



ATTORNEYS' TITLE GUARANTY FUND, INC.



Doc#: 0830305037 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 10/29/2008 09:58 AM Pg: 1 of 3

JOINT TENANCY AFFIDAVIT

STATE OF Illinois ) COUNTY OF Cook ) SS

Lillian M. Wilkerson, hereby referred to as the affiant, states under oath that the affiant resides at 2033 Ashland, Evanston, IL 60201; that the affiant was acquainted with WILLIE T. SMITH; 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 9 IN BLOCK 12 IN EVANSTON CENTER ADDITION IN SECTION 12, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. Permanent Index Number(s): 10-13-203-006 Property Address: 2033 ASHLAND AVENUE, EVANSTON, IL 60201

The decedent died on , leaving no last will and testament;

The decedent had no interest in any business or partnership, nor hold 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; \$600,000.00

The total value of decedent's estate, including the taxable interest in the above property, is \$ less than and that the value of the above property individually is \$250,000.00;

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 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 WILLIE T. SMITH, 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.

Lillian M. Wilkerson signature and name with handwritten initials ZHC

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

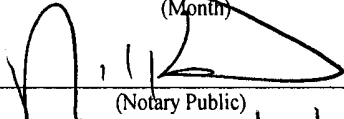
# UNOFFICIAL COPY

## JOINT TENANCY AFFIDAVIT

(continued)

Subscribed and sworn to before me this

7<sup>th</sup> day of October, 2008  
(Month) (Year)

  
(Notary Public)



My commission expires: 7/05/11

**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:  
Neil J. Kaiser  
716 Lee Street  
Des Plaines, IL 60016,

Return to:  
Neil J. Kaiser  
716 Lee Street  
Des Plaines, IL 60016,

Property of Cook County Clerk's Office

UNOFFICIAL COPY

STATE OF ILLINOIS

DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS

REGISTRATION DISTRICT NO. 16.23 STATE OF ILLINOIS CORONER'S CERTIFICATE OF DEATH 75 023572

REGISTERED NUMBER 163

DECEASED NAME WILLIE THOMAS SMITH LAST NAME HTAEB SEX MALE DATE OF DEATH APRIL 3, 1975

RACE Negro AGE 65 UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH JAN 12, 1910 PLACE OF DEATH Cook

CITY, TOWN, TWP. AND DISTRICT NUMBER Evanston HOSPITAL OR OTHER INSTITUTION - NAME 2033 Ashland Ave.

BIRTH PLACE STATE AND COUNTY Georgia USA MARRIED NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED Louise Epps

SOCIAL SECURITY NUMBER 260-10-6957 OCCUPATION Laborer CLAYTON MARK U.S. WAR VETERAN: WAR OR DATES OF SERVICE No

RESIDENCE STATE Ill. COUNTY Cook CITY, TOWN, TWP. OR NEAR DISTRICT NO. Evanston STREET AND NUMBER 2033 Ashland Ave. e.

FATHER - NAME Gene MOTHER - MARGEN KROON

INFORMANT'S SIGNATURE Louise Smith RELATIONSHIP Wife MAILING ADDRESS 2033 Ashland Ave. Evanston, Ill.

DEATH WAS CAUSED BY: (a) **Arteriosclerotic Heart Disease**

PART II. OTHER SIGNIFICANT CONDITIONS: (b) (c)

INJURY AT WORK INJURY AT HOME PLACE OF INJURY LOCATION

I CERTIFY THAT IN MY OPINION, BASED UPON MY INVESTIGATION AND/OR THE INFORMATION, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT:

THE DECEDENT WAS PRONOUNCED DEAD ON APRIL 3, 1975 AT 6:30 A.M.

COCORNER'S SIGNATURE DATE SIGNED APRIL 3, 1975

COCORNER'S PHYSICIAN'S SIGNATURE DATE SIGNED APRIL 3, 1975

BURIAL CREMATION REMAINS IN PLACE Burial CEMETERY OR CREMATORY - NAME Covington Ga. LOCATION Covington Ga. CITY OR TOWN STATE DATE OF BURIAL APRIL 7, 1975

FUNERAL HOME NAME House Of Thompson STREET AND NUMBER OR R. F. D. 1917 Astbury Ave. CITY OR TOWN STATE Evanston, Illinois 60201

FUNERAL DIRECTOR'S SIGNATURE DATE ISSUED APRIL 4, 1975

LOCAL REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL REGISTRAR APRIL 4, 1975

VIN 202 (1975) Illinois Department of Public Health - Office of Vital Records (BASED ON 1968 U. S. STANDARD CERTIFICATE)

727042

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

DATE ISSUED

SEP 24 2008

Damon T. Arnold, M.D., M.P.H.

DAMON T. ARNOLD, M.D., M.P.H. STATE REGISTRAR

