

UNOFFICIAL COPY
Attorneys' Title Guaranty Fund, Inc.

STATE OF ILLINOIS

COUNTY OF Cook

SS.

88355035

JOINT TENANCY AFFIDAVIT

LESLIE SEEK, hereinafter referred to as the affiant, states under oath that the affiant resides at 2243 Greenfield Dr. in the City of Glenview, Illinois;

that the affiant was acquainted with Esther Seek, 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: Lot 7 in Block 1 in Glenview Park Manor Unit No. 6, a Subdivision of part of the North East Quarter of the South West Quarter and the North West Quarter of the South East Quarter of Section 12, Township 41 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 July 4, 1978, leaving no/a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ less than \$50,000.00

and that the value of the above property individually was \$ less than \$50,000.00.

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 Esther Seek, 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.

09-12-304-016

2243 GREENFIELD DR, GLENVIEW, ILL 60025

Leslie M. Seek

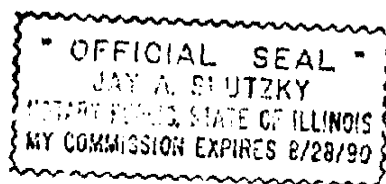
(Seal)

_____ (Seal)

Subscribed and Sworn to before me

this 26TH day of MAY, 1988.

Jay A. Slutzky
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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Property of Cook County Clerk's Office

DEPT-91 \$13.25
T#1111 TRAN 1270 08/08/88 09:35:00
#3177 # A * 08-355035
COOK COUNTY RECORDER

MAIL TO:

JAY A. SLUTZKY
ATTORNEY AT LAW
7749 N. Milwaukee
Niles, IL 60648

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
614821

88355035
July 5, 1978

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO } SS

DEPARTMENT OF HEALTH
CITY OF CHICAGO

REGISTRATION DISTRICT NO. **16.10**

REGISTERED NUMBER

DECEASED NAME: **Esther** SEX: **Female** DATE OF BIRTH: **July 4, 1978** (MONTH, DAY, YEAR)

RACE: **White** ETHNIC ORIGIN OR DESCENT: **German** AGE: **58** LAST RESIDENCE (CITY, STATE, ZIP): **Chicago, IL 60611**

DATE OF DEATH: **July 4, 1978** (MONTH, DAY, YEAR)

PLACE AND TIME OF DEATH: **Home** (13b) **OWN HOME** (13c) **NO** (13d) **Illinois** (13e)

DEATH WAS CAUSED BY: **Respiratory failure** (a) **2 hours** (19a)

IMMEDIATE CAUSE: **Cerebral metastases** (b) **3 months** (19b)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH: **Cancer breast** (c) **2 1/2 years** (19c)

DEATH WAS CAUSED BY ONE CAUSE PER LINE (a), (b), AND (c):

DATE OF OPERATION: **December 16, 1977** TO **July 4, 1978**

OPERATION: **HERP**

DATE SIGNED: **July 5, 1978**

SIGNATURE: **Steven Schwartz M.D.** ILLINOIS LICENSE NUMBER: **21355**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: **Steven Schwartz**

BURIAL: **BURIAL** CEMETERY OR CREMATORY: **CHICAGO** LOCATION: **114** DATE: **July 7, 1978**

FUNERAL HOME: **MEYER-SIMONS FUNERAL HOME** ADDRESS: **631 DEMETER DRIVE ILL 60653**

FUNERAL DIRECTOR'S SIGNATURE: **Henry O. Braun**

LOCAL REGISTRAR'S SIGNATURE: **Henry O. Braun**

CHICAGO DEPT. OF HEALTH RICHARD J. DALEY CENTER, ROOM 111 CONCOURSE LEVEL, CHICAGO 60607

DATE REC'D BY LOCAL REGISTRAR: **JUL 5 - 1978**

I, Murrey C. Brown, M.D. 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.

Henry O. Braun
LOCAL REGISTRAR

This Certified Copy VALID
When MULTICOLOR SEAL And
BLUE SIGNATURE Are Affixed.

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