



ATTORNEYS' TITLE GUARANTY FUND, INC.

STATE OF ILLINOIS }
COUNTY OF COOK } SS.

JOINT TENANCY AFFIDAVIT

ADRIAN P. SPEELMAN AND LOIS A. SPEELMAN, hereinafter referred to as the affiant, states under oath that the affiant resides at 6303 W. Warwick, Chicago, Illinois; that the affiant was acquainted with MARLENE R. SILLER, 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:

LOTS 27 AND 28 IN BLOCK 8 IN LINSOTT'S RIDGELAND AVENUE SUBDIVISION OF THE NORTH HALF OF THE SOUTH WEST QUARTER OF THE NORTH WEST QUARTER OF SECTION 20, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

12-20-117-025-0000 6303 W. Warwick, Chicago, IL 60634

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 12/3/88, leaving no last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$1,490,000, and that the value of the above property individually was \$4,000,000.

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 MARLENE R. SILLER, 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.

Lois A. Speelman (Seal)
Adrian P. Speelman (Seal)

Subscribed and Sworn to before me this 16TH day of MAY, 1989.

Notary Public

OFFICIAL SEAL
FRANK J. ZARGAINA
Notary Public, State of Illinois
My Commission Expires 12/29/90

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.

Handwritten notes and signatures at the bottom left of the page.

89242625

UNOFFICIAL COPY

Property of Cook County Clerk's Office

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DECEDENT'S BIRTH NO.

Type of final or post-mortem examination by State Registrar, Medical Examiner, or Physician. Advise by instructions.

REGISTRATION DISTRICT NO. 16-35
REGISTERED NUMBER 783
DECEASED - NAME

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 89242025

DECEASED

PARENTS

CAUSE

CERTIFIER

DISPOSITION

1. NAME - FIRST, MIDDLE, LAST: Marlene R. Siller
SEX: Female
DATE OF BIRTH: December 3, 1988
DATE OF DEATH: December 14, 1991

2. RACE: White
ETHNIC ORIGIN: German
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: Melrose Park
HOSPITAL OR OTHER INSTITUTION: Westlake Community Hospital

3. SOCIAL SECURITY NUMBER: 485-34-7719
CITIZEN OR NATIVE COUNTRY: U.S.A.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (PERSON): Divorced

4. RESIDENCE: 6303 W. Warwick
CITY, TOWN, TWP. OR ROAD DISTRICT NO.: Chicago
INDUSTRY OR BUSINESS OR OCCUPATION: Key punch operator

5. FATHER - NAME: Kenneth
MOTHER - MARRIED NAME: Vansickle
RELATIONSHIP: None
BIRTH ADDRESS: 1225 W. Lake St. Melrose Park Ill.

6. DEATH WAS CAUSED BY: CHRONIC ASTHMATIC BRONCHITIS
DUE TO OR AS A CONSEQUENCE OF: CHRONIC ASTHMATIC BRONCHITIS DISEASE

7. CONDITIONS, IF ANY, WHICH GAVE RISE TO STARTING THE UNDERLYING CAUSE LAST: CHRONIC ASTHMATIC BRONCHITIS DISEASE

8. DATE OF OPERATION, IF ANY: 12-3-88
MAJOR FINDINGS OR OPERATION: CHRONIC ASTHMATIC BRONCHITIS DISEASE

9. NAME AND ADDRESS OF CERTIFIER: David Demorest, M.D., 8383 W. Belmont River Grove, Ill.

10. BIRTH, CREATION, REPEAL, SPECIFICATION, CREATION: Mt. Emblem
FURNERAL HOME: Gibbons Funeral Home, 5917 W. Irving Pk., Chicago, Ill.

11. LOCAL REGISTRAR'S SIGNATURE: Thomas A. Gibbons

12. DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): Dec 15 1988

13. I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE: Dec. 21-1988
SIGNED: [Signature]
AT: MELROSE PARK, Illinois OFFICIAL TITLE: DEPUTY REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. 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 in all courts and places of the facts therein stated.

20. I (DO) (DID) NOT ATTEND THE DECEASED AND LAST SAW HIM/LIVE ON: 12-3-88

21. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: David Demorest, M.D., 8383 W. Belmont River Grove, Ill.

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Property of Cook County Clerk's Office

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COOK COUNTY RECORDER

