

UNOFFICIAL COPY

93570955



Attorneys' Title Guaranty Fund, Inc.

93570955

STATE OF ILLINOIS

COUNTY OF _____



JOINT TENANCY AFFIDAVIT

To: *Vivian Reitman*
Mortgage Company
5231 North Mayfield
Blk #2, Rm 200
Chicago, IL 60625

Vivian Reitman, hereinafter referred to as the affiant, states under oath that the affiant resides at 10373 Dearlove Road in the City of Glenview, Illinois, that the affiant was acquainted with David Reitman, 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

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 March 27, 1993, leaving no~~M~~ last will and testament;

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

and that the value of the above property individually was \$ _____.

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 _____, 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.

Vivian L. Reitman 15.53
(Seal)

AN/1

(Seal)

Subscribed and Sworn to before me

this _____ day of _____, 19 _____.

DEPT-01 RECORDING \$25.50
T#5555 TRAN 7114 07/22/93 14:23:00
#7417 : *-923-570955
COOK COUNTY RECORDER

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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PARCEL 1:

UNIT 6-108 IN THE REGENCY CONDOMINIUM NUMBER 3 AS DELINEATED ON A SURVEY OF PART OF THE WEST 30 ACRES OF THE SOUTH WEST 1/4 OF THE SOUTH EAST 1/4 OF SECTION 32, TOWNSHIP 42 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT 'D' TO THE DECLARATION OF CONDOMINIUM REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS AS DOCUMENT LR3193559, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, AS SET FORTH IN SAID DECLARATION, AS AMENDED FROM TIME TO TIME, IN COOK COUNTY, ILLINOIS.

PARCEL 2:

EASEMENTS APPURtenant TO AND FOR THE BENEFIT OF PARCEL 1 AS SET FORTH IN DECLARATION REGISTERED AS DOCUMENT LR3112422, AS AMENDED FROM TIME TO TIME, AND AS CREATED BY MORTGAGE FROM THE NATIONAL BANK OF AUSTIN, AS TRUSTEE UNDER TRUST AGREEMENT DATED AUGUST 21, 1968 AND KNOWN AS TRUST NUMBER 4600 TO UNION NATIONAL BANK AND TRUST COMPANY OF ELGIN REGISTERED AS DOCUMENT LR3568014 FOR INGRESS AND EGRESS, ALL IN COOK COUNTY, ILLINOIS.

04-32-402-062-1008

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STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

6-05815

REGISTRATION DISTRICT NO.	10
REGISTERED NAME NUMBER	
DECEDENT NAME	

FIRST	MIDDLE	LAST	SEX	DATE OF DEATH MONTH DAY YEAR
David		Reitman	Male	3 March 27, 1993
COUNTY OF DEATH	AGE - LAST BIRTHDAY (MOS. DAYS)	UNDER 1 DAY	DATE OF BIRTH MONTH DAY YEAR	
7 Chicago, IL	67	50	July 15, 1925	
SOCIAL SECURITY NUMBER	HOSPITAL OR OTHER INSTITUTION NAME IF NOT INTELLER CITY STREET AND NUMBER	50		
10 336-12-1845	Ravenswood Hospital Medical Center			
RESIDENCE STREET AND NUMBER	NAME OF SURVIVING SPOUSE (MATERIAL NAME IF NOT INTELLER)			
13a. 10373 Dearlove	6b. Vivian Kominsky			
BIRTHPLACE STATE AND CITY FOR ALL CHILDREN	MARRIED NEVER MARRIED WOEDDED DIVORCED SEP. (M)	NAME OF BUSINESS OR INDUSTRY	EDUCATION SPEC. ONE YEAR GRADE COMPLETED	
7 Chicago, IL	Ba. Married	8b. Furniture	Elementary School	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION SPEC. ONE YEAR GRADE COMPLETED	
11a. Sales	11b. Furniture	12	Elementary School	
RESIDENCE STREET AND NUMBER	CITY TOWN TWP OR ROAD DISTRICT TWO	INSIDE CITY COUNTY	EDUCATION SPEC. ONE YEAR GRADE COMPLETED	
13a. 131. Illinois	130. Glenview	13c. YES	Elementary School	
STATE ZIP CODE	PLACE (WHITE BLACK ASIAN INDIAN ETC.)	OF HISPANIC ORIGIN? SPECIFY NO COYES IF YES SPECIFY CUBAN MEXICAN PUERTO RICAN ETC.	EDUCATION SPEC. ONE YEAR GRADE COMPLETED	
13b. 60025	14a. white	14b. NO	Elementary School	
FATHER'S NAME FIRST MIDDLE LAST	MOTHER'S NAME FIRST MIDDLE	RELATIONSHIP	EDUCATION SPEC. ONE YEAR GRADE COMPLETED	
15. Harry	16. Roe	17c. YES	Elementary School	
16. Vivian Reitman		17d. SPOUSE	NAME ADDRESS STREET AND CITY OR TOWNSHIP	
IMMORTANT NAME, TYPE OR PRINT			IL 60025	
17a. Vivian Reitman			Friedman	
IMMORTANT NAME, TYPE OR PRINT				
18 PART I				
Intermediate Cause Final disease or condition resulting in death)	(a) Due to or as a consequence of diseases or health factors. List only one cause on each line.			
	(b) Due to or as a consequence of other significant conditions contributing to death but not resulting in underlying cause of death.			
	(c) Due to or as a consequence of stating the underlying cause last			
PART II Other significant conditions contributing to death but not resulting in underlying cause of death				
DATE OF OPERATION IF ANY	MAJOR FINDINGS OF OPERATION	AUTOPSY YES/NO	NOTE IF AUTOPSY WAS DONE AND IF NOT DEATH BY CERTAIN CAUSE WAS NOT DETERMINED	
20a. TO WHOM ATTENDED THE DECEASED AND LAST SAW HIM HER ALIVE ON	20b. MONTH DAY YEAR	21c. AUTOPSY YES/NO	NOTE IF AUTOPSY WAS DONE AND IF NOT DEATH BY CERTAIN CAUSE WAS NOT DETERMINED	
21a. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME AND PLACE AND TO THE CAUSE(S) STATED	3/27/93	21d. NO	NOTE IF AUTOPSY WAS DONE AND IF NOT DEATH BY CERTAIN CAUSE WAS NOT DETERMINED	
22a. SIGNATURE □ Carl V. Boyer, M.D.	22b. DATE SIGNED 3/28/93	22c. ILLINOIS LICENSE NUMBER 036-080998	22d. DATE 4:35 P.M.	
NAME AND ADDRESS OF CERTIFIER			22e. ILLINOIS LICENSE NUMBER	
22e. Carl V. Boyer, M.D. 711 W North Ave Chicago, IL 60610			22f. DATE 3/30/93	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER			22g. DATE 3/30/93	
23. BURIAL Cremation, Removal Specimen, Burial	24b. Cemetery or Crematory Name Shalom Memorial Park	LOCATION 24c. City or Town Palatine	STATE Illinois	24d. DATE 3/30/93
24a. FURNERAL HOME	NAME			
25a. Weinstein Brothers Chapel	1300 Skokie Blvd	City or Town Chicago	State Illinois	25c. DATE 3/30/93
FUNERAL DIRECTOR'S SIGNATURE				
25b. LOCAL REGISTRAR'S SIGNATURE				
26a. FINGERPRINTS				

THIS CERTIFIED COPY VALID WHEN
MULTICOLOR SIGNATURE SEAL IS
AFFIXED.

C.R.O.C.C.