UNOFFICIAL COPY

Attorneys' Title Guaranty Fund, Inc.

STATE OF ILLINOIS
COUNTY OF COOK } SS.

89244254

JOINT TENANCY AFFIDAVIT

JUDY-ANN SWANSON, hereinafter referred to as the affiant, states under oath that the affiant resides at 565 N. 4th Avenue, Unit 4A in the City of DesPlaines, Illinois; that the affiant was acquainted with ELMER JOHNSON (her father), 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~~ quit claim deed, said property, 6715 E. Prairie, Lincolnwood, Illinois PIN: 10-35-302-052-0000 Vol. 130 located in Cook County, Illinois, and legally described as follows: The North half of Lot 27 and all of Lot 28 in Block 3 in Lincoln Avenue Gardens, being a Subdivision of part of the North half of the South West quarter of Section 35, Township 41 North, Range 13, 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 March 18, 1989 leaving no/a last will and testament; filed with the Clerk of the Circuit Court on 3/22/89.

~~The total value of decedent's estate, including the taxable interest in the above property was $~~ ,
THE ESTATE WAS NOT SUBJECT TO FEDERAL OR STATE ESTATE TAXES.
~~and that the value of the above property individually was $~~ .

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 ELMER JOHNSON, 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.

"OFFICIAL SEAL"
MICHAEL J. CORNFIELD
Notary Public, State of Illinois
My Commission Expires Dec. 1, 1991

Judy-Ann Swanson (Seal)
JUDY-ANN SWANSON
(Seal)

Subscribed and Sworn to before me
this 12th day of May, 1989.

Notary Public

THIS DOCUMENT PREPARED BY:
Michael J. Cornfield

MAIL TO

Law Offices
McPARLAND & CORNFIELD
6024 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.

Property of Cook County Clerk's Office

89244254

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RECORD & RETURN TO:

Box 362

Property of Cook County Clerk's Office

DEPT-01 $13.00
T#1111 TRAN 5387 06/30/89 16:07:00
#5947 # A *-89-244254
COOK COUNTY RECORDER

89244254

89244254

13

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BOX 362

REGISTERED NUMBER

CORONER'S CERTIFICATE OF DEATH

DECEDENT'S NAME: FIRST Elmer MIDDLE W. LAST Johnson

1 SEX: 2 Male

DATE OF DEATH (MONTH DAY YEAR): 3 March 18, 1989

COUNTY OF DEATH: Cook

4a AGE-LAST BIRTHDAY (YRS): 79

5b UNDER 1 YEAR: MOS. DAYS

5c UNDER 1 DAY: HOURS MIN.

5d DATE OF BIRTH (MONTH DAY YEAR): September 24, 1909

6a CITY, TOWN, TWP OR ROAD DISTRICT NUMBER: Park Ridge

6b HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER): Lutheran General

6c DOA

7 BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Illinois

8a MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed

8b NAME OF SURVIVING SPOUSE (WIFE'S NAME IF WIFE): None

9 WAS DECEDENT EVER IN THE ARMED FORCES? (YES OR NO): No

10 SOCIAL SECURITY NUMBER: 336-09-0323

11a USUAL OCCUPATION: RETIRED SALESMAN

11b KIND OF BUSINESS OR INDUSTRY: LIQUOR IND.

12 EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): 12 yrs

13a RESIDENCE (STREET AND NUMBER): 6715 N. E. Prairie Road

13b CITY, TOWN OR ROAD DISTRICT NO.: Lincolnwood

13c INSIDE CITY LIMITS (YES OR NO): Yes

13d COUNTY: Cook

13e STATE: Illinois

13f ZIP CODE: 60645

14a RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY): White

15 HISPANIC ORIGIN? (SPECIFY NO OR YES — IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.): NO YES SPECIFY:

15 FATHER'S NAME: FIRST John MIDDLE LAST Johnson

16 MOTHER'S NAME: FIRST Elma MIDDLE LAST Bloomquist

17a INFORMANT'S NAME (TYPE OR PRINT): Judy Ann Swanson

17b RELATIONSHIP: Daughter

17c MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 565 A N. Fourth Des Plaines, Ill.

18 PART I. Enter the chain of events — diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac arrest, respiratory arrest, or ventricular fibrillation without stating the underlying cause. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death): (a) Arteriosclerotic Cardiovascular Disease

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

DUE TO, OR AS A CONSEQUENCE OF: (b)

DUE TO, OR AS A CONSEQUENCE OF: (c)

PART II. Other significant conditions contributing to death but not related to the underlying cause given in PART I.

19a AUTOPSY (YES OR NO): Yes

19b MAJOR SURGERY WITHIN 4 WEEKS OF DEATH (YES OR NO):

20a NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, PENDING (SPECIFY): Natural

20b DATE OF INJURY (MONTH DAY YEAR):

20c HOUR: M.

20d HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18):

20e INJURY AT WORK (YES OR NO):

20f PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY):

20g LOCATION (CITY, VILLAGE OR TOWN OR TWP. OR RD. DIST. NO., COUNTY, STATE):

20h FEMALE: WAS PREGNANCY MENTIONED IN PAST THREE MONTHS? YES NO

21a I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUISITION THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED AND THAT

21b THE DECEDENT WAS PRONOUNCED DEAD ON (MONTH DAY YEAR):

21c AT: 1:00 A.M.

22a CORONER'S - MEDICAL EXAMINER'S SIGNATURE: [signature]

22b DATE SIGNED (MONTH DAY YEAR):

23a CORONER'S PHYSICIAN'S SIGNATURE: [signature] SHAKU TEAS M.D.

23b DATE SIGNED (MONTH DAY YEAR): March 18, 1989

24a BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

24b CEMETERY OR CREMATORY NAME: Irving Park Cemetery

24c LOCATION (CITY OR TOWN, STATE): Chicago, Illinois

24d DATE (MONTH DAY YEAR): Mar. 21, 198

25a FUNERAL HOME NAME: Oehler Funeral Home STREET AND NUMBER OR R.F.D.: 555 Lee Street CITY OR TOWN, STATE: Des Plaines, Illinois 60016

25b FUNERAL DIRECTOR'S SIGNATURE: [signature]

25c FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 7198

26a LOCAL REGISTRAR: KAREN G. SCULLY, M.D. REGISTRAR [signature]

26b DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR): Mar 20 1989

VR212 (Rev. 1/89) Illinois Department of Public Health — Office of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is true and correct copy of the death record for the decedent named in Item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths and deaths.

Date MAR 20 1989

Cook County Department of Public Health
1500 S. Maybrook Drive
Maywood, Illinois 60153

STAMP

Cook County Clerk
Deputy Registrar

8924254

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