

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 ^{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 Avonuo 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.

~~That the net 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.

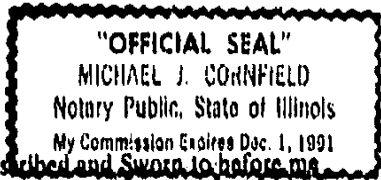
~~and the value of the above property individually was \$~~ _____

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.



Subscribed and Sworn to before me

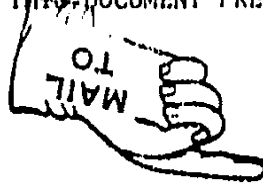
this 12th day of May, 1989

Judy Ann Swanson (Seal)
JUDY-ANN SWANSON

THIS DOCUMENT PREPARED BY:

Michael J. Cornfield

Law Offices
McPARLAND & CORNFIELD
4024 N. Milwaukee Ave.
Chicago, IL 60641 777-1718



[Signature]
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.

89244254

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RECORD & RETURN TO:  Box 362

Property of Cook County Clerk's Office

. DEPT-01 \$15.00
. T01111 TRAN 5307 05/30/09 16:09:00
. 03947 # A # -09-244254
. COOK COUNTY RECORDER

89241254
89241254

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Property of Cook County Clerk's Office

BOX 362 ←

STANDARD - BUREAU OF JACOBI & CO. BALTIMORE

0000 00 0000

CERTIFICATE OF DEATH

MAR 20 1989

I HEREBY CERTIFY THAT THE FOREGOING IS TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE DECEASED 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 DEATHS.

MADE AND FILED
 JUDITH A. BIRNBAUM, Deputy Registrar

1500 S. Maple Street, Chicago, Ill. 60607
 Cook County Department of Public Health

UNOFFICIAL COPY

45254268

REGISTERED NUMBER		FIRST NAME		MIDDLE NAME		LAST NAME		SEX	DATE OF BIRTH	DATE OF DEATH	
Cook		Elior		W.		Johnson		Male	3 March 18, 1909	21 March 18, 1989	
CITY/TOWN/TWP OR ROAD/DIRECT NUMBER				RESIDENCE STREET AND NUMBER				CITY/TOWN OR ROAD/DIRECT NUMBER			
Park Ridge, Illinois				6715 N. E. Prairie Road, Chicago, Illinois 60645				134 Lincolnwood, Chicago, Illinois 60645			
MARRIED, NEVER MARRIED, DIVORCED, WIDOWED		USUAL OCCUPATION		MARRIAGE DATE		MARRIAGE PLACE		MARRIAGE REGISTERED		MARRIAGE LICENSE NUMBER	
None		RETIRED SALESMAN		None		None		None		None	
SOCIAL SECURITY NUMBER		MOTHER'S MARRIAGE LICENSE NUMBER		MOTHER'S BIRTH DATE		MOTHER'S BIRTH PLACE		MOTHER'S DEATH DATE		MOTHER'S DEATH PLACE	
336-09-0323		None		None		None		None		None	
FATHER'S NAME		MOTHER'S NAME		FATHER'S BIRTH DATE		FATHER'S BIRTH PLACE		FATHER'S DEATH DATE		FATHER'S DEATH PLACE	
John Johnson		Elior Johnson		None		None		None		None	
DECEASED'S SPOUSE TYPE OR PART		REGISTRATION NUMBER		MARRIAGE ADDRESS		MARRIAGE DATE		MARRIAGE PLACE		MARRIAGE LICENSE NUMBER	
1st PARTIAL		172		565 A. N. Fourth Des Plaines, Ill.		None		None		None	
<p>CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE IN STATING THE UNDERLYING CAUSE LAST</p> <p>(a) <i>Acute Myocardial Infarction</i></p> <p>(b) <i>Due to OR AS A CONSEQUENCE OF</i></p> <p>(c) <i>Due to OR AS A CONSEQUENCE OF</i></p>											
DATE OF BIRTH		DATE OF DEATH		HOUR		M		A.M.		P.M.	
3/18/1909		3/21/1989		11:00		M		A.M.		P.M.	
PLACE OF BIRTH		PLACE OF DEATH		LOCATION OF DEATH		LOCATION OF DEATH		LOCATION OF DEATH		LOCATION OF DEATH	
Cook, Ill.		Cook, Ill.		Cook, Ill.		Cook, Ill.		Cook, Ill.		Cook, Ill.	
FACILITY NAME		FACILITY ADDRESS		FACILITY CITY		FACILITY STATE		FACILITY ZIP		FACILITY PHONE	
Oehler Funeral Home		555 Lee Street		Des Plaines, Ill.		Illinois		60016		7198	
FACILITY TYPE		FACILITY CODE		FACILITY CITY		FACILITY STATE		FACILITY ZIP		FACILITY PHONE	
Funeral Home		None		Chicago, Ill.		Illinois		60616		7198	
FACILITY NAME		FACILITY ADDRESS		FACILITY CITY		FACILITY STATE		FACILITY ZIP		FACILITY PHONE	
None		None		Chicago, Ill.		Illinois		60616		7198	
FACILITY NAME		FACILITY ADDRESS		FACILITY CITY		FACILITY STATE		FACILITY ZIP		FACILITY PHONE	
None		None		Chicago, Ill.		Illinois		60616		7198	
FACILITY NAME		FACILITY ADDRESS		FACILITY CITY		FACILITY STATE		FACILITY ZIP		FACILITY PHONE	
None		None		Chicago, Ill.		Illinois		60616		7198	
FACILITY NAME		FACILITY ADDRESS		FACILITY CITY		FACILITY STATE		FACILITY ZIP		FACILITY PHONE	
None		None		Chicago, Ill.		Illinois		60616		7198	

REGISTRAR
 JUDITH A. BIRNBAUM
 DEPUTY REGISTRAR

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