



Doc#: 0727805443 Fee: \$28.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 10/05/2007 11:28 AM Pg: 1 of 3

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

## JOINT TENANCY AFFIDAVIT

STATE OF

Michael Olen, hereby referred to as the affiant, states under oath that the affiant resides at 9344 O'Day Drive, Highland, Indiana; that the affiant was acquainted with Mary E. Olszewski; at the time of the decedent's death, the decedent was one of the owners of a parcel of property by virtue of a property recorded joint tenancy or tenancy by the entirety deed, said property located in COOK County, Illinois, and legally described as follows:

Lot 3 (except the West 75 feet thereof) in Block 11 in First Addition to Percy Wilson's Washington Park Subdivision in the Southeast 1/4 of the Southeast 11/4 of t in Cook County, Illinois

Permanent Index Number(s): 29-20-410-035

Property Address: 294 East 165th Street, Harvey, IL 60426

leaving no last will and testament; The decedent died on

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 the eig. 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 p onerty, is, and that the value of the above property individually is;

The State Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from 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, 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 Mary E. Olszewski, 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.

Michael Olen

Altorneys' Tito Gueranty Func, inc 18 Macher Dr., 8 . 2400 Chicago, in 30000-1030 Aitn: Seerch Department

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## UNOFFICIAL COPY

(continued)

Subscribed and sworn to before me this

day of Leptember , Loo7 , Patricia A. Giancola Notary Public, State of Indiana My commission.expires:

My commission.expires:

Worklind A. Giancola Notary Public, State of Indiana My Commission Expires July 31, 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: W. Lee Newell, Jr 134 Pulaski Road Calumet City, Illinois 60409,

Return to:
W. Lee Newell, Jr
134 Pulaski Road
Calumet City, Illinois 60409

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MEDICAL CERTIFICATE OF DEATH

## **UNOFFICIAL COPY**

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and record for the decedent named in item 1 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,

|  | sundirths, and deaths.   |
|--|--|
|  | DATE January 16, 1996 SIGNED JANGRA Lanck  |
|  | At Cook County Dept. of Public Health Official Title Chief Deputy Registrar  |
|  | 1010 Lake Street   |
|  | Oak Park, IL 6030i   |
| 25a SCIII DE CEL TOPO EN EL SE | DEATH  DEATH  DEATH  DEATH  DEATH  LDG  RHYNNUME  PATON  NAME (TYN  NAME (TYN  RISE TO  NUSE TO  NUS TO  NUS TO  NUSE TO  NUS TO  NUS TO  NUS TO  NUS TO  NUS TO  NUS |

1.7

| Oak Park, IL 60301   |  | ,  |
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| ANDLASTSAWHIMHERALIVEON  21a.  10 IHE HI SI OI MYKNOW EDLE, DEATHOY JURREDA  22a. SIGNATURE  NAME AND ADDRESS OF CERTIFIER (TYPEORPHA)  22c. A C V I I I G and hi, M. b.  NAME OF A CHANTION CEMETERY OR CREMATO  BURIAL CREMATION REMOVAL (SPECIFY)  24a En tomber 24b. Chapel L  FUNERAL DIRECTOR SIGNATURE  25b.  CAREN L  COLAL REGISTRARY SIGNATURE  ARREN L  COLAL REGISTRARY SIGNATURE  COLAL REGISTRARY SIGNATURE  ARREN L  COLAL REGISTRARY SIGNATURE  CO | 18. PART!.  Immodiate Cause (Final steeks, or what tailurn immodiate Cause (Final steeks, or what tailurn season or condition sessiting in death)  CONDITIONS, IF ANY WHICH GIVE RISE TO INMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.  PART!!. Other significant contributing to death.  DATE OF OPERATION, IF ANY MA. 'OR: INC. 20a.  1 (DID) (DEDNOT) ATTEND THE DECENSED MON  | CEASED MAME  COOK  TY TOWN, TWP, OR ROAI  HER WAS ECURITY NUMBER  2606 178 L  111 inois  HER WAS FIRST  A10 Y  ORMANT SNAME (TYPE)  JUlius (1)   |
| 9122<br>EH SINE<br>TAL F   | Enerthe disenses or complications that caused in a cath Do not enter the mode of dying, such as cardiac or respiratory arrost, shock, or hand tailium 1 fall only one cause of one. Jinn 1 fall only one cause of one. Jinn 1 fall only one cause of one. Jinn 1 fall only one cause of one of on | TRUMBER CONTITUE COLOR OF SK 1  BACE CANTER BACK AMERICAN  BACK |
| EXAMINERNOTIFED? WIS NOT PURS  | HE CUT DILLAR  HE CUT DILLAR  AUTOPSY  WAS CORONER OR NEDICAL THERE M.  WAS CORONER OR NEDICAL THERE M.  200.  | DATE OF DEATH MADER I DAY  WIDDLE  LAST  O1SZEWSKI  O1SZEWSKI  2. Female 3. January  2. AGG 1AST  BILLIDAY VIV., MADER I DAYS  ONDER I DAYS  O |
| DATE SIGNED (MONTH DAY YEAR)  22B. SCS NJ 15 129 C  ILLINOISLICENSE NUMBER  22d O 1 0 2 988 7  NOTE IF ANIMJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER  MUST BE NOTIFIED.  DATE (MONTH DAY YEAR)  24d J 211 16, 1996  STATE  STATE  ALLINOISLICENSE NUMBER  0 1 0 6 4 0  AL REGISTRAR(MONTH, DAY, YEAR)  (BASEDON 1989 UPSTANDARD CERTIFICATE)   | APPROXIMATE METRY  SYLOUT  SYL | DATE OF DEATH (MONTH, DAY, YEAR)  THE OF BIRTH (MONTH DAY YEAR)  DUCCOMBET 5, 1928  IF HUSP, OR INST INDICATE DOA  OPEMER RM. INPATIENT (SPECIFY)  COUNTY  ANNI UT SHOULD SPECIFY OUR Y HIGHEST GRADE COMPLETED).  TO DUCATION (SPECIFY OUR AND MEXICAN PUERTO RICAN, etc.)  TO MIDDLE  TO MIDDLE  TO MIDDLE  TO TO TO TO TOWN, STATE, ZIP)  178 th St. Lansing, IL 60438  |