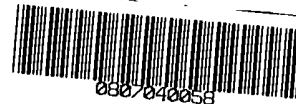




UNOFFICIAL COPY



Doc#: 0807040058 Fee: \$40.00
 Eugene "Gene" Moore RHSP Fee: \$10.00
 Cook County Recorder of Deeds
 Date: 03/10/2008 11:40 AM Pg: 1 of 3

ATTORNEYS'
 TITLE
 GUARANTY
 FUND,
 INC.

JOINT TENANCY AFFIDAVIT

STATE OF IL)
 COUNTY OF Cook) SS

June Weber, hereby referred to as the affiant, states under oath that the affiant resides at 9853 S. Leavitt, Chicago, IL 60643; that the affiant was acquainted with John R. Weber; at the time of the decedent's death, the decedent was one of the owners of a parcel of property by virtue of a properly recorded joint tenancy or tenancy by the entirety deed, said property located in COOK County, Illinois, and legally described as follows:

LOT 14 IN BLOCK 13 IN RIDGE A SUBDIVISION OF THE EAST 1/2 OF THE NORTHWEST 1/4 OF SECTION 7,
 TOWNSHIP 37 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY,
 ILLINOIS
 Permanent Index Number(s): 25-07-124-011
 Property Address: 9853 S. Leavitt, Chicago, IL 60643

The decedent died on 1-25-03, leaving NO last will and testament;

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;

The total value of decedent's estate, including the taxable interest in the above property, is , and that the value of the above property individually is \$310,000.00;

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 representative, or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, 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 John R. Weber, 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.

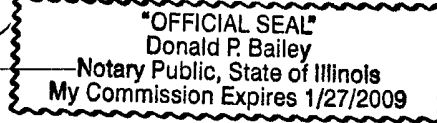
June Weber
 June Weber

UNOFFICIAL COPY**JOINT TENANCY AFFIDAVIT**
(continued)

Subscribed and sworn to before me this

25th day of February, 2008
 (Month) (Year)

Donald P. Bailey
 (Notary Public)



My commission expires: _____

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: +RETURN TO:
 Donald P. Bailey
 10729 W. 159th Street
 Orland Park, IL 60467,

UNOFFICIAL COPY

DEPUTY REGISTRAR

REGISTRAR

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON 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, STILLBIRTHS AND DEATHS.

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

DECEASED-NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. COUNTY OF DEATH		JOHN		R.	WEBER	3. JANUARY 25, 2003
4. COOK		5a. BIRTHDAY (YRS)		5b. UNDER 1 YEAR MOS.	5c. UNDER 1 DAY HOURS	5d. DATE OF BIRTH (MONTH, DAY, YEAR)
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		5a. 74		5b. 5d.	5c. 5d.	5d. February 24, 1928
6a. EVERGREEN PARK		6b. LITTLE COMPANY OF MARY HOSPITAL		NAME OF SURVIVING SPOUSE (MADE IN W. WIFE)		6c. INPATIENT
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		7. Chicago, IL		8b. June Erdmann		9. YES
SOCIAL SECURITY NUMBER		10. 350-20-7180		11a. Truck Driver		12. 12
RESIDENCE (STREET AND NUMBER)		9853 SOUTH LEAVITT		13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO. CHICAGO		13c. YES
STATE		13a. ILLINOIS		14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		15. YES
13e. ILLINOIS		13f. 60643		14b. WHITE		15. YES
FATHER-NAME		13g. FIRST MIDDLE LAST		14c. EXNO		15. YES
15. Henry		13g. FIRST MIDDLE LAST		14c. EXNO		15. YES
16. Mary		13g. FIRST MIDDLE LAST		14c. EXNO		15. YES
17a. MARY GAWLAK/CLERK		13g. FIRST MIDDLE LAST		14c. EXNO		15. YES
18. PART I.		13g. FIRST MIDDLE LAST		14c. EXNO		15. YES
Immediate Cause (Final disease or condition resulting in death)		13g. FIRST MIDDLE LAST		14c. EXNO		15. YES
19. PART II. Other significant conditions contributing to death or condition resulting in the underlying cause given in PART I.		13g. FIRST MIDDLE LAST		14c. EXNO		15. YES
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		20d. YES
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		21c. DATE SIGNED (MONTH, DAY, YEAR)		21d. 1:30 P M.
22a. SIGNATURE OF CERTIFIER		22b. ILLINOIS LICENSE NUMBER		22c. DATE OF BIRTH (MONTH, DAY, YEAR)		22d. 036-054710
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		23a. HILLSIDE		23b. ILLINOIS		23c. 034-014335
24a. RICHARD-MIDWAY FUNERAL HOME		24b. GLEN OAK		24c. HILLSIDE		24d. JAN. 28, 2003
25a. RICHARD-MIDWAY FUNERAL HOME		25b. GLEN OAK		25c. HILLSIDE		25d. JAN. 28, 2003
26a. RICHARD-MIDWAY FUNERAL HOME		26b. GLEN OAK		26c. HILLSIDE		26d. JAN. 28, 2003