

UNOFFICIAL COPY 09207177

9936/0009 07 001 Page 1 of 4
1999-12-30 09:41:18
Cook County Recorder 27.50

Mail to:

Sharon Broms

3031 Norridge

Chicago IL 60707

Prepared by:

Maggio & Associates
7824 W. Belmont Ave.
Chicago, Illinois 60634



09207177

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF COOK) ss.

Sharon J. Broms , hereinafter referred to as the affiant, states under oath that affiant resides at 8207 W. Leland , in the City of Norridge , Illinois 60706.

That the affiant was acquainted with Patricia A. Broms , 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 deed, said property located in Cook , County, Illinois, and legally described as follows:

SEE ATTACHED LEGAL

8207 W. Leland , Norridge , Illinois , 60706
12-14-203-016-0000

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 November 19, 1998 , leaving NO last will and testament:

That the total value of decedents estate including the taxable interest in the above property was less than \$ 50,000.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full:

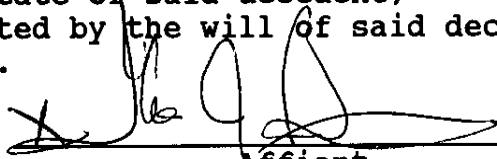
That the affiant makes this affiavit to induce the title insurance company (Attorney's Title Guaranty Fund) to issue its policy of title insurance on the above described property.

The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold the

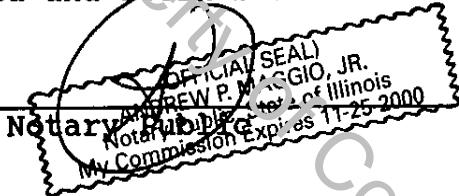
UNOFFICIAL COPY

title insurance company (Attorney's Title Guaranty Fund) harmless and to reimburse the title insurance company for all loss, costs, damages, suits, attorney fees and expenses of every kind and nature which the title insurance company 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 Patricia A. Broms , 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.


Affiant

Subscribed and sworn before me this 15th day of Dec, 1999



UNOFFICIAL COPY

Legal Description:

LOT 4 IN BLOCK 3 IN LAWRENCE AVENUE GARDENS, BEING A SUBDIVISION
OF THAT PART EAST OF THE CENTER OF THATCHER AVENUE OF THE
NORTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 14,
TOWNSHIP 40 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN
IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

09207177

UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statutes relating to the registrar of birth, stillbirth and death.

Date NOV 20 1998

Signed

Nadine McCurry

At Cook County Department of Public Health Official Title Deputy Registrar
1010 Lake Street Suite 300 Oak Park, Illinois 60301

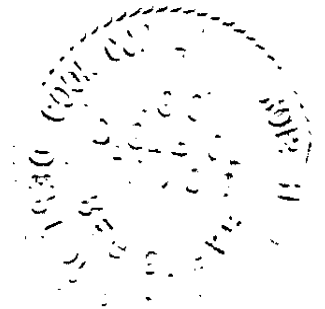
STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16.0		REGISTERED NUMBER		DECEASED-NAME		FIRST		MIDDLE		LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
1. COUNTY, DEATH		PATRICIA A. BROMS		2. Female		3. November 19, 1998									
4. Cook		CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		5a. 63		5b. 63		5c. 63		5d. October 2, 1935		5e. 63		5f. 63	
6a. Norridge		BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		6b. Norridge		6c. Norridge		6d. Norridge		6e. Norridge		6f. Norridge		6g. Norridge	
7. Chicago, Illinois		8a. Widowed		8b. Not Applicable		8c. Not Applicable		8d. Not Applicable		8e. Not Applicable		8f. Not Applicable		8g. Not Applicable	
10. 359-26-5726		11a. Homemaker		11b. Home		11c. Home		11d. Home		11e. Home		11f. Home		11g. Home	
13a. 8207 W. Leland		13b. Norridge		13c. Norridge		13d. Norridge		13e. Norridge		13f. Norridge		13g. Norridge		13h. Norridge	
13e. Illinois		13f. 60656		13g. White		13h. White		13i. White		13j. White		13k. White		13l. White	
15. Joseph Konstan		16. Hedwig Weber		17a. Sharon J. Broms		17b. Daughter		17c. 8207 W. Leland, Norridge, Ill. 60656		17d. 8207 W. Leland, Norridge, Ill. 60656		17e. 8207 W. Leland, Norridge, Ill. 60656		17f. 8207 W. Leland, Norridge, Ill. 60656	
18. PART I.		Immediate Cause (Final disease or condition resulting in death)		(a) Metastatic carcinoma		(b) Due to or as a consequence of		(c) Due to or as a consequence of		(d) Due to or as a consequence of		(e) Due to or as a consequence of		(f) Due to or as a consequence of	
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		20c. DATE OF OPERATION, IF ANY		20d. MAJOR FINDINGS OF OPERATION		20e. DATE OF OPERATION, IF ANY		20f. MAJOR FINDINGS OF OPERATION		20g. DATE OF OPERATION, IF ANY		20h. MAJOR FINDINGS OF OPERATION	
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		21b. YES		21c. YES		21d. YES		21e. YES		21f. YES		21g. YES		21h. YES	
22a. SIGNATURE		22b. 11/19/98		22c. 11/19/98		22d. 11/19/98		22e. 11/19/98		22f. 11/19/98		22g. 11/19/98		22h. 11/19/98	
22b. ADDRESS OF CERTIFIER		22c. Dr. Linda Henriksen		22d. 7447 W. Talcott, Chicago, Illinois		22e. 7447 W. Talcott, Chicago, Illinois		22f. 7447 W. Talcott, Chicago, Illinois		22g. 7447 W. Talcott, Chicago, Illinois		22h. 7447 W. Talcott, Chicago, Illinois		22i. 7447 W. Talcott, Chicago, Illinois	
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		23a. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		23b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		23c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		23d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		23e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		23f. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		23g. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	
24a. CREMATION		24b. Cremation		24c. Cremation		24d. Cremation		24e. Cremation		24f. Cremation		24g. Cremation		24h. Cremation	
25a. Ridgemoor Chapels, 6453 W. Irving Park Road, Chicago, Illinois 60634-2437		25b. Steven T. Zei		25c. 034-011599		25d. 034-011599		25e. 034-011599		25f. 034-011599		25g. 034-011599		25h. 034-011599	
26a. REGISTRAR		26b. REGISTRAR		26c. REGISTRAR		26d. REGISTRAR		26e. REGISTRAR		26f. REGISTRAR		26g. REGISTRAR		26h. REGISTRAR	

09207177

UNOFFICIAL COPY



Property of Cook County Clerk's Office