

UNOFFICIAL COPY

JOINT TENANCY AFFIDAVIT

(continued)

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 PAULINE F. PAJAK 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.

Patricia Livingstone

 PATRICIA LIVINGSTONE

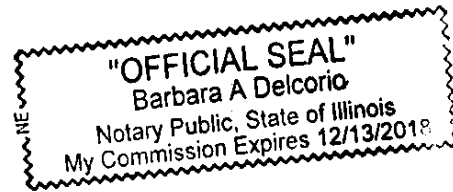
Subscribed and sworn to before me this

19th day of May, 2016
 (Month) (Year)

Barbara A. Delcorio

 (Notary Public)

My commission expires: 12/13/2018



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:

DARRYL R. LEM
 ATTORNEY AT LAW
 850 Burnham Ave.
 Calumet City, IL 60409

Return to:

DARRYL R. LEM
 ATTORNEY AT LAW
 850 Burnham Ave.
 Calumet City, IL 60409

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COPY

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0 REGISTERED NUMBER

Form containing fields for decedent information (PAULINE F. PAJAK), date of death (OCTOBER 13, 1990), cause of death (Gyoblastoma Multiforme), and funeral home information (NOWAK FUNERAL HOME).

Official Title Chief Deputy Registrar At Cook County Department of Public Health 1500 S. Maybrook Drive - Maywood, Illinois 60153

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths

SIGNED October 15 1990