

UNOFFICIAL COPY

STATE OF ILLINOIS }
COUNTY OF COOK } ss.

RECORDER'S USE ONLY



Doc#: 1614708098 Fee: \$40.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 05/26/2016 02:34 PM Pg: 1 of 2

JOINT TENANCY AFFIDAVIT

MARY ANNE DREWES, hereinafter referred to as the affiant, states under oath that the affiant resides at W286N7308 Bark River Rd, in Hartland of State of Wisconsin; that the affiant was acquainted with JOSEPH E. WHITE, the decedent, and 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:

LEGAL DESCRIPTION: LOT 4 IN BLOCK 1 IN DRECHSLER BROTHERS SUBDIVISION OF LOTS 1 AND 2 OF DRECHSLER'S SUBDIVISION OF THAT PART OF THE SOUTH WEST ¼ OF SECTION 26, TOWNSHIP 40 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN AND SOUTH OF THE INDIAN BOUNDARY LINE DESCRIBED AS FOLLOWS: COMMENCING 5.92 CHAINS NORTH 89 DEGREES WEST FROM SOUTH EAST CORNER OF SAID ¼ SECTION 26, RUNNING THENCE NORTH 89 DEGREES WEST 2.115 CHAINS THENCE NORTH 23.65 CHAINS THENCE SOUTH 89 DEGREES EAST 2.115 CHAINS THENCE SOUTH 23.65 CHAINS TO THE POINT OF BEGINNING IN COOK COUNTY, ILLINOIS.

P.I.N. : 12-26-320-015

Commonly known as: 2560 N. Forestview Avenue, River Grove, IL. 60171

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;

The decedent died on the 8th day of August, 1995, leaving no last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property is less than \$1,000,000.00 and;

That the value of the above property individually was less than \$250,000.00;

That MARY ANNE DREWES, the affiant, hereby covenants and agrees, for herself, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold PROFESSIONAL NATIONAL TITLE NETWORK, INC. harmless and to reimburse the Fund for all loss, costs, damages, suits, attorney's fees and expenses and every kind and nature which the Fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

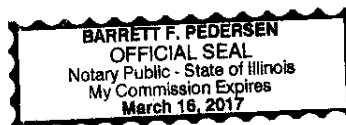
1. Claims against the estate of JOSEPH E. WHITE, the decedent;
2. State and Federal Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights to contribution.

x Mary Anne Drewes

MARY ANNE DREWES

SUBSCRIBED AND SWORN to before
me this 16th day of May, 2016

Notary Public



USI

Prepared By and Return To:

BARRETT F. PEDERSEN, Atty. No. 27139 9701
West Grand Avenue, Franklin Park, IL 60131 - TEL: (847) 455-9444

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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 AUG 09 1994 Signed Nadine McCurry
At Cook County Department of Public Health Official Title Deputy Registrar
1010 Lake Street Suite 300 Oak Park, Illinois 60301

REGISTRATION DISTRICT NO. 100
REGISTERED NUMBER

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
STATE FILE NUMBER

DECEASED-NAME: **FIRST** JOSEPH **MIDDLE** E. WHITE **LAST** WHITE **SEX** MALE **DATE OF DEATH** (MONTH, DAY, YEAR) AUGUST 8, 1994

1. COUNTY OF DEATH COOK **AGE - LAST BIRTHDAY (YRS)** 5a 80 **UNDER 1 YEAR** 2b MALE **DATE OF BIRTH** (MONTH, DAY, YEAR) AUGUST 3, 1914

4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER River Grove **5b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)** Forest View **5c. HOURS** 80 **5d. DATE OF BIRTH** AUGUST 3, 1914 **5e. MIN** **5f. SEC** **6c. AT HOME**

6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Matamoras, Iowa **6b. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)** 8a. Married **8b. DOROTHY FAHEY** **9. YES**

10. SOCIAL SECURITY NUMBER **11a. ACCOUNTANT** **11b. KIND OF BUSINESS OR INDUSTRY** Northrup Corp **11c. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)** 12 **12. COLLEGE (1-4 or 5)** **13a. RESIDENCE (STREET AND NUMBER)** 2560 Forest View **13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO.** River Grove **13c. INSIDE CITY (YES/NO)** YES **13d. COUNTY** COOK

13a. STATE Illinois **13b. ZIP CODE** 60171 **14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)** White **14b. MOTHER-NAME** MARY FAHEY **14c. SPECIFY:** **14d. MOTHER-NAME** FIRST MIDDLE LAST **16. MOTHER-NAME** MARY FAHEY **17a. RELATIONSHIP** Wife **17b. MOTHER-NAME** MARY FAHEY **17c. MOTHER-NAME** FIRST MIDDLE LAST **18. FATHER-NAME** EDWARD DOROTHY WHITE **19a. MOTHER-NAME** MARY FAHEY **19b. MOTHER-NAME** FIRST MIDDLE LAST

15. INFORMANT(S) NAME (TYPE OR PRINT) DOROTHY WHITE **17a. RELATIONSHIP** Wife **17b. MOTHER-NAME** MARY FAHEY **17c. MOTHER-NAME** FIRST MIDDLE LAST **18. FATHER-NAME** EDWARD DOROTHY WHITE **19a. MOTHER-NAME** MARY FAHEY **19b. MOTHER-NAME** FIRST MIDDLE LAST

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. **19. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:** 2 YEARS

18. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

19a. DATE OF OPERATION, IF ANY 1992 **19b. MAJOR FINDINGS OF OPERATION** COLON CARCINOMA **19c. AUTOPSY (YES/NO)** YES **19d. DATE OF OPERATION** 8/8/94 **19e. HOURS OF DEATH** 8:15 A.M. **19f. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?** NO

20a. (FID) (DID NOT ATTEND THE DEATH AND LAST SAW HIM/HER ALIVE ON) **20b. (FID) (DID NOT ATTEND THE DEATH AND LAST SAW HIM/HER ALIVE ON)** **20c. (FID) (DID NOT ATTEND THE DEATH AND LAST SAW HIM/HER ALIVE ON)** **20d. (FID) (DID NOT ATTEND THE DEATH AND LAST SAW HIM/HER ALIVE ON)** **20e. (FID) (DID NOT ATTEND THE DEATH AND LAST SAW HIM/HER ALIVE ON)**

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, BASE AND PLACE AND DUE TO THE CAUSE(S) STATED. **21b. DATE SIGNED** 8/8/94 **21c. ILLINOIS LICENSE NUMBER** 036-071431

22a. SIGNATURE OF CERTIFIER **22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)** BENJAMIN WILKINSON 1252 WILKINSON BLVD WILKINSON PARK **22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)** WILKINSON PARK

23. BURIAL, CREMATION, REMOVAL (SPECIFY) **23a. CEMETERY OR CREMATORY-NAME** **23b. LOCATION** **23c. CITY OR TOWN** **23d. STATE** **23e. DATE** **23f. MONTH, DAY, YEAR**

24a. BURIAL **24b. St. Joseph Cemetery** **24c. River Grove, Illinois** **24d. August 11, 1994** **24e. 60635** **24f. Chicago, Illinois**

25a. Funeral Home **25b. Salerno's Galewood Chapel's** **25c. 1857 N. Harlem Ave. Chicago, Illinois** **25d. 034-010202**

25e. Funeral Director's Signature **25f. Funeral Director's Illinois License Number**

26a. Local Registrar's Signature **26b. KAREN L. SCOTT, MD** **26c. AUG 09 1994**

26d. Date Filed by Local Registrar (Month, Day, Year) **26e. Based on 1989 Standard Certificate**