



ATTORNEYS' TITLE GUARANTY FUND, INC.

MAGGIO
7824 Washburn
Clyo IL
20634

STATE OF ILLINOIS }
COUNTY OF COOK } SS.

JOINT TENANCY AFFIDAVIT

GLORIA BLOEDE & WILLARD W. WALLER, JR., hereinafter referred to as the affiant, states under oath that the affiant resides at 4653 N. HARDING, in the City of CHICAGO, Illinois; that the affiant was acquainted with ELEANOR HELEN WALLER, the decedent; that at the time of death, the decedent was one of the owners of property, by virtue of a properly recorded joint tenancy warranty deed, said property, located in Cook County, Illinois, and legally described as follows:

LOT 46 IN BLOCK 3 IN TRYON AND DAVIS' ADDITION TO IRVING PARK, A SUBDIVISION OF THE SOUTH HALF OF THE NORTH WEST QUARTER OF THE NORTH WEST QUARTER OF SECTION 14, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. PIN 12-14-108-003-0000 / 4653 N. Harding Ave. COOK COUNTY, ILL. 60625

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;

That the decedent died on Oct. 27, 1985, leaving no/a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$45,000.00, and that the value of the above property individually was \$22,500.00.

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.

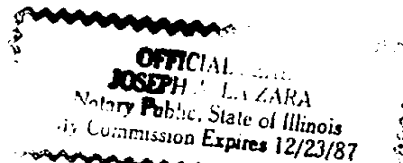
The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold Attorneys' Title Guaranty Fund, Inc. harmless and to reimburse the Fund for all loss, costs, damages, suits, attorney's fees and 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 ELEANOR HELEN WALLER, 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.

Gloria Bloede (Seal)
GLORIA BLOEDE
Willard W. Waller, Jr. (Seal)
WILLARD W. WALLER, JR.

Subscribed and Sworn to before me this 21 day of August, 1987.

Joseph A. Lazara
Notary Public



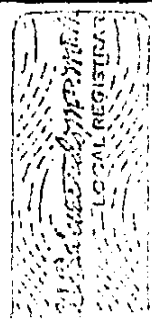
NOTE: If the decedent left a will, it will be necessary that the original or a certified copy thereof be presented to us for inspection.

A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

87480639

OCT 29 1985
STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

SS
I, LONNIE C. EDWARDS M.D. M.P.A., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS OF THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO. THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES



THIS CERTIFIED COPY VALID
WHEN MULTICOLOR SEAL AND
BLUE SIGNATURE ARE AFFIXED

68908428

STATE FILE NUMBER: 621301

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10
REGISTERED NUMBER

DECEASED—NAME: Eleanor Helen Waller
FIRST MIDDLE LAST

SEX: Female
DATE OF BIRTH: 3 October 1905
COUNTY OF DEATH: Cook

DATE OF DEATH: 6 December 1985
MONTH, DAY, YEAR

1. NAME (LAST, FIRST, MIDDLE, INITIALS)
2. SEX
3. DATE OF BIRTH (MONTH, DAY, YEAR)
4. COUNTY OF DEATH

5. CITY, TOWN, VILLAGE OR ROAD DISTRICT NUMBER: Chicago
6. DECEASED'S RESIDENCE (STREET, CITY, TOWN, VILLAGE OR ROAD DISTRICT NUMBER): 4653 N. Harding, Chicago 60625

7. PLACE OF DEATH (HOSPITAL OR OTHER INSTITUTION): Swedish Covenant Hospital
8. MARITAL STATUS (MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY YEAR), SEPARATED (SPECIFY YEAR OR MONTH))
9. CITIZENSHIP (U.S.A., ALIEN)
10. USUAL OCCUPATION: Housewife
11. KIND OF BUSINESS OR INDUSTRY: None
12. RESIDENCE (STREET AND NUMBER, CITY, TOWN, VILLAGE OR ROAD DISTRICT NUMBER): 4653 N. Harding, Chicago 60625

13. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): Wilford William Waller
14. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): None
15. FATHER—NAME: Alex Sabo
16. MOTHER—MAIDEN NAME: Julia Semeque

17. RELATIONSHIP (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP): Rossella D'Ovidio, 1788 Hubbard, Chicago 60625

18. DEATH WAS CAUSED BY: Intracerebral Hemorrhage
19. IMMEDIATE CAUSE: Arteriosclerotic cerebrovascular disease
20. OTHER SIGNIFICANT CONDITIONS: None

21. DATE OF OPERATION, IF ANY: None
22. MAJOR FINDINGS OF OPERATION: None

23. DATE OF DEATH: 6 December 1985
24. HOUR OF DEATH: 12:00 P.
25. DATE SIGNED (MONTH, DAY, YEAR): 28 October 1985

26. NAME AND ADDRESS OF CERTIFIER: Arthur R. Peterson, M.D., 2740 W. Foster Chgo IL 60625
27. ILLINOIS LICENSE NUMBER: 224-36-35561

28. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): None

29. CEMETERY OF CREMATORY—NAME AND LOCATION: Montrose Cemetery, Chicago, Illinois
30. STREET AND NUMBER OF S. D.: 4332 Elston Avenue, Chicago, Illinois 60641

31. FUNERAL HOME: Ray G. Hall
32. FUNERAL DIRECTOR'S SIGNATURE: Raymond Hall
33. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 5-118

34. LOCAL REGISTRAR'S SIGNATURE: Lonnie C. Edwards, M.D., M.P.A.
35. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR): OCT 29 1985

36. ILLINOIS DEPARTMENT OF PUBLIC HEALTH - OFFICE OF VITAL RECORDS (BASED ON 1978 U.S. STANDARD CERTIFICATE)

UNOFFICIAL COPY

Property of Cook County Clerk's Office

-87-480629

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