



ATTORNEYS' TITLE GUARANTY FUND, INC.



Doc#: 1027034037 Fee: \$50.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 09/27/2010 10:20 AM Pg: 1 of 8

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS) COUNTY OF COOK) SS

Betty Jane Metko, hereby referred to as the affiant, states under oath that the affiant resides at 3054 N. Olcott, Chicago, IL 60707; that the affiant was acquainted with Earl D. Metko; 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 39 EXCEPT THE SOUTH 33 FEET AND EXCEPT THE NORTH 34 FEET THEREOF, IN JOHN W. THOMPSON AND COMPANY'S SECOND ADDITION TO ELMWOOD PARK GARDENS, BEING A SUBDIVISION OF THE WEST 1/2 OF THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 25, TOWNSHIP 40 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index Number(s): 12-25-209-009-0000 Property Address: 3054 N. Olcott, Chicago, IL 60707

The decedent died on 4/8/2001 leaving ^A no 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's estate, including the taxable interest in the above property is , and that the value of the above property individually is 100,000.00;

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 Earl D. Metko, 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.

Handwritten signature of Betty Jane Metko

Betty Jane Metko

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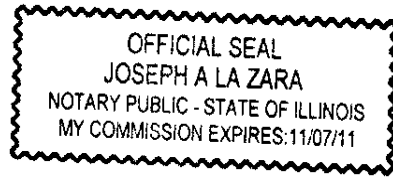
JOINT TENANCY AFFIDAVIT

(continued)

Subscribed and sworn to before me this

19 day of JULY, 2010
(Month) (Year)

Joseph A. La Zara
(Notary Public)



My commission expires: _____

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:
Joseph La Zara
7246 West Touhy
Chicago, IL 60631

Return to:
Betty Jane Metko
3054 N. Olcott
Chicago, IL 60707

Property of Cook County Clerk's Office

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 APR 11 2001

Signed Nadine Mc Curry

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

MEDICAL CERTIFICATE OF DEATH

1. COUNTY OF DEATH COOK		2. DECEASED-NAME EARL METKO		3. SEX MALE		4. DATE OF DEATH (MONTH, DAY, YEAR) APRIL 8, 2001	
4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER ELMWOOD PARK		5. AGE - LAST BIRTHDAY (YRS) 80		6. UNDER 1 YEAR (MOS, DAYS) 54		7. DATE OF BIRTH (MONTH, DAY, YEAR) DECEMBER 17, 1920	
8. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) SPRINCIS, WIS		9. MARRIED/NEVER MARRIED/WIDOWED/MARKED (SPECIFY) MARKED		10. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) BETTY KELLER		11. IF HOSP. OR INST. INDICATE D.O.A. (SPECIFY) IN PATIENT	
7. SOCIAL SECURITY NUMBER 391-12-0910		11. USUAL OCCUPATION MECH. ENG.		12. KIND OF BUSINESS OR INDUSTRY BALLY CORP.		13. ED. LOCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12 YRS.	
10. RESIDENCE (STREET AND NUMBER) 3054 N. OLCOTT		11A. CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO		11B. INSIDE CITY (YES/NO) YES		13A. COUNTY COOK	
13B. STATE ILLINOIS		13C. ZIP CODE 60707		14. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) WHITE		15. OF HIS PANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) NO	
13D. FATHER-NAME FRANK		13E. MOTHER-NAME LESKOWITZ		16. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) ADELA ADELIA 3054 N. OLCOTT CHICAGO, IL 60707		17. IMMEDIATE INTERVIEW (YES/NO) (INDICATE DATE AND TIME) NO	
15. INFORMANT'S NAME (TYPE OR PRINT) BETTY METKO		17A. RELATIONS (TYPE OR PRINT) WIFE		18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. SEIZURE DISORDER + HYPERTENSION + CEREBRAL VASCULAR ACCIDENT + TRACHITIS + COPD + ABDYTH MIAS		19. IMMEDIATE INTERVIEW (YES/NO) (INDICATE DATE AND TIME) NO	
18. PART II. Enter the immediate cause of death (Final disease or condition resulting in death). RESPIRATORY DISTRESS SYNDROME		19A. AUTOPSY (YES/NO) NO		19B. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO CORRECTION OF CAUSE OF DEATH? (YES/NO) NO		20. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO	
20A. DATE OF OPERATION, IF ANY 3-27-01		20B. FOR FINDINGS OF OPERATION NO		20C. HOUR OF DEATH 6:00 A.M.		21. DATE SIGNED (MONTH, DAY, YEAR) APRIL 9, 2001	
20A. (IF NOT ATTENDED THE DECEASED AND LAST SAW HIM/HER ALIVE ON 3-27-01)		20B. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO		21. DATE SIGNED (MONTH, DAY, YEAR) APRIL 9, 2001		22. ILLINOIS LICENSE NUMBER 036-069691	
21A. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		21B. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) KIRIT JOSHI, M.D.		22. DATE SIGNED (MONTH, DAY, YEAR) APRIL 9, 2001		23. ILLINOIS LICENSE NUMBER 036-069691	
22. SIGNATURE <i>[Signature]</i>		22A. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) KIRIT JOSHI, M.D.		23. DATE SIGNED (MONTH, DAY, YEAR) APRIL 9, 2001		24. ILLINOIS LICENSE NUMBER 036-069691	
22C. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		23. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) INDIA		24. DATE SIGNED (MONTH, DAY, YEAR) APRIL 9, 2001		25. ILLINOIS LICENSE NUMBER 036-069691	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) ACACIA PARK		23A. CEMETERY OR CREMATORY-NAME ACACIA PARK		23B. LOCATION CHICAGO, ILLINOIS		23C. DATE APR 12 2001	
24A. CREMATION ACACIA PARK		24B. STREET AND NUMBER OR R.F.D. CHICAGO, ILLINOIS		24C. CITY OR TOWN CHICAGO, ILLINOIS		24D. STATE ILLINOIS	
25A. SCHIELKA ADDISON STREET FUNERAL HOME, LTD., 7710 W. ADDISON ST., CHICAGO, IL 60634		25B. FUNERAL HOME SCHIELKA ADDISON STREET FUNERAL HOME, LTD., 7710 W. ADDISON ST., CHICAGO, IL 60634		25C. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		25D. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 9927	
25B. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		25C. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		25D. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		25E. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>	
25E. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		25F. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		25G. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		25H. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>	

VR200 (Rev. 5-89)

Illinois Department of Public Health—Division of Vital Records

BASED ON 1989 U.S. STANDARD CERTIFICATE

UNOFFICIAL COPYLAST WILL AND TESTAMENTOFEARL METKO

I, EARL METKO, of Chicago, Illinois do hereby make this my Last Will and Testament, and revoke any and all former wills and Testaments made by me.

FIRST

I direct that my Executor hereinafter named pay all of my just debts and funeral expenses and expenses of my last illness as soon after my death as convenient.

SECOND

I give and bequeath the rest residue and remainder of my property of whatever kind and nature and wherever situated, to my Wife, BETTY JANE METKO, provided that if she predeceases me, then I give, devise and bequeath the residue and remainder of my property, to my children, EARL DANIEL METKO, JR., and LISA MICHELE METKO equally, share and share alike. I further provide that if any of my children predecease me with issue surviving me, then the share of such child shall go to their lawful issue surviving me in equal shares, share and share alike, or if any of my children predeceases me without issue surviving me, then such share shall go to the survivor of my children.



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(2)

THIRD

I hereby appoint my Wife, BETTY JANE METKO, as Executor of this, my Last Will and Testament, and if she predeceases me, then I appoint my children, EARL DANIEL METKO, JR., and LISA MICHELE METKO or the survivor of them, to be Executors of this, my last Will and Testament, and direct that they be allowed to qualify and serve herein in Illinois or elsewhere without having to give any bond or surety. I give my Executors full power and authority and in their sole discretion from time to time and without Court Order, to sell all or any part of the Estate, real or personal, which I may own or be entitled to at my death, at public or private sale for cash or partly for cash and partly for credit and upon such terms as they may deem advisable. Such power shall not be restricted to the purposes related to the administration of the Estate.

IN WITNESS WHEREOF, I have set my hand and seal this
4 day of September, 1996.

Earl D. Metko (SEAL)

UNOFFICIAL COPY

WE hereby certify that the foregoing instrument was, on the date thereof signed, sealed, published and declared by the Testator as and for his Last Will and Testament in our presence and in the presence of each other, have subscribed our names hereto as witnesses.

Roy Bennett ADDRESS 7636 N Milwaukee Ave

Miles Illinois 60714

Patricia D. Jordan ADDRESS 7801 N. Harlem

Miles, Ill. 60714

ADDRESS _____

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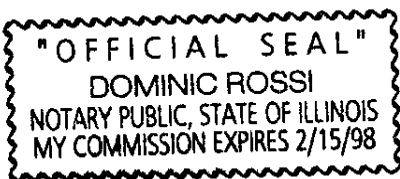
STATE OF ILLINOIS)
) SS.
COUNTY OF C O O K)

WE, the attesting witnesses to the Will of EARL METKO, on oath, state that each of us was present on September 4, 1996 and saw the Testator sign the Will, of which this Affidavit is a part, in our presence; that the Will was attested by each of us in the presence of the Testator and that each of us believed the Testator to be of sound mind and memory at the time he signed the Will.

Ray A. Bergquist
Patrick D. Jordan

Subscribed and Sworn to before me this 4 day of September, 1996.

Dominic Rossi
Notary Public



BERGQUIST & ROSSI
7636 N. MILWAUKEE AVE.
NILES, ILLINOIS 60714
(847) 965-8565


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I hereby certify that the document to which this certification is affixed is a true copy.

Date May 20 2015

Dorothy Brown
 Clerk of the Circuit Court
 of Cook County, IL



COOK COUNTY CLERK'S OFFICE

10 MAY 20 AM 10:41