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STATE OF ILLINOIS

COUNTY OF

COOK

SS.

92313987

JOINT TENANCY AFFIDAVIT

SANDRA BAHAN

, hereinafter referred to as the affiant, states under oath that the affiant resides

at 9612 Central Ave,in the City of Garden Grove, California, Illinois

that the affiant was acquainted with Ann Simpson, 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:

See attached for legal description

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 October 31, 1965, leaving ~~no~~/a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 40,000.00,

and that the value of the above property individually was \$ 20,000.00.

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:

92313987

- 1) Claims against the estate of Ann Simpson, 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.

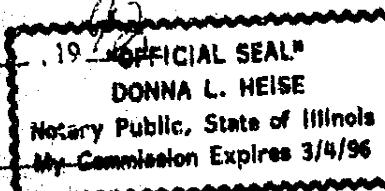
Sandra Bahan (Seal)

(Seal)

SANDRA BAHAN

(Seal)

Subscribed and Sworn to before me

this 30th day of AprilDonna L. Heise
Notary Public

DEPT-01 RECORDING \$25.50
T#4444 TRAN 8499 05/07/92 14:52:00
\$9950 + D # -92-313987
COOK COUNTY RECORDER

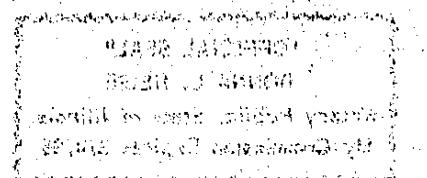
Note: If the decedent left a will, it will be necessary that the original or a certified copy thereof be presented to us for inspection.
A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

2550

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SECRET

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Legal Description

Lot 30 in Block 4 in Walter G. McIntosh' Norwood Heights, a Subdivision of Lot 5 and 6 in County Clerk's Division of the North West quarter and the West half of the North East quarter (except the North 4.25 chains of said West half of the North East Quarter of Section 7, Township 40 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

P.I.N 13-07-108-043

Commonly known as 6820 West Higgins Road, Chicago, Illinois



92313987

Prepared by and Mail to:
Vincent Sansonetti & Associates, Ltd.
8303 West Higgins Road
Chicago, IL 60631

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Full No Name Registered or Unregistered
STATE OF ILLINOIS

W.M. NO. 2

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STATE OF ILLINOIS

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DECEMBER 17, 1963

STATE OF ILLINOIS
COUNTY OF COOK }
CITY OF CHICAGO }

I, Samuel L. Adelman, M.D., 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 of 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
Only When Original BLUE

Are Affected

Dr. C. F. D. Goldsmith

**THE ALMIGHTY
LAW OF KUOMINTANG**

VS A P 200—BUREAU OF STATISTICS—ILLINOIS DEPARTMENT OF PUBLIC HEALTH

MEDICAL CERTIFICATE OF DEATH REGISTRATION NO. 16-10 REGISTRATION NO. 15056											
1. PLACE OF DEATH a. STATE ILLINOIS		b. COUNTY COOK		c. CITY, TOWNSHIP, OR INDEPENDENT TOWN CHICAGO							
d. INSIDE or outside County and in City, Village, or Incorporated Town Chicago											
e. INSIDE or outside County and in City, Village, or Incorporated Town Chicago											
f. NAME OF HOSPITAL OR INSTITUTION St. Anne's Hospital		g. ADDRESS B.O.D.		h. RESIDENCE ADDRESS (Block & No., or P.D. and Post Office) 6820 W. Higgins Rd. Chicago, Illinois							
i. If not in Hospital or Institution, give Street & No. Name of residence											
j. NAME OF DECLARANT Ann		k. RELATIONSHIP Daughter		l. DATE OF DEATH July 30, 1963		m. DATE OF DEATH July 30, 1963		n. Date death made on a patient 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>			
o. SEX Female		p. MARRIED STATUS Married		q. DATE OF BIRTH July 30, 1906		r. AGE 57		s. DEATH Cause of death Vascular Disease			
t. US. usual OCCUPATION Operator		u. INDUSTRY Telephone Co.		v. PLACE OF BIRTH Chicago, Illinois		w. PLACE OF DEATH Chicago, Illinois		x. Cause of death Vascular Disease			
x. FATHER'S FULL NAME Josef Novak		y. SOCIAL SECURITY NUMBER 318-03-3783		z. MOTHER'S FULL NAME Bernice Jurgack		aa. SIGNATURE J. Novak		bb. INFORMATION Relationship to deceased Daughter			
cc. MEDICAL CAUSE OF DEATH PART OF BRAIN WAS CAUSED BY EMBOLISM FROM THE CROWN AND SCALP AND CAUSE OF DEATH UNCONTROLLABLE		dd. ADDRESS 6820 W. Higgins Rd.		ee. AUTOPSY No		ff. AUTOPSY No		gg. OTHER No			
hh. CERTIFICATION I certify that I am satisfied with the information contained in this death certificate and that it is true to the best of my knowledge and belief. Signature: <i>J. Novak</i> M.D. Address: 6426 W. Higgins Rd. Chicago, Illinois Location: Acacia Park Date: NOV 1 1963 Signed by <i>J. Novak</i>											
jj. FURNITURE DIRECTOR Signature: <i>H. Klemmer</i> Address: 3657 Halsted Ave. Staten Funeral Home Phone: 290-2922											

BOARD OF HEALTH - CITY OF CHICAGO

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