UNOFFICIAL COP



ATTORNEYS'
TITLE
GUARANTY
FUND,
INC.

Doc#: 0926449024 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 09/21/2009 12:38 PM Pg: 1 of 3

JOINT TENANCY AFFIDAVIT

STATE OF	Illinois)
COUNTY OF	Cook) SS)

Donald J. Maylahn, hereby:referred to as the affiant, states under oath that the affiant resides at 4255 Madison Street, Skokie, Illinois 60076; that the affiant was acqueinted with Janet G. Maylahn; at the time of the decedent's death, the decedent was one of the owners of a parcel of property by virtue of properly recorded joint tenancy or tenancy by the entirety deed, said property located in COOK County, Illinois, and legally describe it as follows:

Lots Two Hundred Fifty-Two (252) and Two Hundred Fifty-Three (253) in Krenn and Dato's Main-Kostner Subdivision of the north west quarter of te south east quarter and the west half of the west half of the south west quarter of the south east quarter of Section Twenty-Two (22), Township Forty-One (41) North, Range Thirteen (13), East of the Third Principal Meridian, in Cook County, Illnois.

Permanent Index Number(s): 10-22-410-055-0000 Property Address: 4255 Madison Street, Skokie, IL 600/6

The decedent died on September 3, 2009, leaving 6 last will and testament;

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;

The total value of decedent estate, including the taxable interest in the above property, is (), and that the value of the above property individually is ();

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 pair y of title insurance on the above described property.

The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives of a signees, 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 Janet G. Maylahn, 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.

Donald J. Maylahn

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(continued)

Subscribed and sworn to before me this

My commission expires:

OFFICIAL SEAL **ELLEN H HEINEMAN** NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:10/24/11

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:

Mary Brady 105 South Roselle Road

Suite 102

Schaumburg, IL 60193,

Return to:

Cook County Clerk's Office

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SKOKIE HEALTH DEPARTMENT SKOKIE, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

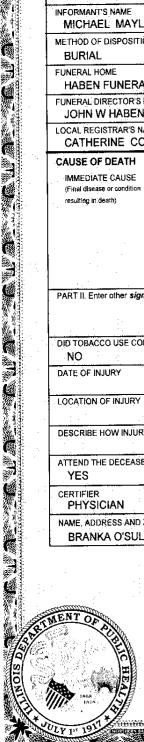
2009 0064068

TATE FILE NUMBER 2009	0064068						:			D#	ATE ISSUE	D 09/08/2
DECEDENT'S LEGAL NAME JANET G MAYLAHN					· <u>· · · · · · · · · · · · · · · · · · </u>			SEX FEMALE		ATE OF DEA SEPTEME	TH BER 03, 2	009
COUNTY OF DEATH				F BIRTHDAY			DATE OF E		1025		•	
COOK		8	3 YEAI	RS.				MBER 12,	1920			
CITY OR TOWN SKOKIE	: :				HOSPITAL OR 4255 MAE			I NAME			<u>.</u>	
PLACE OF DEATH DECEDENT'S HOME				•			:				et e	
BIRTHPLACE	SOCIAL S	ECURITY NUM	MBER !	MARITAL STA	ATUS AT TIME OF	DEATH	SURVIVIN	G SPOUSE'S N	IAME		1.	U.S. ARMED
MILWAUKEE, WI		9207		MARRIED)		DONA	LD MAYL	AHN MI	<u> </u>	FORCE	³⁷ NO
RESIDENCE 4255 MADISON ST	3			APT	NO.	CITY OF	R TOWN KIE				INSIDE C	ITY LIMITS?
COUNTY		P CODE 60076		RSNAME MER GEN	IZ					RIOR TO FII ZENBERO	RST MARRIA GER	GE
INFORMANT'S NAME MICHAEL MAYLAHN	-,	9	RELATI SO	ONSHIP N			ILING ADDR	ESS ALOOSA W	AY, BA	RTLETT,	IL, 60103	:
METHOD OF DISPOSITION BURIAL		PL CF OF D		TION ARK CEMI	ETERY	: 1:	CATION - CI	ry or town ,	AND STA		OF DISPOSI	
FUNERAL HOME HABEN FUNERAL HOM	ME & CREM	ATORY, 8	up ⁷ NII	LES CENT	ER RD., SKO	OKIE, IL	., 60077					
FUNERAL DIRECTOR'S NAME JOHN W HABEN								FUNERAL D 034011		R'S ILLINOIS	LICENSE N	JMBER
LOCAL REGISTRAR'S NAME CATHERINE COUNAF	RD			0						OCAL REGIS 4, 2009	STRAR	
	TI: FAILURI	E TO THRIVI	E							4 I		- :
IMMEDIATE CAUSE	а	.:	. •							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		MONTH
(Final disease or condition				Due to	(or as a consequence)	of):				XIM BE		
resulting in death)	ь. COLON	CANCER						. *.		PRC VAL		YEARS
		1 1 1	·				*			AP TER NSE		
	С.			Due to	(or as a consequence	:·0i):	7			€ 0		
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· · · · · · · · · · · · · · · · · · ·				Due to	(or as a consequence	of):				_		
PART II. Enter other significant	conditions con	tributing to de	eath but r	not resulting i	n the underlying c	ause give	n in PART i.		WAS AN	AUTOPSY	PERFORMED)?, NO
<u>:</u>				•	A.		Þ				NDINGS USE OF DEATH?	
DID TOBACCO USE CONTRIBU	TE TO DEATH?	FEMA NO		NANCY STA	TUS		-		√ NNE NATL	R OF DEATH		
DATE OF INJURY			OF INJUI		PLACE OF IN.	JURY				2)50	ULJU	RY AT WORK?
LOCATION OF INJURY			<u>.</u>	<u> </u>		*.						
DESCRIBE HOW INJURY OCCU	IRRED:									IF TRANSP	RT/TION II	NJURY, SPECIF
ATTEND THE DECEASED? YES	DATE LAST JULY 1				L EXAMINER OR	10	DATE	PRONOUNCE	D			OF DEATH 23 PM
CERTIFIER PHYSICIAN							···········	: .		DATE CER	TIFIED EMBER 0-	4, 2009

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

Cother a. County MO, MPH

Catherine A. Counard, M.D., M.P.H. Local Registrar/Director of Health Skokie, Illinois



NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH

BRANKA O'SULLIVAN MD, 7380 N LINCOLN AVE, LINCOLNWOOD, ILLINOIS, 60712



PHYSICIAN'S LICENSE NUMBER

036098633

09/08/2009

DATE ISSUED