

UNOFFICIAL COPY
Attorneys' Title Guaranty Fund, Inc.

STATE OF ILLINOIS

COUNTY OF COOK

SS.

87293546

JOINT TENANCY AFFIDAVIT

IRENE M. RADKE, hereinafter referred to as the affiant, states under oath that the affiant resides at 1537 N. 35th Avenue in the City of Melrose Park, Illinois;

that the affiant was acquainted with WALTER G. RADKE, 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, 1537 N. 35th Avenue, Melrose Park, Illinois 60160-2721, PIN: 15-04-121-043-0000 Volume 155 located in Cook County, Illinois, and legally described as follows: Dec. D.

The North 43 feet of Lot 14 in Block 2 in Soffel's Second Addition to Melrose Park, in Section 4, Township 39 North, Range 12 East of the Third Principal Meridian, in Cook County, Illinois

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 December 30, 1986, leaving ~~no~~ a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 200,000.00

and that the value of the above property individually was \$ 75,000.00

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 WALTER G. RADKE, 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.

Irene M. Radke
IRENE M. RADKE

Subscribed and Sworn to before me

this 19th day of May, 19 87

Charles A. Boyard
My Commission Expires Nov. 24, 1990

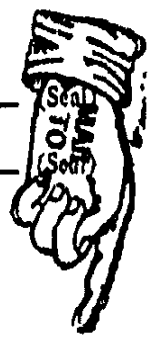
PREPARED BY:

JOHN E. McPARTLAND

Law Offices
McPARTLAND & CORNFIELD
4024 N. Milwaukee Ave
Chicago, IL 60641 777-1718

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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Property of Cook County Clerk's Office

Mail to →

Law Offices
McPARLAND & CORNFIELD
4024 N. Milwaukee Ave.
Chicago, IL 60641 777-1718



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Certified Copy of a Death Record

REGISTRATION DISTRICT NO. 16.92	STATE OF ILLINOIS			STATE FILE NUMBER
REGISTERED NUMBER 1835	MEDICAL CERTIFICATE OF DEATH			
DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)				
1. Walter G. Radke 2. Male 3. December 30, 1986				
RACE (WHITE, BLACK, AMERICAN INDIAN OR DESCENT) (INDIAN, ETC. (SPECIFY)) COLOR OF HAIR (BLACK, BROWN, RED, BLOND, GRAY) COLOR OF EYES (BLUE, BROWN, GREEN, HAZEL, GRAY)				
4. White 5. AMERICAN 6a. 73 6b. Bl. 6c. Br. 7a. May 14, 1913 7b. COOK				
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION—NAME (IF APPLICABLE) GIVE STREET AND NUMBER IF APPLICABLE IF HOME OR IND. HOME DOOR PLATE NO. (IF APPLICABLE) INPATIENT				
7c. PROVISO TOWNSHIP 7d. VETERANS ADM. HINES, IL 60141 7e. N. Inpatient				
STATE OF BIRTH (IF NOT U.S.A.) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)				
8. Illinois 9. U.S.A. 10. Married 11. Irene Lechovicz				
SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) WAR OR DATES OF SERVICE				
12. 358-03-1277 13. MACHINIST 14. TRANSPORTATION 15. Yes 13d. WW II				
RESIDENCE STREET AND NUMBER CITY, TOWN, TWP. OR ROAD DISTRICT NO. (INCLUDE CITY OR TWP.) COUNTY STATE				
16. 1537 No. 26th Ave. 17. Melrose Park 18. Yes 19. Cook 20. Illinois				
FATHER—NAME (FIRST MIDDLE LAST) MOTHER—MAIDEN NAME (FIRST MIDDLE LAST)				
15. Walter J. Radke 16. Isabell Curtis				
INFORMANT NAME (TYPE OR PRINT) RELATION TO DECEASED MAILING ADDRESS (CITY OR TOWN, STATE, ZIP)				
17. William F. Natda, M.A.A. 17b. Hospital Records 17c. VETERANS ADM. HINES, IL 60141				
18. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROPRIATE INTERVAL BETWEEN ONSET AND DEATH				
PART I. IMMEDIATE CAUSE				
(a) Carcinoma of Stomach. (b) Unknown				
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.				
(b) Unknown				
(c) Unknown				
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) AUTOPSY (YES/NO) (b) IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? (YES/NO)				
20a. No 20b. No				
DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION				
20c. No 20d. No				
19 (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)				
21. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)				
22. SIGNATURE NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER				
22a. John E. Cummings M.D. 22b. VETERANS ADM. HINES, IL 60141 22c. 36-043033				
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.				
23. None				
BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME (LOCATION) CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)				
24a. BURIAL 24b. QUEEN OF HEAVEN 24c. HILLSIDE 24d. Illinois 24e. January 2, 1987				
FUNERAL HOME NAME STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE				
25a. BORMANN FUNERAL HOME 25b. 1600 CHICAGO AVE. 25c. Melrose Park, Ill. 601				
FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER				
25d. Richard D. Baczak 25e. 7165				
LOCAL REGISTRAR'S SIGNATURE DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)				
26a. William W. [Signature] 26b. BROADVIEW, ILLINOIS 60153 26c. December 31, 1986				

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the deceased named as herein and that the record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE **DEC 31 1986** SIGNED **[Signature]**

AT **BROADVIEW, ILLINOIS 60153** Illinois OFFICIAL TITLE LOCAL REGISTRAR OF VITAL RECORDS

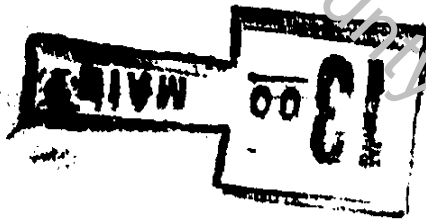
The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield, Illinois. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts therein stated.

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DEPT-01 RECORDING 913.25
T#1111 TRAN 9807 06/01/87 11:27:00
#2938 # A * -67-293546
COOK COUNTY RECORDER