

UNOFFICIAL COPY

STATE OF ILLINOIS)
)SS.
COUNTY OF COOK)



Doc#: 0734609046 Fee: \$26.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 12/12/2007 11:13 AM Pg: 1 of 2

JOINT TENANCY AFFIDAVIT

KEIKO MATSUSHITA, hereby referred to as the affiant, states under oath that the affiant resides at 1765 W. Thome, in the City of Chicago, Illinois; that the affiant was acquainted with **MASARU MATSUSHITA** 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 5 and 20 together with the West 1/2 of Private Alley immediately adjoining to Lot 20 in Murray Manor West a Resubdivision of Lots 5, 6, 7 and 8 (except East 8 feet) in Block 15 in High Ridge, being a Subdivision in North 1/2 of the Northeast 1/4 of Section 6, Township 40 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Address of Property: 1765 W. Thome, Chicago, IL 60660
P.I.N. 14-06-209-060 and 14-06-209-063

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 9/30/2002, 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' Title Guaranty Fund, Inc. to issue its policy of title insurance on the above described property.

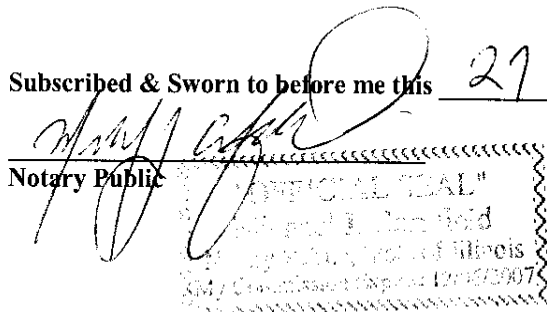
The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold Attorneys' Title Guaranty Fund, Inc. harmless and to reimburse The Fund for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which The Fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of **MASARU MATSUSHITA, 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.

Keiko Matsushita
KEIKO MATSUSHITA

Subscribed & Sworn to before me this 27 day of NOVEMBER, 2007

Notary Public



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

REGISTRATION DISTRICT NO. **16.10**

STATE OF ILLINOIS

STATE FILE NUMBER **6147720**

MEDICAL CERTIFICATE OF DEATH

DECEASED-NAME **MASARU** FIRST **MATSUSHITA** MIDDLE **EMI** LAST **MATSUBISHITA** SEX **MALE** DATE OF DEATH (MONTH, DAY, YEAR) **SEPTEMBER 30, 2002**

COUNTY OF DEATH **COOK** AGE-LAST BIRTHDAY (YRS) **78** UNDER 1 YEAR **0** MONTHS **0** DAYS **0** HOURS **0** MIN **0** SEC DATE OF BIRTH (MONTH, DAY, YEAR) **MARCH 30, 1924**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **CHICAGO** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **1765 W. Thome** HOME **Home**

6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **SACRAMENTO, CA** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **8b. KEIKO OMORI** WAS DECEASED WHILE IN U.S. ARMED FORCES? (YES/NO) **9**

7. SOCIAL SECURITY NUMBER **154-22-3471** USUAL OCCUPATION **11a. COOK** KIND OF BUSINESS OR INDUSTRY **11b. RESTAURANT** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **12.10** COLLEGE (1-4 or 5-1) **13c. YES** **13d. COOK**

8. RESIDENCE (STREET AND NUMBER) **1765 W. Thome** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **CHICAGO** OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) **13c. YES** **13d. COOK**

5. 1. a. FATHER-NAME **COLLINS** FIRST **131** MIDDLE **60660** LAST **JAPANESE** MOTHER-NAME **16. NA**

17a. DECEASED'S NAME (TYPE OR PRINT) **EMI MATSUBISHITA** RELATIONSHIP **DAUGHTER** MAILING ADDRESS (STREET AND NO. OR P.O. BOX, STATE, CITY OR ZIP) **1765 W. THOME CHICAGO, IL 60660**

17b. IMMEDIATE Cause (Final disease or condition leading in death) **Empty Stomach**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) **Empty Stomach**

CAUSE LAST **Empty Stomach**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

20a. MAJOR FINDINGS OF OPERATION **Empty Stomach**

20b. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **20c. YES** **20d. NO**

21. DID NOT ATTEND THE DECEASED (MONTH, DAY, YEAR) **9/30/02** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **NO**

22. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. **James T. McCreary**

22a. SIGNATURE **James T. McCreary** (TYPE OR PRINT) **46646 N. MARINE DR. CHICAGO IL 60640**

22b. NAME AND ADDRESS OF CERTIFIER **James T. McCreary MD**

22c. ILLINOIS LICENSE NUMBER **3654930**

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

24. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **CHICAGO, ILLINOIS**

24a. FUNERAL HOME **LAKE VIEW FUNERAL HOME** STREET AND NUMBER OR R.F.D. **1458 W. BELMONT CHICAGO ILLINOIS** CITY OR TOWN **CHICAGO, ILLINOIS** STATE **ILLINOIS** ZIP **60657**

25a. FUNERAL DIRECTOR'S SIGNATURE **John A. Wilhelms, M.D.** DATE PREPARED (MONTH, DAY, YEAR) **OCT 01 2002**

25b. LOCAL REGISTRAR'S SIGNATURE **John A. Wilhelms, M.D.** DATE PREPARED (MONTH, DAY, YEAR) **OCT 01 2002**

25c. FUNERAL DIRECTOR'S SIGNATURE NUMBER **034-011640**

25d. LOCAL REGISTRAR'S SIGNATURE NUMBER **034-011640**

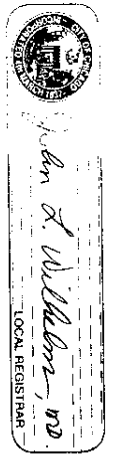
STATE OF ILLINOIS

COUNTY OF COOK

CITY OF CHICAGO

OCT 01 2002

I, JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO. THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.



CITY OF CHICAGO

DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.