



ATTORNEYS' TITLE GUARANTY FUND, INC.



Doc#: 0813505014 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 05/14/2008 09:23 AM Pg: 1 of 3

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JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS) COUNTY OF COOK) SS

Vera C. Bohr a/k/a Vera A. Bohr, hereby referred to as the affiant, states under oath that the affiant resides at 20 165th St., Calumet City, IL 60409; that the affiant was acquainted with William N. Bohr; 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 23 (except the West 12.5 feet thereof) and the West 22.5 feet of Lot 22, in Block 9, in Shirleywood, being a subdivision of part of the Southeast fractional quarter and part of the Northeast fractional quarter of Section 20, Township 36 North, Range 15 East of the Third Principal Meridian, according to the plat thereof recorded July 21st, as Document 9724366 in Cook County, Illinois.

Permanent Index Number(s): 30-20-407-046 Property Address: 20 165th St, Calumet City, IL 60409

The decedent died on Feb. 28, 2006, leaving 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;

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, 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 William N. Bohr, 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.

X Vera C. Bohr Vera C. Bohr a/k/a Vera A. Bohr

Attorneys' Title Guaranty Fund, Inc. 1 S. Wacker Rd., STE 2400 Chicago, IL 60606-4650 Attn: Search Department

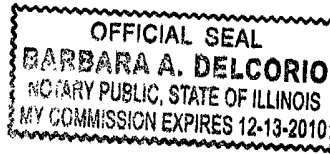
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JOINT TENANCY AFFIDAVIT (continued)

Subscribed and sworn to before me this

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

Barbara A. Delcorio
(Notary Public)



My commission expires: 12-13-2010

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:
Darryl R. Lem
Attorney at Law
850 Burnham Ave.
Calumet City, IL 60409,

Return to:
Darryl R. Lem
Attorney at Law
P.O. Box 1245
Calumet City, IL 60409,

Property of Cook County Clerk's Office

UNOFFICIAL COPY

INDIANA STATE DEPARTMENT OF HEALTH

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to issue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 03 22-06

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

1. DECEASED—NAME (First, Middle, Last) William N. Bohr		2. SEX Male	3a. TIME OF DEATH 6:00 A.M.	3b. DATE OF DEATH (Month, Day, Yr.) February 28, 2006	
4. SOCIAL SECURITY NUMBER 351-09-3107		5a. AGE—Last Birthday (Years) 87	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo, Day, Yr.) Jan. 13, 1919		7. BIRTHPLACE (City and State or Foreign Country) Chicago, IL			
8a. WAS DECEDENT A U.S. VETERAN? Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) William Riley Hospice House		9c. CITY, TOWN, OR LOCATION OF DEATH Munster	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Vera Almgren	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Secretary		12b. KIND OF BUSINESS/INDUSTRY Railroad	
13a. RESIDENCE—STATE Illinois	13b. COUNTY Cook	13c. CITY, TOWN, OR LOCATION Calumet City	13d. STREET AND NUMBER 20 165th St.		
13a. ZIP CODE 60409	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) White	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) _____		18. FATHER'S NAME (First, Middle, Last) Nicholas Bohr			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Dorothy Mae Speed		20a. INFORMANT'S NAME (Type/Print) Vera Bohr			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20 165th St. Calumet City, IL 60409		20c. Relationship Wife			
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Other (Specify) _____		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) March 5, 2006 Heritage Crematory		21c. LOCATION—City or Town, State Portage, IN	
22a. EMBALMER'S NAME None		22b. EMBALMER'S LICENSE NO. NA	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Gordon B. LaHayne</i>		24b. LICENSE NUMBER (of License) FDO 1000857	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME LaHayne FH19400005 6955 South-eastern Hammond, IN for Schroeder-Lauer FH 3227 Ridge Lansing, IL		
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. renal cell carcinoma		60438		Approximate Interval Between Onset and Death	
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. renal cell carcinoma DUE TO (OR AS A CONSEQUENCE OF):		b. _____ DUE TO (OR AS A CONSEQUENCE OF):			
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last c. _____ DUE TO (OR AS A CONSEQUENCE OF):		d. _____ DUE TO (OR AS A CONSEQUENCE OF):			
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No	28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER Rowland Mbaoma MD			
29c. MEDICAL LICENSE NO. 01060241A		29d. DATE SIGNED (Month, Day, Year) 3/2/06			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) ROWLAND MBAOMA MD, 7905 CALUMET, AV, 46321, MUNSTER, IN.					
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. [Signature]</i>		32. DATE FILED (Month, Day, Year) 2006			
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED MAR 03 2006
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

DECEDENT

ARENTS

FORMANT

POSITION

USE OF
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FICER