

UNOFFICIAL COPY

JOINT TENANCY AFFIDAVIT (continued)

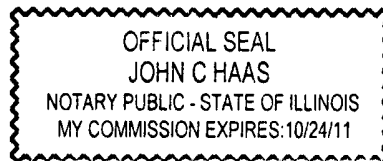
The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature 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 Patrick J. Gaynor, 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.

Norine M. Gaynor (Seal)
 NORINE M. GAYNOR
 _____ (Seal)

Subscribed and sworn to before me this

22nd day of May, 2009
 (Month) (Year)
[Signature]
 (Notary Public)



Note: If the decedent left a will, it will be necessary that the original or certified copy thereof be presented to ATG for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

This instrument prepared by:

John C. Haas, Attorney at Law
 (Name)
115 S. Emerson Street
 (Address)
Mt. Prospect, IL 60056
 (City, State, Zip)

Return to:

John C. Haas, Attorney at Law
 (Name)
115 S. Emerson Street
 (Address)
Mt. Prospect, IL 60056
 (City, State, Zip)
 File No. 12169

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.23 REGISTERED NUMBER 1036

1. DECEASED-NAME: PATRICK J. GAYNOR; SEX: 2. MALE; DATE OF DEATH: 3. SEPTEMBER 17, 1984; PLACE OF BIRTH: 4. IRISH-GERMAN; DATE OF BIRTH: 5. 6. OCT. 23, 1912; COUNTY OF DEATH: 7. COOK; MARITAL STATUS: 8. MARRIED; SURVIVING SPOUSE: 9. ROSE O'NEILL; OCCUPATION: 10. OWNER; RESIDENCE: 11. 9243 CRAWFORD AVE., EVANSTON, ILLINOIS; FATHER: 12. PATRICK J. GAYNOR; MOTHER: 13. JULIA MEYER

14. DEATH WAS CAUSED BY: 15. Diabetes Mellitus; 16. OTHER SIGNIFICANT CONDITIONS: 17. Diabetes Mellitus; 18. DATE OF OPERATION: 19. NONE

20. SIGNATURE: 21. 800 Austin St. Evanston, Ill. 60202; 22. DATE SIGNED: 23. Sept 18, 1984; 24. ILLINOIS LICENSE NUMBER: 25. 22-THY

26. BUREAU OF VITAL RECORDS; 27. LOCAL REGISTRAR'S SIGNATURE: 28. Roseanne Fitzgibbon; 29. DATE: 30. October 2, 1984

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Record Act. SIGNED: Helen K. McLaughlin, Local Registrar, Evanston, Illinois. OFFICIAL TITLE: Local Registrar. DATE: October 2, 1984.

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

OFFICE OF VITAL RECORDS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SPRINGFIELD 62706 (25M 4/71) VR-201B (1968)