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ATTORNEYS' TITLE GUARANTY FUND, INC.

91087647

STATE OF ILLINOIS)
COUNTY OF Cook) SS.

DEPT-01 RECORDING \$13.29
T#1111 TRAN 8663 02/26/91 11:41:00
48006 # A *-91-087647
COOK COUNTY RECORDER

JOINT TENANCY AFFIDAVIT

Mary Filippelli, hereinafter referred to as the affiant, states under oath that the affiant resides at 1119 Fulton Dr. in the City of Streamwood, Illinois; that the affiant was acquainted with Dolores Boenzi, 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 62 (except the South 40.29 Feet thereof) as measured along the East and West lines thereof of that part Bellaire Manor Unit No. 2 being a subdivision in that part of the East 1/2 of Section 27, Township 41 North, Range 9, East of the Third Principal Meridian, in Cook County, Illinois.
C/K/A: 1119 Fulton Dr. - Streamwood, IL. PIN # 06-27-407-001-0000

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 3-20-90, leaving no ~~last~~ will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 90,000.00, and that the value of the above property individually was \$ 45,000.00.

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.

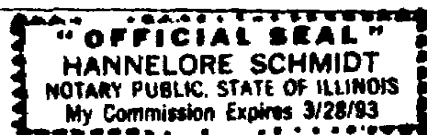
The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold Attorneys' Title Guaranty Fund, Inc. harmless and to reimburse the Fund for all loss, costs, damages, suits, attorney's fees and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

Mary Filippelli (Seal)
Mary Filippelli (Seal)

Subscribed and Sworn to before me this 22 day of February, 1991.

Hannelore Schmidt
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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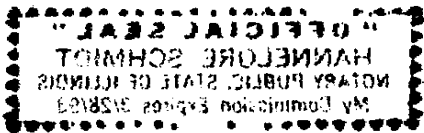
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Property of Cook County Clerk's Office

Memo to
Anthony N. Parzica
334 N. Irving Park
Ch. Ill. 60618

RECEIVED

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DATE FEB 14 1991

At Cook County Department of Public Health 016
 1500 S. Myklook Drive
 Maywood, Illinois 60154
 Official Title Deputy Registrar

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, marriages and deaths.

SIGNED *William McHenry*

REGISTRATION DISTRICT NO. 160	REGISTERED NUMBER	DECEASED-NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH	MONTH	DAY	YEAR
		COOK	Boles		Boenzi	Female	March 18, 1929	3	18	1929
COUNTY OF DEATH	CITY TOWN TWP OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN BETWEEN ONE STREET AND NUMBER)	AGE-LAST BIRTHDAY (MRS)	UNDER 1 YEAR (MOS)	UNDER 1 DAY (HOURS)	DATE OF BIRTH (MONTH, DAY, YEAR)				
COOK	1121 Fulton Drive	Humana	58 61	50	50	March 18, 1929				
8a. HOME-AGE (CITY AND STATE OR HOME COUNTRY)	8b. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	8c. RICHARD BOENZI								
Chicago, Ill.	8a. MARRIED									
9. SOCIAL SECURITY NUMBER	10. RESIDENCE (STREET AND NUMBER)	11a. HOUSEWIFE	11b. AT HOME	12. EDUCATION (SCHOOL OR COLLEGE)	13a. INSIDE CITY (YES/NO)	13b. COUNTY				
345-22-7245	1121 Fulton Drive	Streamwood	At Home	12	Yes	COOK				
13a. ILLINOIS	13b. STATE	14a. RACE (WHITE, BLACK, AMERICAN INDIAN, PACIFIC ISLANDER, OTHER)	14b. WHITE	15. FATHER-NAME	16. MOTHER-NAME	17. MARY FORESTO				
Illinois	Illinois	White	Benjamin	Philippelli						
15. INFORMANT'S NAME (TYPE OR PRINT)	16. RELATIVE (S/P)	17. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)								
Richard Boenzi	Husband	1121 Fulton Drive, Streamwood								
17a. PART I. Enter the occupation, or occupations, last engaged in, date, in, duration, and the mode of dying, such as cardiac or respiratory arrest, or other cause of death.	(a) Cardiac respiratory arrest (b) Sudden (c) Unknown cause									
17b. PART II. Enter symptoms (including conditions) immediately preceding death and the underlying cause given in PART I.										
20a. DATE OF OPERATION, IF ANY	20b. MAJOR FINDINGS OF OPERATION	20c. WAS CONCORDED FOR MEDICAL EXAMINER NOTIFIED? (YES/NO)	20d. IF FEMALE, WAS THERE ANEUPLOIDY IN PAST THREE MONTHS? (YES/NO)	20e. HOURS OF DEATH	20f. DATE SIGNED	20g. ILLINOIS LICENSE NUMBER				
		Yes	No	8:25 P M	3-21-90	036-05-5766				
21a. TO THE BEST OF MY KNOWLEDGE, WHETHER OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED										
22a. SIGNATURE OF CERTIFIER	22b. NAME AND ADDRESS OF CERTIFIER	22c. HOEFMAN ESTATES, ILLINOIS								
<i>William McHenry</i>	Allen Saxon M.D., 1786 Moon Lake Blvd.									
23. BURIAL CREATION	23a. CEMETERY OR CREMATORY-NAME	23b. LOCATION	23c. CITY OR TOWN	23d. STATE						
Queen of Heaven	Queen of Heaven	Hillside	Hillside	Illinois						
24a. FUNERAL HOME	24b. STREET AND NUMBER OR R.F.D.	24c. CITY OR TOWN	24d. STATE							
Ahlarim & Sons	330 W. Golf Rd.	Schaumburg	Illinois							
25a. FUNERAL DIRECTOR'S SIGNATURE	25b. FUNERAL DIRECTOR'S LICENSE NUMBER	25c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)								
<i>William McHenry</i>	5050	March 22, 1990								
26a. LOCAL REGISTRAR'S SIGNATURE	26b. REGISTRAR	26c. DATE OF BIRTH (MONTH, DAY, YEAR)								
<i>William McHenry</i>	280	March 22, 1990								

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