

3. 277866

UNOFFICIAL COPY

Attorneys' Title Guaranty Fund, Inc.



STATE OF ILLINOIS

COUNTY OF COOK | ss.

89232688

JOINT TENANCY AFFIDAVIT

Bernice Tyska, hereinafter referred to as the affiant, states under oath that the affiant resides at 6252 Trinity Drive in the City of Lisle, Illinois; that the affiant was acquainted with Frank E. Cichon, 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 90 IN HAMILTON'S SUBDIVISION OF BLOCK 1 IN THE CANAL TRUSTEES SUBDIVISION OF SECTION 7, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PERMANENT INDEX NO.: 17-07-207-038
 Address: 1624 W. Huron Street, Chicago, Illinois

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and that the value of the above property individually was \$ 19,500

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:

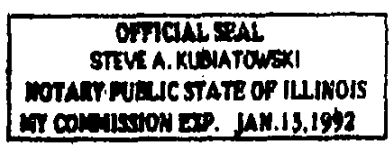
- 1) Claims against the estate of Frank E. Cichon, the decedent;
- 2) Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
- 3) Legacies, if any, created by the will of said decedent;
- 4) Rights to contribution.

(x) Bernice Tyska (Seal)

Subscribed and Sworn to before me

this 8th day of MAY, 19 89

Steve A. Kubiatski
 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

Mail to:



CHESTER M. PRZYBYLO
ATTORNEY AT LAW
5339 N. MILWAUKEE AVENUE
CHICAGO, ILLINOIS 60630

REGISTRATION DISTRICT NO. 16.10
 REGISTERED NUMBER 628645
 DECEASED—NAME Frank E. Cichon
 SEX Male
 DATE OF DEATH Dec. 22, 1977
 MONTH, DAY, YEAR

RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)) White
 AGE—LAST BIRTHDAY (YEAR, MONTH, DAYS) 52
 DATE OF BIRTH (MONTH, DAY, YEAR) March 22-1925
 PLACE OF BIRTH (CITY, TOWN, VIL OR ROAD DISTRICT NUMBER) Cook
 INSIDE CITY (YES/NO) YES
 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NEVER MARRIED
 NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF FEMALE) None

BIRTHPLACE (STATE OR FOREIGN) Chicago
 CITIZEN OF WHAT COUNTRY U.S.A.
 SOCIAL SECURITY NUMBER 345-18-3575
 USUAL OCCUPATION Maintenance
 KIND OF BUSINESS OR INDUSTRY Maintenance Corp.
 US WAR VETERAN: WAR OR DATES OF SERVICE (YES/NO) YES 1942-1945
 FATHER'S NAME Michael Cichon
 MOTHER—MAIDEN NAME Apollonia Cichon

DEATH WAS CAUSED BY (1) Arteriosclerotic Cardiovascular Disease
 (2) (b)
 (3) (b)
 (4) (b)
 (5) (b)
 PART II. OTHER SIGNIFICANT CONDITIONS: (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH)

INJURY AT WORK: PLACE OF INJURY AT WORK (FACTORY, STREET, BUILDING, ETC. (SPECIFY))
 DATE OF INJURY (MONTH, DAY, YEAR)
 HOUR
 LOCATION
 CITY, VIL OR TOWN; OR TWP, OR RD DIST. NO.; COUNTY, STATE

HE DECEASED WAS PRONOUNCED DEAD ON AT
 DATE SIGNED Dec. 22, 1977
 (MONTH, DAY, YEAR)
 DATE SIGNED Dec. 22, 1977
 (MONTH, DAY, YEAR)

23b. Burial NAME St. Adalbert
 CEMETERY OR CREMATORY NAME St. Adalbert
 LOCATION
 CITY OR TOWN Illinois
 STATE 12-24-77

250. Malec Funeral Home 834 N. Ashland Ave. Chicago, Illinois 60622
 FUNERAL DIRECTOR'S SIGNATURE
 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 6936
 DATE REC'D. BY LOCAL REGISTRAR DEC 23 1977

260. Murray C. Brown
 Illinois Department of Public Health - Office of Vital Records
 ISSUED ON 1988 U 3 STANDARD CERTIFICATE

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO } SS

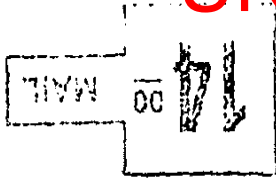
I, Murray C. Brown, M.D. Local Registrar of Vital Statistics of the City of Chicago, do hereby certify that I am the keeper of the records of births, stillbirths and deaths of the City of Chicago by virtue of the laws of the State of Illinois and the ordinances of the City of Chicago; that the accompanying certificate on this sheet is a true copy as a record kept by me in pursuance of said laws and ordinances.

This Certified Copy VALID
 Only When Original BLUE
 SEAL AND BLUE SIGNATURE
 Are Affixed.

Murray C. Brown
 LOCAL REGISTRAR



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DEPT-01
#14444 TRAN 7103 05/23/89 11:43:00
#5880 # D * 89-232680
COOK COUNTY RECORDER
\$14.25