

# UNOFFICIAL COPY



ATTORNEYS' TITLE GUARANTY FUND, INC.

STATE OF ILLINOIS )  
COUNTY OF Cook ) SS.

91463444

## JOINT TENANCY AFFIDAVIT

Albert L. Mandro, hereinafter referred to as the affiant, states under oath that the affiant resides at 5741 N. Narragansett in the City of Chicago, Illinois; that the affiant was acquainted with Dorothy B. Mandro, 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:

Lot 3 and the South 1/2 of Lot 4 in Block 5 in Linscott's Ridgeland Avenue Subdivision of the North 1/2 of the South West 1/4 of the North West 1/4 of Section 20, Township 40 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois. C/K/A: 5741 N. Narragansett - Chicago, Ill. / 13-Lo-113-088-Dw

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 April 15, 1990, leaving no/a last will and testament;

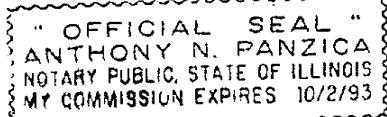
That the total value of decedent's estate, including the taxable interest in the above property was \$ -0- and that the value of the above property individually was \$ -0-.

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 Dorothy B. Mandro, 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.



Albert L. Mandro (Seal)  
Albert L. Mandro  
(Seal)

Subscribed and Sworn to before me  
this 28th day of April, 1991.

Dorothy B. Mandro  
Notary Public

Prepared by:  
ANTHONY N. PANZICA  
Attorney at Law  
3347 W. Irving Park Road  
Chicago, Illinois 60618

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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4449616

McHenry  
County

A. N. Patricia

2349 W. Irving Park  
Chicago, Ill. 60618

✓ S.A.

9146-444

Property of Cook County  
McHenry  
County

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## MEDICAL CERTIFICATE OF DEATH

BU 10

REGISTRATION  
NUMBER

DECEDENT'S NAME 1. DOROTHY	FIRST B.	MIDDLE MANDRO	LAST ALBERT	SEX FEMALE	BIRTHDAY 1936	DATE OF DEATH APRIL 13, 1990
COUNTY OF DEATH 4. COOK CITY, TOWN, TOWNSHIP AND DISTRICT OR MUNICIPALITY 6. CHICAGO	DEATH IN STATE 5a. 55 HOSPITAL	DEATH IN STATE 5b. 5c. HOSPITAL	DEATH IN STATE 5d. 5e. HOSPITAL	DEATH IN STATE 5f. 5g. HOSPITAL	DEATH IN STATE 5h. 5i. HOSPITAL	DEATH IN STATE 5j. 5k. HOSPITAL
7. TEINNESSEE SOCIAL SECURITY NUMBER 10415-50-8839 STATE 13a 3741 N NARRAGANSETT ZIP CODE 13e ILLINOIS 13f. ILLINOIS	6. MARRIED VISUAL OCCUPATION ASSEMBLER	7. ALBERT L. MANDRO NURSE/REGISTERED NURSE DECAL COMPANY	8. ALBERT L. MANDRO NURSE/REGISTERED NURSE DECAL COMPANY	9. ALBERT L. MANDRO NURSE/REGISTERED NURSE DECAL COMPANY	10. ALBERT L. MANDRO NURSE/REGISTERED NURSE DECAL COMPANY	11. ALBERT L. MANDRO NURSE/REGISTERED NURSE DECAL COMPANY
15. FATHER'S NAME INFORMANT'S NAME (If informant) 17a. EDNA SZTUK	16. MOTHER'S NAME DAVIS	16. MOTHER'S NAME MARY	16. MOTHER'S NAME MARY	16. MOTHER'S NAME MC CALLISTER	16. MOTHER'S NAME MARY	16. MOTHER'S NAME MC CALLISTER
18. PART I Immobile Cause of Death resulting in death)	Enter the diseases or complications that caused the death. Check one of the following: Shock, or heart failure, list only one cause on each line Due to other consequence of (a) BRONCHIOGENIC CARCINOMA (b) (c) DUE TO OTHER CONSEQUENCE OF STATING THE UNDERLYING CAUSE LAST PART II. Enter the name of the physician who performed the surgery or procedure MAJOR FINDINGS OF OPERATION 20b. DATE OF OPERATION, IF ANY					
20a. INDIVIDUAL NAMED AS THE DECEASED AND LAST SAW HER ALIVE ON APRIL 13, 1990	NAME OF THE PHYSICIAN/NURSE 21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE ARRIVED FOR CAUSE(S) STATED 22a. SIGNATURE NAME AND ADDRESS OF CERTIFIED 22c. CHESTER GRUSZKA, M.D. NAME OF ATTENDING PHYSICIAN/OTHER THAN CERTIFIER					
24a. BURIAL FUNERAL HOME 25a. FUNERAL DIRECTOR'S SIGNATURE 25b. LOCAL REGISTRAR'S SIGNATURE 25c. VITRO (Rev. 5/91)	LOCATION 24b. ST. ADALBERT NAME 24c. HOMECOMING 24d. OAK PARK 24e. C. MELLY 24f. MARY ANN MELLY 24g. MARY ANN MELLY	CITY OR TOWN ILLINOIS STREET ADDRESS/PO BOX 3440 N. CENTRAL AVENUE	STATE ILLINOIS CITY OR TOWN CHICAGO STATE ILLINOIS	DATE APRIL 17, 1990 STATE ILLINOIS DATE APRIL 17, 1990 STATE ILLINOIS DATE APRIL 15, 1990 STATE ILLINOIS		
23. BURIAL, CREMATION, REMOVAL/SHIP TO 24a. BURIAL FUNERAL HOME 25a. FUNERAL DIRECTOR'S SIGNATURE 25b. LOCAL REGISTRAR'S SIGNATURE 25c. VITRO (Rev. 5/91)	CEMETERY OR CREMATORIUM, NAME 24b. ST. ADALBERT NAME 24c. HOMECOMING 24d. OAK PARK 24e. C. MELLY 24f. MARY ANN MELLY 24g. MARY ANN MELLY	LOCATION 24b. ST. ADALBERT NAME 24c. HOMECOMING 24d. OAK PARK 24e. C. MELLY 24f. MARY ANN MELLY 24g. MARY ANN MELLY	CITY OR TOWN ILLINOIS STREET ADDRESS/PO BOX 3440 N. CENTRAL AVENUE	STATE ILLINOIS CITY OR TOWN CHICAGO STATE ILLINOIS DATE APRIL 17, 1990 STATE ILLINOIS DATE APRIL 15, 1990 STATE ILLINOIS		

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

25d. DATE OF CONFIRMATION OF CREMATION/SHIPMENT APRIL 15, 1990	25e. DATE OF CONFIRMATION OF BURIAL APRIL 15, 1990
26a. DATE OF CONFIRMATION OF BURIAL APRIL 17, 1990	26b. DATE OF CONFIRMATION OF BURIAL APRIL 17, 1990
26c. DATE OF CONFIRMATION OF BURIAL APRIL 17, 1990	26d. DATE OF CONFIRMATION OF BURIAL APRIL 17, 1990
26e. DATE OF CONFIRMATION OF BURIAL APRIL 17, 1990	26f. DATE OF CONFIRMATION OF BURIAL APRIL 17, 1990

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