u>11b. Machine Co.</u>	
RESIDENCE (STREET AND NUMBER): <u>13a. 6028 N. Newburg</u>		CITY/TOWN/TWP. OR ROAD DISTRICT NO.: <u>13b. Chicago</u>		INSIDE CITY (YES/NO): <u>13c. Yes</u>	
STATE: <u>13e. Illinois</u>		ZIP CODE: <u>13f. 60631</u>		COUNTY: <u>13d. Cook</u>	
FATHER NAME FIRST MIDDLE LAST: <u>15. George Collins</u>		MOTHER NAME FIRST MIDDLE (MAIDEN) LAST: <u>16. Alfhild Osterberg</u>			
INFORMANT NAME (TYPE OR PRINT): <u>17a. Rose Collins</u>		RELATIONSHIP: <u>17b. Wife</u>		MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP): <u>17c. 6028 Newburg Chicago, IL 60631</u>	
PART I: Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		IMMEDIATE CAUSE (Final disease or condition resulting in death): <u>(a) Congestive Heart Failure</u>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: <u>(b) Dilated Cardiomyopathy</u>		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: <u>Staph Aureus Septis</u>		AUTOPSY (YES/NO): <u>19. NO</u>	
DATE OF OPERATION, IF ANY: <u>20a. 1/20/96</u>		MAJOR FINDINGS OF OPERATION: <u>20b. Acute Cholecystitis</u>		IF FEMALE, WAS THERE A PREGNANCY IN PAST 12 MONTHS? <u>20c. YES!! NO!!</u>	
DATE AND PLACE OF DEATH: <u>21a. 2/15/96</u>		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): <u>21b. NO</u>		HOUR OF DEATH: <u>21c. 4:19 PM</u>	
SIGNATURE: <u>22a. Dale H. Foster MD</u>		NAME AND ADDRESS OF CERTIFIER: <u>810 Breasted Rd Elk Grove</u>		DATE SIGNED: <u>22b. 2/16/96</u>	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: <u>22c. Dale H. Foster MD</u>		ILLINOIS LICENSE NUMBER: <u>22d. 36-65852</u>		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
BURIAL CREMATION REMOVAL (SPECIFY): <u>24a. Burial</u>		CEMETERY OR CREMATORY - NAME: <u>24b. Oakridge</u>		LOCATION: CITY OR TOWN STATE: <u>24c. Hillside, Illinois</u>	
FUNERAL HOME: <u>25a. John V. May Funeral Home, Inc. 4553 Milwaukee Ave. Chicago, IL 60630</u>		FUNERAL DIRECTOR'S SIGNATURE: <u>John V. May</u>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: <u>25c. 034-011741</u>	
LOCAL REGISTRAR'S SIGNATURE: <u>26a. Phyllis C. Wells</u>		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR): <u>26b. Feb 16, 1996</u>			