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ATTORNEYS' TITLE GUARANTY FUND, INC.

STATE OF ILLINOIS
COUNTY OF Cook

} SS.

92735553

DEPT-11 RECORD TOR \$23.50
T#1111 TRAN 7761 10/02/92 14:28:00
#9336 # *92-735553
COOK COUNTY RECORDER

JOINT TENANCY AFFIDAVIT

Lorraine Stetter, hereinafter referred to as the affiant, states under oath that the affiant resides at 4847 W. Greenwood in the City of Merridale, Illinois; that the affiant was acquainted with Willibey Stetter, 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:

That part of Lot 16, lying north of a line drawn from a point on the West line of said Lot 16, 4.0 feet South of the Northwest corner of said lot, to a point on the east line of said Lot 16, 0.15 feet South of the Northeast corner of said Lot 17 (except the North 10 feet thereof) in Block 6 in Cumberland and Lawrence, being a George Gauntlett's Subdivision of the Southeast 1/4 of the Southwest 1/4 of Section 11, Township 40 North, Range 12, 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 4/19/90, leaving no last will and testament;

PATN. 12-11-307-019

That the total value of decedent's estate, including the taxable interest in the above property was \$150,000.00, and that the value of the above property individually was \$150,000.00.

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 Willibey Stetter, 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.

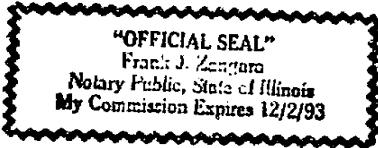
92735553

Commonly known as

4847 W. Greenwood,
Merridale, IL

Subscribed and Sworn to before me
this 1st day of October, 1992.

Frank J. Zanagna
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.

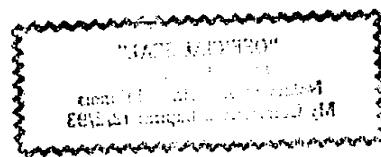
A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

Frank J. Zanagna
430 E. Northwest Hwy.
Waukegan, IL 60086

7350

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REGISTRATION NUMBER	<i>6. C.</i>
REGISTERED NUMBER	

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE
NUMBER

DECEASED-NAME	FIRST WILBUR	MIDDLE O.	LAST STETTLER	SEX 2. MALE	DATE OF DEATH 3 APRIL 09 , 1990	MONTH DAY YEAR
COUNTY OF DEATH	AGE- LAST BIRTHDAY (YRS) SA. 75		UNDER 1 YEAR MOS. 5D.	UNDER 1 DAY DAYS 5C.	DATE OF BIRTH MONTH DAY YEAR NO. AUGUST 2 , 1914	
4 COOK CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION-NAME IF NOT WHETHER GAVE STREET AND NUMBER 63 PARK RIDGE					
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	LUTHERAN GENERAL NAME OF SURVIVING SPOUSE IN THE NAME OF WIFE: MR. LORRAINE STETTLER					
7 CHICAGO, ILLINOIS	NAME OF BUSINESS OR INDUSTRY AD. 104 LINSKI					
SOCIAL SECURITY NUMBER	EDUCATION, SPECIFY ONLY HIGHEST GRADE COMPLETED KIND OF BUSINESS OR INDUSTRY AD. 104 LINSKI					
10. 347-05-6357 RESIDENCE (STREET AND NUMBER)	11a. CARPENTER		11b. NEWSPAPER	12. INSIDE CITY YES NO. YES	12. INSIDE CITY YES NO. YES	COUNTY
STATE 13a. ILLINOIS	ZIP CODE 131.	PLACE OF BIRTH, BLACK AMERICAN INDIAN OR HISPANIC WHITE LAST	NORRIDGE	13c. SPECIFY IF SPANISH ORIGIN? YES SPECIFY CUBAN MEXICAN PUERTO RICAN YES NO MOTHER-MALE FIRST MIDDLE LAST	13d. COOK	
FATHER-NAME 15 JOHN	STETTLER		16. LILLIAN	MAILING ADDRESS IS STREET AND GRAFF ID. CITY TOWN STATE ZIP		
17a. LORRAINE STETTLER	RELATIVES HI. 17b. WIFE	17c. 4847 N. GREENWOOD NORRIDGE, IL 60650				
PART I: Enter the following information concerning the deceased. Do not enter the cause of death in this section. Enter the cause of death in Part II.						
Immediate Cause (Final resulting or closest) (a) MYOCARDIAL INFARCTION DUE TO, OR AS A CONSEQUENCE OF (b) CORONARY ARTERY DISEASE DUE TO, OR AS A CONSEQUENCE OF (c)						
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST						
PART II: Give specific information concerning the underlying cause of death in Part I.						
DATE OF OPERATION, IF ANY	MAJOR INDICATIONS OF OPERATION 20b. DID NOT ATTEND THE DECEASED MONTH DAY YEAR 21a. AND LAST SAW HIM HER ALIVE ON 2. / 9 / 90 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DURATION BECAUSE STATED 22a. SIGNATURE NAME AND ADDRESS OF CEMETERY 22c. THOMAS J. KAVLOVIC M.D. NAME OF ATTENDING PHYSICIAN OTHER THAN CERTIFIER TYPE OF PRACTICE					
BURIAL CREMATION, REMOVAL SPEC.	CEMETERY OR CREMATORIUM-NAME 24b. CREMATION SERVICES STREET AND NUMBER OR AP. #					
24c. CREMATION FIRM/NAME	LOCATION CITY OR TOWN STATE 24c. ROSENONT, ILLINOIS CT. OR TOWN STATE					
25a. CUMBERLAND CHAPELS, 8300 W. LAWRENCE, NORRIDGE, IL 60656 FUNERAL DIRECTOR'S SIGNATURE 25b. LOCAL REGISTRAR'S SIGNATURE KAREN L. SCOTT, R.D. REGISTRAR VERDUE APR 1 1990						
25c. DATE FUNERAL LOCAL REGISTRATION MONTH YEAR 12 APRIL 12, 1990 26b. DATE BASED ON 1980 U.S. STANDARD CERTIFICATE 12 APRIL 12, 1990						

I 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, stillbirths and deaths.

DATE

APR 11 1990

92735553

SIGNED

Patricia McCarron

At Cook County Department of Public Health

1500 S. Maybrook Drive - Maywood, Illinois 60154

Official Title Deputy Registrar

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