

Attorneys' Title Guaranty Fund, Inc.



PERMANENT TAX NUMBER: 19-24-115-002 VOL. 402

PROPERTY STREET ADDRESS: 6409 S. Mozart
Chicago, Illinois
60629

STATE OF ILLINOIS

COUNTY OF COOK

SS.

86814C165

JOINT TENANCY AFFIDAVIT

Elizabeth A. Pratl, hereinafter referred to as the affiant, states under oath that the affiant resides at 1101 Lincolnshire in the City of St. Johns Michigan

that the affiant was acquainted with Joseph C. Lepine, 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 38 in Block 4 in John Bain's Subdivision of the East 1/2 of the East 1/2 of the North West 1/4 of Section 24, Township 38 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 August 21, 1989, leaving no/a last will and testament.

That the total value of decedent's estate, including the taxable interest in the above property was \$ 39,225

and that the value of the above property individually was \$ 78,900

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:

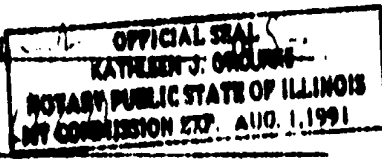
- 1) Claims against the estate of Joseph C. Lepine, the decedent;
- 2) Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
- 3) Legacies, if any, created by the will of said decedent;
- 4) Rights to contribution

Elizabeth A. Pratl (Seal)
Elizabeth A. Pratl (Seal)

Subscribed and Sworn to before me

this 14 day of May

Kathleen J. O'Connell
Notary Public



50215325

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.

UNOFFICIAL COPY

Property of Cook County Clerk's Office

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H. ^{ad} ~~Mar~~

Mail to:
prepared by:
Kathleen O'Rourke
4239 W. 63rd St
Chicago, IL 60629



UNOFFICIAL COPY

LF 119

STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH

STATE FIC NUMBER

CERTIFICATE OF DEATH

No 0064740

TYPE PRINT
IN
PERMANENT
BLACK INK

CF

NAME OF DECEDENT
FOR USE BY PHYSICIAN OR INSTITUTION

90148845

CAUSE OF DEATH

CERTIFIER

MEDICAL EXAMINER

11-10
REV. 1-89

1 DECEDENT'S NAME (First Middle Last) Joseph Charles Lapine				2 SEX Male	3 DATE OF DEATH (Month Day Year) August 21, 1989
4a AGE Last Birthday (Years) 82	4b UNDER 1 YEAR MONTHS DAYS	4c UNDER 1 DAY HOURS MINUTES	5 DATE OF BIRTH (Month Day Year) January 4, 1907	6 COUNTY OF DEATH Clinton	
7a LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c.) HOSPITAL OR OTHER INSTITUTION Name (If not in either give street and number) 1101 Lincolnshire Dr.			7b IF HOSP OR INST. Inpatient Op/Emet Room DOA (Specify)	7c CITY, VILLAGE OR TOWNSHIP OF DEATH St. Johns	
8 SOCIAL SECURITY NUMBER 350 - 05 - 2113		9a USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Truck Driver		9b KIND OF BUSINESS OR INDUSTRY Transportation	
10a CURRENT RESIDENCE STATE Michigan	10b COUNTY Clinton	10c LOCALITY (Check one box and specify) <input checked="" type="checkbox"/> INSIDE CITY OR VILLAGE OF St. Johns <input type="checkbox"/> TWP OF		10d STREET AND NUMBER 1101 Lincolnshire Dr.	
10e ZIP CODE 48879	11 BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois	12 MARITAL STATUS - Married Never Married Widowed Divorced (Specify)	13 SURVIVING SPOUSE (If wife give name before first married)	14 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Y88	
15 ANCESTRY Mexican Puerto Rican Cuban Central or South American Chinese Other Hispanic Afro American Arab English French Polish etc. (Specify below) French Canadian		16 RACE American Indian Black White etc. If Asian give nationality e.g. Chinese Filipino Asian Indian etc. (Specify below) White		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (D12) College (14 or 5+)	
18 FATHER'S NAME (First Middle Last) Michael Lapine			19 MOTHER'S NAME (First Middle Surname before first married) Elizabeth Jette		
20a INFORMANT'S NAME (Type and Name) Betty Pratt		20b MAILING ADDRESS (Street and Number or Rural Route Number City or Village State ZIP Code) 1101 Lincolnshire Dr. St. Johns, MI 48879			
21 METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation Other (specify) Burial		22a PLACE OF DISPOSITION (Name of Cemetery Crematory or other place) Resurrection Cemetery		22b LOCATION City or Village State Chicago, Illinois	
23 SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Curtis L. Kyeck</i>		24 LICENSE NUMBER (of license) 3500	25 NAME AND ADDRESS OF FACILITY Osgood Funeral Homes, Inc. 104 E. Cass St. Johns, MI 48879		
26 PART I Enter the diseases, injuries or complications that caused the death. Do NOT enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause for each line. IMMEDIATE CAUSE (final disease or condition resulting in death) Sequently list conditions IF ANY leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.				Approximate Interval Between Onset and Death Days	
a <i>Cerebral Vascular Accident</i> DUE TO (OR AS A CONSEQUENCE OF)					
b <i>Cerebral Embolism</i> DUE TO (OR AS A CONSEQUENCE OF)					
c <i>Severe Chronic obstructive Pulmonary Disease</i> DUE TO (OR AS A CONSEQUENCE OF)					
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I				27a WAS AN AUTOPSY PERFORMED? (Yes or No) No	
				27b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)	
28 ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify) Home		29 WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) NO		30a <input type="checkbox"/> This case reviewed and determined not to be a medical examiner's case (Check one only) <input type="checkbox"/> On the basis of examination and of investigation in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.	
30a In the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>Lars Andersen, D.O.</i>		30b DATE SIGNED (Mo Day Year) 8/22/89		30c TIME OF DEATH 2:50 P M	
30d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		30e PHONOUNCED DEAD (Mo Day Year) ON		30f CASE NUMBER M	
32a NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type or Print) LARS P. ANDERSEN, D.O., SOUTHPOINT MALL ST. JOHNS, MI 48879				32b LICENSE NUMBER 006728	
33a ALL SOURCE FROM NATURAL OR PERMANENT INJURY (Specify)		33b DATE OF INJURY (Mo Day Year)	33c TIME OF INJURY M	33d DESCRIBE HOW INJURY OCCURRED	
33e INJURY AT WORK (Specify Yes or No)		33f PLACE OF INJURY At home farm street factory office building etc. (Specify)		33g LOCATION Street or RFD No City Village or Twp State	
34a REGISTRAR'S SIGNATURE <i>Jane Swanchara</i>			34b DATE FILED (Month Day Year) August 23, 1989		

CERTIFIED COPY OF RECORD BY
COUNTY CLERK

881

STATE OF MICHIGAN } ss.
County of Clinton

Jane Swanchara

Clinton

Clerk of the Circuit Court for the County of Clinton the same being a Court of Record and having a seal, do hereby certify that I have compared the annexed copy of Death Record

with the original record thereof now remaining in my office, and that it is a true and correct transcript therefrom, and of the whole thereof.

In testimony whereof, I have hereunto set my hand and affixed the seal of said Court, at St. Johns, Michigan this 23rd day of August 1989

JANE SWANCHARA

Clerk.

By _____ Deputy Clerk.

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STATE OF ILLINOIS

COUNTY OF COOK

SS.

JOINT TENANCY AFFIDAVIT

Elizabeth A. Pratl, hereinafter referred to as the affiant, states under oath that the affiant resides at 1101 Lincolnshire in the City of St. John Michigan

that the affiant was acquainted with Casimera Lepine, 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 38 in Block 4 in John Bain's Subdivision of the East 1/2 of the East 1/2 of the North West 1/4 of Section 24, Township 38 North, Range 11 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 reservation 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 7, 1975, leaving no/a last will and testament.

That the total value of decedent's estate, including the taxable interest in the above property was \$ 7,000

and that the value of the above property individually was \$ 3,000

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.

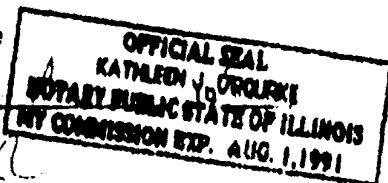
The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold Attorneys' Title Guaranty Fund, Inc. harmless and to reimburse the Fund for all loss, costs, damages, suits, attorney's fees and 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 Casimera Lepine, 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.

Elizabeth A. Pratl (Seal)
Elizabeth A. Pratl (Seal)

Subscribed and Sworn to before me

this 12 day of March



[Signature of Notary Public]

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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Prepared by
+
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Kathleen O'Rourke
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Chicago, IL 60629