



RETURN TO:
Wheatland Title
39 Mill Street
Montgomery, IL 60538

119900-5343 (10FA)
STATE OF ILLINOIS

COUNTY OF Cook) SS

JOINT TENANCY AFFIDAVIT

Theresa P. Yates, hereinafter referred to as the affiant, states under oath that the affiant resides at 3355 N. Kolmar Ave. in the City of Chicago Illinois; that the affiant was acquainted with James L. Yates 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 attached legal description;

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 8/17/93, leaving no/a last will and testament;

That the total value of decedent's estate including the taxable interest in the above property was \$ 150,000 and that the value of the above property individually was \$ 160,000;

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 Wheatland Title Guaranty 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 Wheatland Title Guaranty harmless and to reimburse Wheatland Title

UNOFFICIAL COPY

09123804

Guaranty for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which Wheatland Title Guaranty 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 James L. Yates, 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.

Meresa B. Yates (SEAL)

(SEAL)

Subscribed and sworn to before me this 23 day
of November, 1999.

Laura Arnold
Notary Public



NOTE: If the decedent left a will, it will be necessary that the original or a certified copy thereof be presented to us for inspection.

A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

Properly
Cook County Clerk's Office

STATE OF ILLINOIS
County of Cook

DAVID D. ORR, County Clerk

NOV 24 1999

UNOFFICIAL COPY

I, DAVID D. ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David D. Orr
County Clerk

09123804

REGISTRATION DISTRICT NO. 1611
REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH 615454

1. CEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
JAMES LEE YATES 2. MALE 3. AUGUST 17, 1993

4. COUNTY OF DEATH: COOK
AGF (LAST BIRTHDAY) (YRS) 8a. 56
UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) 5d. October 8, 1936
5b. NOS. 5c. 5d.

6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: Chicago
6b. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN BETHESDA, GIVE STREET AND NUMBER): ILLINOIS MASONIC MEDICAL CENTER
6c. INPATIENT

7. BIRTHPLACE (CITY AND STATE OF FOREIGN COUNTRY): Benton, Illinois
8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
9. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): Theresa B. Burger
10. SOCIAL SECURITY NUMBER: 343-28-3916
11a. USUAL OCCUPATION: Metal Set Up
11b. KIND OF BUSINESS OR INDUSTRY: Metal Fabricators
12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): 12
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): Yes

13a. RESIDENCE (STREET AND NUMBER): 3355 N. Kolmar
13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: Chicago
13c. INSIDE CITY (YES/NO): Yes
13d. COUNTY: Cook

13e. STATE: Illinois
13f. ZIP CODE: 60641
14a. RACE (WHITE, BLACK, AMERICAN INDIAN, OTHER SPECIFY): White
14b. OF HISPANIC ORIGIN? (YES/NO) (SPECIFY): NO
14c. YES SPECIFY

15. FATHER-NAME FIRST MIDDLE LAST: Walter Yates
16. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST: Helen Rossio

17a. INFORMANT'S NAME (TYPE OR PRINT): MARLYN REYES
17b. RELATIONSHIP: HOSPITAL
17c. MAILING ADDRESS (STREET AND NO. OR P.O. CITY OR TOWN, STATE, ZIP): 836 W. WELLINGTON, CHICAGO, IL 60657

18. PART I. Enter the diagnosis, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.
(a) ANOXIC ENCEPHALOPATHY DUE TO, OR AS A CONSEQUENCE OF
(b) GRANULAR SEIZURES DUE TO, OR AS A CONSEQUENCE OF
(c) CHRONIC RENAL FAILURE

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

19a. AUTOPSY (YES/NO): NO
19b. APPROXIMATE PERCENTAGE OF DEATHS IN WHICH AUTOPSY IS PERFORMED (YES/NO): NO

20a. DATE OF OPERATION, IF ANY
20b. MAJOR FINDINGS OF OPERATION
20c. IF FEMALE, WAS THERE A PREGNANCY IN LAST THREE MONTHS? YES () NO ()

21a. (WHO) (OR WHO) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON: AUGUST 17, 1993
21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): NO
21c. HOUR OF DEATH: 9:17 A.M.

22a. SIGNATURE: John T. Ball M.D.
22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): JOHN BALL M.D., 836 W. WELLINGTON, CHICAGO, IL 60657
22c. ILLINOIS LICENSE NUMBER: 036060468

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):
NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

24a. BURIAL, CREMATION, REINTERMENT: Cremation
24b. CEMETERY OR CREMATORY - NAME: Cremation Service
24c. LOCATION: Rosemont, Illinois
24d. DATE (MONTH, DAY, YEAR): 8-19-93

25a. FUNERAL HOME: Greene Funeral Directors
25b. NAME: 2644 N. Central ave. Chicago, Illinois 60639
25c. FUNERAL DIRECTOR'S SIGNATURE: [Signature]
25d. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 34-011569

26a. LOCAL REGISTRAR'S SIGNATURE: [Signature]
26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): AUG 18 1993

VI-200 (Rev. 8/89) Illinois Department of Public Health - Division of Vital Records (PLEASE PRINT OR TYPE ON THIS AND REVERSE SIDE)