

Attorneys'  
Title  
Guaranty  
Fund,  
Inc.

1 of 3  
080800400717



Doc#: 0816240252 Fee: \$40.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 06/10/2008 03:49 PM Pg: 1 of 3

STATE OF ILLINOIS)  
)  
COUNTY OF COOK ) SS.

JOINT TENANCY AFFIDAVIT

Cullen J. Cammers, hereinafter referred to as the affiant, states under oath that the affiant resides at 3308 East Avenue in the City of Berwyn, Illinois; that the affiant was acquainted with Donna M. Cammers, 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: SEE LEGAL DESCRIPTION ATTACHED HERETO AND MADE A PART HEREOF

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;

*Handwritten initials: JLC*

That the decedent died on May 18, 2000, leaving no last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was Non-Taxable, and that the value of the above property individually was Non-Taxable.

That the Illinois Inheritance 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 Attorneys' Title Guaranty Fund, Inc. to issue its policy of title insurance on the above described property.

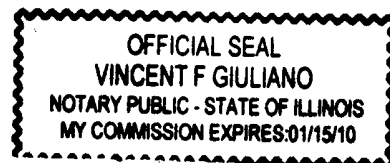
The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold Attorneys' Title Guaranty Fund, Inc. harmless and to reimburse the Fund for all loss, costs, damages, suits, attorney's fees and 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 Donna M. Cammers, the decedent;
- 2) Illinois State 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 to contribution.

*X Cullen J. Cammers*  
CULLEN J. CAMMERS

Subscribed and Sworn to before me this 29<sup>th</sup> day of May, 2008.

*Vincent F. Giuliano*  
\_\_\_\_\_  
Notary Public



Prepared By and Mail To: Vincent F. Giuliano, 7222 W. Cermak Rd., Suite 300, North Riverside, IL 60546  
Attorneys' Title Guaranty Fund, Inc.  
1 S. Wacker Rd., STE 2400  
Chicago, IL 60606-4650  
Attn: Search Department

# UNOFFICIAL COPY

## Legal Description

LOT 4 IN BLOCK 5 IN BALDWIN'S SUBDIVISION OF BLOCKS 3, 14, 19, 30, 31, 33 AND THOSE PARTS OF 32<sup>nd</sup> AND 35<sup>th</sup> STREETS LYING BETWEEN BALDWIN AND HIAWATHA AVENUES IN LAVERGNE, A SUBDIVISION OF THE NORTHWEST 1/4, AND THAT PART OF THE NORTHEAST 1/4, AND THE SOUTHEAST 1/4, AND THE EAST 1/2 OF THE SOUTHWEST 1/4 LYING NORTH OF OGDEN AVENUE OF SECTION 31, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLNOIS.

Permanent Index Number: 16-31-224-016

Property Address: 3308 EAST AVENUE, BERWYN, IL 60402

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

STATE FILE NUMBER

STATE OF ILLINOIS

## MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.21**  
REGISTERED NUMBER **406**

DECEASED - NAME  
FIRST MIDDLE LAST  
**DODINA M. Cammers**

1. COUNTY OF DEATH **COOK** DATE OF DEATH (MONTH, DAY, YEAR) **May 18, 2000**  
2. SEX **Female**  
3. DATE OF BIRTH (MONTH, DAY, YEAR) **July 23, 1941**  
4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Beitwyd** HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **Mac Neal Hospital**

5a. AGE - LAST BIRTHDAY (YRS) **58** HOURS **58** MIN. **58**  
5b. MARRIED, NEVER MARRIED, DIVORCED, OR SEPARATED (SPECIFY) **Married**  
5c. MARRIED (SPECIFY) **Married**  
6a. BIRTHPLACE (CITY AND STATE OR PROVINCE AND COUNTRY) **Illinois**  
6b. NAME OF SURVIVING SPOUSE (MARRIAGE NAME, IF WIFE) **Culler Cammers**

7. SOCIAL SECURITY NUMBER **334-34-8982**  
8. KIND OF BUSINESS OR INDUSTRY **Elementary/Secondary**  
9. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **College (1-4 or 5+)**  
10. RESIDENCE (STREET AND NUMBER) **3308 S. East Ave.** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **Beitwyd** INSIDE CITY (YES/NO) **Yes** COUNTY **Cook**

11. RACE (WHITE, BLACK, AMERICAN INDIAN, ALASKA NATIVE, HISPANIC OR YES/NO) **White**  
12. OF HISPANIC ORIGIN? (SPECIFY YES/NO) **NO**  
13. SPECIFY: YES/NO **NO**  
14. MOTHER - NAME FIRST MIDDLE LAST **Florence Boswell**

15. FATHER - NAME FIRST MIDDLE LAST **Joseph Caliendo**  
16. RELATIONSHIP **Husband**  
17. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) **3308 S. East Ave. Berwyn, IL 60402**

18. PART I. IMMEDIATE CAUSE (Final disease or condition resulting in death) **(a) PULMONARY EMBOLISM**  
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) **DUPLICATE**  
STATING THE UNDERLYING CAUSE LAST. **DUPLICATE**

19. PART II. OTHER SIGNIFICANT CONCEPTS contributing to death but not resulting in the underlying cause given in PART I. **DIABETES, HYPERTENSION, S/P ACCIDENTS REPAIR.**  
20. DATE OF OPERATION (IF ANY) **4/26/00**  
21. MAJOR FINDINGS OF OPERATION **NO**

22. TIME OF DEATH (MONTH, DAY, YEAR) **11:16 PM**  
23. DATE OF DEATH (MONTH, DAY, YEAR) **MAY 20, 2000**  
24. ILLINOIS LICENSE NUMBER **036-02824**

25. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **Daniel DeSimone, 3223 S. Harlem Ave. Berwyn, IL 60402**  
26. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

27. BURIAL, CREMATION, OR OTHER DISPOSITION (SPECIFY) **Burial**  
28. CEMETERY OR CREMATORY - NAME **Queen of Heaven** CITY OR TOWN **Hillside** STATE **IL** DATE (MONTH, DAY, YEAR) **05/22/2000**

29. FUNERAL HOME **Adolf-Berwyn Funeral Home, Ltd. 2921 S. Harlem Ave. Berwyn, IL 60402**  
30. FUNERAL DIRECTOR'S SIGNATURE **Robert C. Beck**  
31. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **031-006772**  
32. LOCAL REGISTRAR'S SIGNATURE **Robert C. Beck**  
33. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **MAY 22 2000**

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE RECORD FOR THE PERSON NAMED 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.  
DATE: **MAY 22 2000**  
SIGNED: **Robert C. Beck**  
OFFICIAL TITLE: **REGISTRAR**  
AT: **BERWYN, ILLINOIS**  
The original record is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. Local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of this record by the Department of Public Health or the local registrar shall be prima facie evidence in all courts and places of the facts therein.