

2 6 3 2 6 3 9



MAIL TO
E. M. RUCK
3350 N. ORANGE
CHGO # 60634

STATE OF ILLINOIS
COUNTY OF COOK SS.

JOINT TENANCY AFFIDAVIT **92632639**

EMILY M. RUCK, hereinafter referred to as the affiant, states under oath that the affiant resides at 3350 N. ORANGE, in the City of CHGO, Illinois.

that the affiant was acquainted with HENRY G. RUCK, 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 TWO IN BLOCK FIVE IN JOHN G. RUTHERFORD'S FOURTH ADDITION TO MONT CLARE, BEING A SUBDIVISION OF THE WEST HALF OF THE WEST HALF OF THE SOUTH WEST FRACTIONAL QUARTER OF FRACTIONAL SECTION 24, TOWNSHIP FORTY NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILL.

That the decedent retained any remainder interest in possession

12 24 317 020 0000

That the decedent

3350 N. ORANGE, CHGO, ILL. 60634

That the total value of decedent's estate, including

92632639

and that the value of the above property individually was \$ 50,000.00

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 HENRY G. RUCK, 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.

DEFI-01 REGISTRATION
6885259-26-4
6885259-26-4

X Emily Ruck (Seal)
EMILY M. RUCK (Seal)

Subscribed and Sworn to before me

this 17 day of AUGUST, 19 92
[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.

[Signature]

92632639

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Property of Cook County Clerk's Office

61926976

UNOFFICIAL COPY

FUND FORM 307
STATE REV. 1/80

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.

Handwritten signature/initials

Subscribed and Sworn to before me
this 17 day of AUGUST, 19 92
Notary Public
Handwritten signature

RECORDED
DEPT-01 RECORDINGS \$23.50
00:40:13:12687 08/26/92 13:04:41
T#77777 TRAN 2687 08/26/92 13:04:41
86594 * - 92 - 632639
COOK COUNTY RECORDER

EMILY M. RUCK
Handwritten signature
(Seal)
(Seal)

- 1) Claims against the estate of HENRY G. RUCK, 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.

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The affiant hereby covenants and agrees, for himself/herself/herselves, 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:

and that the value of the above property individually was \$ 50,000.00

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 total value of decedent's estate, including the taxable interest in the above property was \$ 50,000.00

That the decedent died on 7/16/92, leaving no last will and testament.

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.

located in _____
that the affiant was _____
the decedent was _____
at _____
Illinois.
it resides _____
of death _____
property _____

JOINT TENANCY AFFIDAVIT



STATE OF ILLINOIS
COUNTY OF COOK
SS

Attorneys' Title Guaranty Fund, Inc.
9 2 6 3 2 0 3

MAIL TO

E. M. RUCK
3350 N ORANGE
Chicago IL 60634

632632639

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61-26233-6

Property of Cook County Clerk's Office

92632659

STATE OF ILLINOIS

REGISTRATION DISTRICT NO: **10**
REGISTERED NUMBER

MEDICAL CERTIFICATE OF DEATH

613021

JUL 17 1992

DECEASED-NAME Henry Ruck		MIDDLE Henry		LAST Ruck		SEX Male		DATE OF DEATH (MONTH DAY YEAR) July 16, 1992	
COUNTY OF DEATH Cook		AGE-LAST BIRTHDAY (YRS) 80		UNDER 1 YEAR 56		UNDER 1 DAY 56		DATE OF BIRTH (MONTH DAY YEAR) May 1, 1912	
CITY, TOWN TWP OR ROAD DISTRICT NUMBER Chicago		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		NAME OF SURVIVING SPOUSE (MOTHER NAME IF WIFE) Emily Ruck Frydrych		HOSPITAL OR OTHER INSTITUTION - NAME IF NOT IN OTHER (ONE STREET AND NUMBER) Belmont Community Hospital		IF HOSP OR INST INDICATE DOA OF THE (1) OR STATE (2) (SPECIFY) Inpatient	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Illinois		SOCIAL SECURITY NUMBER 345-10-3351		INDUS/OCCUPATION TOOL & DYE MAKER		EDUCATION (SPECIFY YEAR, HIGHEST GRADE COMPLETED) 8		WAS DECEASED EVER IN U.S. ARMY (SPACE 5) - (YES NO) NO	
RESIDENCE (STREET AND NUMBER) 3350 N. Orange		CITY, TOWN, TWP, OR ROAD DISTRICT NO Chicago		INSIDE CITY (YES NO) Yes		COUNTY Cook			
STATE Illinois		RACE (WHITE, BLACK, AMERICAN INDIAN OR (SPECIFY)) White		OF HISPANIC ORIGIN? (SPECIFY) (YES NO) NO		CITY OR TOWN (STATE) Chicago			
FATHER-NAME FIRST MIDDLE LAST HENRY RUCK		MOTHER-NAME FIRST MIDDLE LAST ROSE		RELATIONSHIP Wife		MAILING ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN (STATE)) 174058 W. Melrose St.			
15. REFORMANT'S NAME (TYPE OR PRINT) Edwarda Diaz		16. (MOTHER) LAST THOME		17a. Edwarda Diaz		17b. 174058 W. Melrose St.		17c. 19	
18 PART I		19. IMMEDIATE CAUSE (Final diagnosis or condition resulting in death) (a) Cerebral Thrombosis		20. DUE TO OR AS CONSEQUENCE OF (b) Advanced Arteriosclerosis		21. STATING THE UNDERLYING CAUSE LAST (c)		22. 12 Hours	
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in PART I		23. DATE OF OPERATION, IF ANY Acute Congestive Heart Failure		24. MAJOR FINDINGS OF OPERATION July 16, 1992		25. AUTOPSY (YES/NO) NO		26. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO	
20a. (DO NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON July 16, 1992		20b. (MONTH DAY YEAR)		20c. (MONTH DAY YEAR)		20d. (MONTH DAY YEAR)		20e. (MONTH DAY YEAR)	
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED Elmwood Park, Ill. 60635		21b. (CITY OR TOWN)		21c. (STATE)		21d. (CITY OR TOWN)		21e. (STATE)	
22a. SIGNATURE George Jacoby		22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) George Jacoby, M.D. 7703 W. Belmont		22c. ILLINOIS LICENSE NUMBER 036-031245		22d. DATE SIGNED 7-17-92		22e. ILLINOIS LICENSE NUMBER 036-031245	
22f. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		22g. (TYPE OR PRINT)		22h. (TYPE OR PRINT)		22i. (TYPE OR PRINT)		22j. (TYPE OR PRINT)	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		23a. CEMETERY OR CREMATORY - NAME ST. JOSEPH		23b. LOCATION RIVER GROVE, ILLINOIS		23c. CITY OR TOWN RIVER GROVE, ILLINOIS		23d. STATE ILLINOIS	
23e. FUNERAL HOME SCHIELKA ADDISON STREET FUNERAL HOME, LTD., 7710 W. ADDISON ST., CHICAGO, IL 60634		23f. STREET AND NUMBER OR R.F.D. 7710 W. ADDISON ST., CHICAGO, IL 60634		23g. CITY OR TOWN CHICAGO, IL		23h. STATE ILLINOIS		23i. DATE (MONTH DAY YEAR) JULY 20, 1992	
24. LOCAL HEALTH OFFICIAL'S SIGNATURE Robert E. Schielka		24a. (TYPE OR PRINT)		24b. (TYPE OR PRINT)		24c. (TYPE OR PRINT)		24d. (TYPE OR PRINT)	
24e. LOCAL HEALTH OFFICIAL'S SIGNATURE Robert E. Schielka, M.D.		24f. (TYPE OR PRINT)		24g. (TYPE OR PRINT)		24h. (TYPE OR PRINT)		24i. (TYPE OR PRINT)	
24j. (TYPE OR PRINT)		24k. (TYPE OR PRINT)		24l. (TYPE OR PRINT)		24m. (TYPE OR PRINT)		24n. (TYPE OR PRINT)	

I, VIRGINIA L. PARKER, M.P.A. ACTING LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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