

UNOFFICIAL COPY
Attorneys' Title Guaranty Fund, Inc.
86073477

STATE OF ILLINOIS

COUNTY OF Cook

SS.

JOINT TENANCY AFFIDAVIT

Milton Ben Konvalinka, hereinafter referred to as the affiant, states under oath that the affiant resides Pennsylvania
at 6029 Fairmont Drive in the City of Morrisville

that the affiant was acquainted with Benjamin M. Konvalinka, 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 warranty deed, said property,

located in Cook County, Illinois, and legally described as follows:

That
remains
or e
Lot 4 in Block 5 in Dunhurst Subdivision Unit No. 4 part of the East half of the North West quarter of Section 10, Township 42 North, Range 11 East of the Third Principal Meridian and also part of the South West quarter of Section 3, Township 42 North, Range 11 East of the Third Principal Meridian, according to the plat thereof recorded April 24, 1956 as Document 16559719 in Cook County, Illinois 86073477

That the decedent died on December 16, 1985, leaving ~~xx~~/a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ _____.

and that the value of the above property individually was \$ _____.

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 affidavit to induce Attorneys' Title Guaranty Fund, Inc. 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 Attorneys' Title Guaranty Fund, Inc. harmless and to reimburse the Fund for all loss, costs, damages, suits, attorney's fees and expenses of 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 Benjamin M. Konvalinka, 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.

Permanent Index No: 03-10-109-015 80
Common Address: 364 East Norman Lane
Wheeling, Illinois 60090

Milton B. Konvalinka (Seal)
Milton B. Konvalinka (Seal)

Subscribed and Sworn to before me

this 14th day of February, 19 86.

[Signature]
Notary Public

Note: If the decedent left a will, it will be necessary that the original or a certified copy thereof be presented to us for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

86073477

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Property of Cook County Clerk's Office

Prepared by
↓
MAIL TO: RON
URKOVICH
47 S. MILWAUKEE
WHEELING, IL.
60090



STATE OF ILLINOIS
09613
 MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. **16-0**
 REGISTERED NUMBER
 DECEASED NAME

1. FIRST MIDDLE LAST BENJAMIN M. KONVALINKA	SEX Male	DATE OF DEATH 3 DECEMBER 16, 1985
2. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) WHITE	AGE (MONTHS, YEARS, MONTHS, DAYS) 71	DATE OF BIRTH (MO., DAY, YEAR) 6. AUG. 17, 1914
3. PLACE OF BIRTH (CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER) DES PLAINES ILLINOIS	HOSPITAL OR OTHER INSTITUTION - NAME, ADDRESS, CITY, STATE, ZIP HOLY FAMILY HOSPITAL	COUNTY OF DEATH 7th COOK
4. CITIZENSHIP (CITIZEN OF U.S.A., ALIEN) USA	7. HUSBAND, WIFE, OR PARTNER - NAME, ADDRESS, CITY, STATE, ZIP WIDOWED	IF DECEASED EVER IN U.S. ARMY OR NAVY (SPECIFY YES OR NO) YES
5. SOCIAL SECURITY NUMBER 325-10-4979	8. OCCUPATION SHIPPING MGR.	11. NAME OF SURVIVING SPOUSE (MARRIAGE NAME, IF WIFE) NONE
6. RESIDENCE STREET AND NUMBER 364 E. NORMAN LANE	9. CITY, TOWN, TWP. OR ROAD DISTRICT NO. WHEELING	12. NAME OF DECEASED (SPECIFY YES OR NO) YES
10. FATHER - NAME ANTON KONVALINKA	10. MOTHER - MAIDEN NAME MARIE TOPINKA	13. COUNTY COOK
11. INFORMANT NAME (TYPE OR PRINT) MILTON KONVALINKA	11. RELATIONSHIP SON	14. STATE ILLINOIS
12. DEATH WAS CAUSED BY: CANCER OF PANCREAS AND DUODENUM	12. MAPPING ADDRESS 17C 6029 FALMONT DR. MORRISVILLE, PA.	15. APPROXIMATE TIME BETWEEN ONSET OF ILLNESS AND DEATH MONTHS
13. IMMEDIATE CAUSE (10) DUE TO OR AS A CONSEQUENCE OF	13. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE (GIVEN IN PART 14) OTHER SIGNIFICANT CONDITIONS	16. AUTOPSY (YES/NO) 19b
14. DATE OF OPERATION, IF ANY 20b	14. MAJOR FINDINGS OF OPERATION 20c	17. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c YES NO
15. (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)	15. SIGNATURE AND ADDRESS OF CERTIFIER Ju Ann M. S. 484 Leok Des Plaines Ill. 60016	18. HOUR OF DEATH 9:15 A.M.
16. NAME OF ATTENDING PHYSICIAN (NUMBER THAN CERTIFIER (TYPE OR PRINT)) 484 Leok Des Plaines Ill. 60016	16. DATE SIGNED (MO., DAY, YEAR) 12/16/85	19. ILLINOIS LICENSE NUMBER 22d 36-40916
17. BURIAL, CREMATION, REMOVAL, ENTOMBMENT LAUFERBURG & OEHLE FUNERAL HOME	17. LOCATION 24C ARLINGTON HEIGHTS, ILL.	20. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
18. FUNERAL DIRECTOR'S NAME KAREN E. SCOTT, M.D.	18. STREET AND NUMBER OR R. F. D. 2000 E. NORTHWEST HIGHWAY ARLINGTON HEIGHTS ILL	21. DATE (MONTH, DAY, YEAR) 24 DEC. 19. 1985
19. LOCAL REGISTRY KAREN E. SCOTT, M.D.	19. TELEPHONE NUMBER 86073477	22. ZIP 60004
20. REGISTRAR Nadine McCarry	20. SIGNATURE Nadine McCarry	23. DATE RECORDED BY LOCAL REGISTRAR December 17 1985

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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.

DEC 17 1985

SIGNED *Nadine McCarry* Registrar

Cook County Department of Public Health Official Title Chief Deputy Registrar
 1500 N. Maybrook Drive, Maywood, Illinois

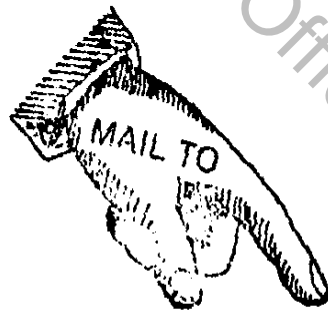
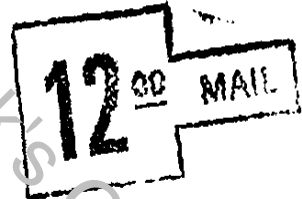
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Common Address : 364 East Norman Lane
Wheeling, Illinois 60090

Property of Cook County Clerk's Office

#2334 # D * 84-073477
1#444 TRAN 0967 02/21/86 19:14:00
DEPT-01 RECORDING
\$12.25



MAIL TO: RON UKRONECH
47 S. MILWAUKEE AVE
Wheeling, IL 60090

86073477

86-073477

AS0045-57

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Property of Cook County Clerk's Office

COOK COUNTY CLERK'S OFFICE
111 N. LAUREL ST. CHICAGO, IL 60602
TEL: (312) 603-4000 FAX: (312) 603-4001

PROPERTY