

# UNOFFICIAL COPY



Attorneys' National Title Network, Inc.  
29 South LaSalle Street • Suite 905 • Chicago, IL 60603 • 312-407-0320

STATE OF ILLINOIS

COUNTY OF COOK

SS.

## JOINT TENANCY AFFIDAVIT

Elvera Fleck, hereinafter referred to as the affiant, states under oath that the affiant resides at 7821 Suburban Lane in the City of Bridgely, Illinois; that the affiant was acquainted with Walter J. Munson, 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:

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 February 17, 1992, leaving no/a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 125,000.00

and that the value of the above property individually was \$ 96,000.00

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 INSURANCE 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 INSURANCE 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 Walter J. Munson, 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.

92819119

Elvera Fleck (Seal)  
Elvera Fleck

(Seal)

Subscribed and Sworn to before me

this 9th day of September, 1992.

Joan C. Western  
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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Property of Cook County Clerk's Office

92819419

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I HEREBY CERTIFY THAT THE FOREGOING IS A 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, AT BIRTHS AND DEATHS.

Date February 13, 1992

Signed [Signature]

At Cook County Department of Public Health Official Title Chief Deputy Registrar  
1500 S. Maybrook Drive, Maywood, Illinois 60153

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DEPT-11 RECORD T. #23.00  
T#3333 TRAN 7567 11/03/92 16145100  
#3106 + \* -92-819419  
COOK COUNTY RECORDER

## MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

Case 250 February 1992

REGISTRATION NO. <u>160</u>	DISTRICT NO. <u>160</u>	REGISTERED NUMBER	DECEASED NAME <b>WALTER</b>
FIRST NAME <b>Walter</b>		MIDDLE NAME <b>Munson</b>	
LAST NAME <b>Munson</b>		SEX <b>male</b>	
DATE OF BIRTH <b>February 20, 1919</b>		DATE OF DEATH <b>February 13, 1992</b>	

COUNTY OF DEATH <b>COOK</b>	AGE - LAST BIRTHDAY <b>72</b>
CITY TOWN TWP OR ROAD DISTRICT NUMBER <b>OAK LAWN</b>	HOSPITAL OR OTHER INSTITUTION NAME OF NOT BORN IN STATE AND NUMBER <b>CHRIST</b>
BIRTHPLACE CITY AND STATE OR FOREIGN BIRTHPLACE <b>CHICAGO, IL.</b>	NAME OF SURVIVING SPOUSE (LAST NAME & AGE) <b>NONE</b>
SOCIAL SECURITY NUMBER <b>324-12-4846</b>	KIND OF BUSINESS OR INDUSTRY <b>NO</b>
RESIDENCE STREET AND NUMBER <b>5120 W. 79TH STREET</b>	EDUCATION (SPECIAL TRAINING OR OTHER) <b>10</b>
CITY TOWN OR ROAD DISTRICT NO. <b>BURBANK</b>	RESIDE CITY <b>YES</b>
STATE <b>ILLINOIS</b>	COUNTY <b>COOK</b>

FATHER-NAME <b>SWAN</b>	MOTHER-NAME <b>MARY</b>
RELATIONSHIP <b>SISTER</b>	DATE OF BIRTH <b>5120 W. 79TH ST. BURBANK, IL. 60459</b>

DECEASED'S NAME (LAST, FIRST, MIDDLE) <b>ELVERA FLECK</b>	RELATIONSHIP <b>SISTER</b>
DATE OF BIRTH <b>172</b>	DATE OF DEATH <b>5120 W. 79TH ST. BURBANK, IL. 60459</b>

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH AS A CONSEQUENCE OF

**Arteriosclerotic Cardiovascular Disease**

PART II: OTHER SPECIFIC INFORMATION TO BE FURNISHED BY THE REGISTRAR

NATIONAL ACCIDENT-RELATED INVESTIGATION NUMBER: **NO**

DATE OF INQUIRY: **NO**

HOW INQUIRY OCCURRED: **NO**

THE DECEDENT WAS PROHIBITED FROM DRIVING ON FEBRUARY 13, 1992 AT 11:17 AM

DECEASED'S NAME: **Nancy Jones M.D.**

DATE SIGNED: **FEBRUARY 13, 1992**

ROBERT J. SHEEHAN & SONS FUNERAL HOME 4950 W. 79TH ST. BURBANK, IL 60459

DATE OF BIRTH: **FEBRUARY 17, 1992**

YACER, L. SCOTT, M.D.

Box 392

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11/11/2011

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