



UNOFFICIAL COPY

87044246

ATTORNEYS' TITLE GUARANTY FUND, INC.

STATE OF ILLINOIS }
COUNTY OF COOK } SS.

87044246

JOINT TENANCY AFFIDAVIT

WILLIE F. HARRIS, hereinafter referred to as the affiant, states under oath that the affiant resides at 3514 N. Birchwood Ave. in the City of Hazel Crest, Illinois; that the affiant was acquainted with MELVIN J. HARRIS, 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 834 in Hazel Crest Highlands 21st Addition, being a Subdivision of part of the Northwest quarter of Section 26 and part of the Northeast quarter of Section 26, all in Township 36 North, Range 13 East of the Third Principal Meridian, in Cook County, Illinois. 28-26-35-037

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 Sept. 27, 1985, leaving no last will and testament;

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

Willie F. Harris (Seal)
_____ (Seal)

Subscribed and Sworn to before me this 5th day of June, 1986.

Suzanne Napton
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.

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PLEASE RETURN

NOV 11 1972
COURT HOUSE

Property of Cook County Clerk's Office



MAIL TO

MICHAEL M. KENYON
221 No. LA SALLE St. SUITE 333
Chicago, IL. 60601



3 7 2 4 4 2 4 6

87044246

STATE FILE NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0

DECEASED—NAME: MELVIN HARRIS J. HARRIS

1. RACE: WHITE, PLACE OF BIRTH: ALABAMA, SEX: MALE, DATE OF BIRTH: SEPTEMBER 27, 1985

2. MIDDLE: HARRIS, LAST: HARRIS

3. DATE OF DEATH: SEPTEMBER 27, 1985

4. BLACK, 5. A, 6. DECEMBER 5, 1952, 7. COOK

8. HAZEL CREST, 9. ALABAMA, 10. N never married, 11. None

12. 347-46-3225, 13. accountant, 14. HAZEL CREST, 15. Frank J. Harris

16. SHEILA J ROBINSON, 17. 17800 MELZIE, HAZEL CREST, ILLINOIS

18. DEATH WAS CAUSED BY: *Cardiac Arrest - Hypertensive - hyperglycemia*

19. *Diabetes*

20. DATE OF OPERATION: IF ANY MAJOR FINDINGS OF OPERATION: *9-27-85*

21. HOUR OF DEATH: *9:46 P.M.*

22. SIGNATURE: *Julie Chua*, 23. NAME AND ADDRESS OF CERTIFIER: *Dr. Dilip T. Shah, M.D., 77 W. 156th St., Harvey, IL, 60426*

24. BURIAL REMOVAL: *Burial*, 25. CEMETERY: *Cedar Park*, 26. CHICAGO, ILLINOIS

27. FUNERAL HOME: *W.W. Holt*, 28. 175 West 159th Street Harvey, Illinois 60426

29. LOCAL REGISTRAR'S SIGNATURE: *Karen J. Wilkerson*, 30. DATE: *October 2, 1985*

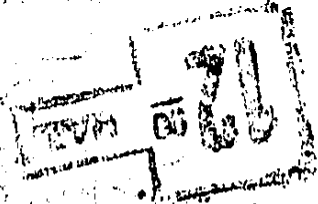
I hereby certify that the foregoing is a true and correct copy of the death record for the decedent named in Item I and that this record was established in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

SIGNED: *Karen J. Wilkerson*
 DATE: *October 2, 1985*

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

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Property of Cook County Clerk's Office

DEPT-01 RECORDING \$12.25
TRAN 5108 01/22/87 15:12:00
#175 # * 07-04246
COOK COUNTY RECORDER

MEDICAL CERTIFICATE DEATH

STATE OF ILLINOIS

DEPARTMENT OF HEALTH