



277866 **UNOFFICIAL COPY**
Attorneys' Title Guaranty Fund, Inc.

89232689

STATE OF ILLINOIS

COUNTY OF Cook | SS.

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 Emily 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

89232689

ed any posses-

That the total value of decedent's estate, including the taxable interest in the above property was \$ 45,000 and that the value of the above property individually was \$ 45,000

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:

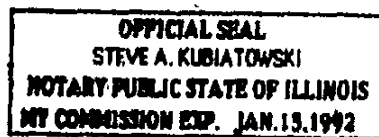
- 1) Claims against the estate of Emily Cichon, the decedent;
- 2) Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
- 3) Legacies, if any, created by the will of said decedent;
- 4) Rights to contribution.

(x) Bernice Tyska (Seal)

(Seal)

Subscribed and Sworn to before me
this 8th day of MAY, 1989.

Steve A. Kubiowski
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



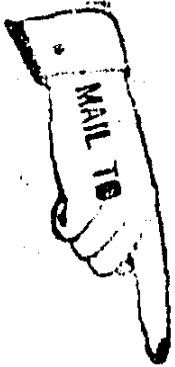
Mail to:

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

UNOFFICIAL COPY

8 9 3 3 2 6 9 9

Property of Cook County Clerk's Office



Mail to:

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

RECEIVED IN A 37412
MAIL ROOM
MAY 19 1999



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Attorneys' Title Guaranty Fund, Inc.

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STATE OF ILLINOIS

COUNTY OF Cook } SS.

JOINT TENANCY AFFIDAVIT

resides
Illinois:
death:
Property of Cook County Office

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 Feb. 14, 1989, leaving no last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 45,000⁰⁰

and that the value of the above property individually was \$ 45,000⁰⁰

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 Emily 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.

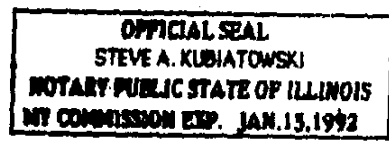
(x) Bernice Tyska (Seal)

_____ (Seal)

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this 8th day of MAY, 1989

Steve A. Kubiowski
Notary Public



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Property of Cook County Clerk's Office

COOK COUNTY RECORDER

#5681 #D # 49-2-2689
1#4444 FROM 7193 05/23/87 11:44:08

DEPT-91

11/1/25

COMMERCIAL OF DEVIAN
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DEPARTMENT OF HEALTH CITY OF CHICAGO

FEB 10 1989

89232689

STATE OF ILLINOIS
COUNTY OF COOK SS
CITY OF CHICAGO

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 TRUE COPY OF THE ORIGINAL AS PURSUANCE OF THE LAWS AND ORDINANCES.



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

REGISTRATION DISTRICT NO. 16.10	STATE OF ILLINOIS	DECEASED-NAME EMILY CICHON	SEX FEMALE	DATE OF DEATH FEBRUARY 14 1989	MONTH (DAY, YEAR)
REGISTERED NUMBER 328-2-1589		AGE-LAST BIRTHDAY (YRS) MO. DAY 37 11 27	UNDER 1 YEAR MO. DAY	DATE OF BIRTH (MONTH, DAY, YEAR) NOVEMBER 4 1917	YEAR
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER CHICAGO		HOSPITAL OR OTHER INSTITUTION-NAME IF NOT IN OTHER (GIVE STREET AND NUMBER) ST. MARY OF NAZARETH	NAME OF SURVIVING SPOUSE (MARRIAGE, WIFE) NONE	SC. DOA	IF NAME OR INST. INDICATED (D.A. OR OTHER) (TEMPORARY)
BIRTHPLACE CITY AND STATE OR FOREIGN (GIVE STATE) POLAND		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NEVER MARRIED	IND OF BUSINESS OR INDUSTRY 11 DOWN HOME	EDUCATION (SEE KEY ONLY IN CASE OF INCOMPLETE)	12. (Specify if not complete)
SOCIAL SECURITY NUMBER 360-22-5713		USUAL OCCUPATION 111 HOMEMAKER	CITY, TOWN, OR ROAD DISTRICT NO. CHICAGO	COUNTY COOK	13. (Specify if not complete)
RESIDENCE (STREET AND NUMBER) 1625 W. HURON		RACE (WHITE, BLACK, AMERICAN INDIAN, ISLIPROCT) WHITE	14. YES NO (YES) SPECIFY: FIRST MIDDLE LAST PAULINE	15. (Specify if not complete)	16. (Specify if not complete)
FATHER-NAME FIRST MIDDLE LAST MICHAEL CICHON		RELATIONSHIP SISTER	MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP) 176252 TRINITY DR LISLE IL 60532		
MOTHER-NAME FIRST MIDDLE LAST BERNICE TVSKA					
Immediate Cause (that results in death) (a) ATEROSCLEROTIC CARDIOVASCULAR DISEASE					
CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) (b) DUE TO OR AS A CONSEQUENCE OF					
CAUSE LAST. (c) DUE TO OR AS A CONSEQUENCE OF					
PART II. (See instructions regarding completion of this part in the accompanying register book in PART I.)					
NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY) NATURAL	DATE OF INJURY (MONTH, DAY, YEAR) 20. FEBRUARY 14 1989	HOUR 21. 10:40 PM	HOW INJURY OCCURRED (GIVE NATURE OF INJURY DESCRIBED IN PART I OR PART II, ITEM 18) 22. YIP-TEE KITCHEN	IF FEMALE, WAS THERE A FETTERED IMPACT WITH THREE MONTHS PREVIOUS TO DEATH OF DECEASED? 23. YES [] NO [X]	AUTHORITY (YES) (NO) 24. NO
PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE, BUILDING, ETC.) (SPECIFY) 25. YIP-TEE KITCHEN	LOCATION (CITY, TOWN, OR TWP. OR ROAD DIST. NO., COUNTY, STATE) 26. CHICAGO ILLINOIS	THE DECEASED WAS PRONOUNCED DEAD ON 27. FEBRUARY 14 1989	DATE SIGNED (MONTH, DAY, YEAR) 28. 2-15-1989	DATE SIGNED (MONTH, DAY, YEAR) 29. FEBRUARY 1989	
COUNTRY OF CREATION 30. POLAND	CITY OR TOWN 31. NILES	STATE 32. ILLINOIS	CITY OR TOWN 33. CHICAGO	STATE 34. ILLINOIS	DATE 35. FEBRUARY 1989
REGISTRAR'S SIGNATURE Lonnie C. Edwards					
REGISTRAR'S TITLE LOCAL REGISTRAR					
REGISTRAR'S ADDRESS 500 N. LAUREL ST. CHICAGO, ILL. 60610					
REGISTRAR'S PHONE NUMBER 312-744-2100					
REGISTRAR'S FAX NUMBER 312-744-2100					
REGISTRAR'S E-MAIL ADDRESS lonnie.edwards@cityofchicago.gov					