



STATE OF ILLINOIS

COUNTY OF Cook

ss. 95816545 / 807107

DEPT-11 RECORD-T \$25.50
T#6666 TRAN 2934 10/12/93 13:14:00
#9522 + *-93-816545
COOK COUNTY RECORDER

JOINT TENANCY AFFIDAVIT

Delores Odierno

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

at 1434 N. Franklin in the City of River Forest, Illinois:

that the affiant was acquainted with James O'Dierno, 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 Sept. 12, 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 \$ 325,000.

and that the value of the above property individually was \$ 162,500

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 James O'Dierno, 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.

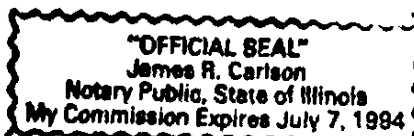
Delores O'Dierno (Seal)
Delores O'Dierno

_____ (Seal)

Subscribed and Sworn to before me

this 20th day of July, 1993

James R. Carlson
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.

95816545

Handwritten signature and number 2550

UNOFFICIAL COPY

9 3 3 1 0 3

LOT 112 (EXCEPT THE NORTH 20 FEET THEREOF) AND LOT 113 (EXCEPT THE SOUTH 5 FEET THEREOF) IN EDWIN E. WOOD'S SUBDIVISION OF THAT PART OF THE EAST 1/2 OF THE NORTHWEST 1/4 OF SECTION 1, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF THE SOUTH 42 ACRES THEREOF (EXCEPT THE WEST 220.62 FEET OF THAT PART LYING NORTH OF A LINE 200 FEET NORTH OF THE NORTH LINE OF THE SOUTH 66 ACRES OF THE EAST 1/2 OF THE NORTHWEST 1/4 OF SAID SECTION 1.

Office of Cook County Clerk's Office

938.16545

UNOFFICIAL COPY of a Death Record

<input checked="" type="checkbox"/> PERMANENT CERTIFICATE <input type="checkbox"/> TEMPORARY CERTIFICATE	REGISTRATION DISTRICT NO 16.92 REGISTERED NUMBER 1320	STATE OF ILLINOIS MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH 220-9, IRL
Type of Print in Permanent Ink These Certificates are Prepared in Accordance with Instructions A DECEASED B C D E N P H G RIF UNK CERTIFIER DISPOSITION	DECEASED NAME: JAMES S. ODIERNO SEX: MALE DATE OF DEATH: SEPTEMBER 12, 1992	
	COUNTY OF DEATH: COOK AGE LAST BIRTHDAY (MONTH DAY YEAR): 02 5a 5b 5c DATE OF BIRTH (MONTH DAY YEAR): SEPTEMBER 8, 1930	
	CITY/TOWN/TWP OR ROAD/DISTRICT NUMBER: PROVISO TWP. HOSPITAL OR OTHER INSTITUTION: LOYOLA HOSPITAL PLACE OF DEATH: EMERGENCY ROOM	
	BIRTHPLACE (CITY AND STATE OR COUNTRY): CHICAGO, ILLINOIS MARRIED/NEVER MARRIED/WIDOWED/DIVORCED: MARRIED NAME OF SURVIVING SPOUSE: DELORES OLSON	
	SOCIAL SECURITY NUMBER: 397-22-2313 USUAL OCCUPATION: OWNER KIND OF BUSINESS OR INDUSTRY: RESTAURANT	
	RESIDENCE (STREET AND NUMBER): 1434 FRANKLIN CITY/TOWN OR ROAD/DISTRICT NO: RIVER FOREST INSURE CITY: 1999 COUNTY: COOK	
	STATE: ILLINOIS ZIP CODE: 60305 RACE: WHITE OF HISPANIC ORIGIN? NO	
	FATHER'S NAME: ANGELO ODIERNO MOTHER'S NAME: JENNIE MUGNOLO	
	INFORMANT NAME: DELORES ODIERNO RELATIONSHIP: WIFE MAILING ADDRESS: 1434 FRANKLIN RIVER FOREST, IL 60305	
	18 PART I: IMMEDIATE CAUSE (Final disease or condition resulting in death): MULTIPLE INJURY CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: AUTOMOBILE ACCIDENT	
20a: NATURAL ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED: ACCIDENT DATE OF INJURY: 9-11-1992 HOUR: 10:50 AM HOW INJURY OCCURRED: AUTO ACCIDENT		
21: I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT THE DECEDENT WAS PROCLAIMED DEAD ON: SEPTEMBER 12, 1992 AT: 7:15 AM		
22a: CORONER'S - MEDICAL EXAMINER'S SIGNATURE: Richard Konakci, M.D. DATE SIGNED: 9-12-1992		
23a: CORONER'S PHYSICIAN'S SIGNATURE: Richard Konakci, M.D. DATE SIGNED: 9-12-1992		
24: BURIAL OR CREMATION REMOVAL: BURIAL CEMETERY OR CREMATORY NAME: MT. CARMEL LOCATION: HILLSIDE, ILLINOIS DATE: SEPT. 16, 1992		
25a: FUNERAL HOME: SALERNO'S GALEWOOD CHAPELS 1857 N. HARLEM AVE. CHICAGO, ILLINOIS 60635		
25b: FUNERAL DIRECTOR'S SIGNATURE: Joseph A. Salerno FUNERAL DIRECTOR'S & POSTOFFICE NUMBER: 034-010202		
26a: LOCAL REGISTRAR'S SIGNATURE: Richard J. Bellis DATE PREPARED BY LOCAL REGISTRAR: September 14, 1992		

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named as item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE **SEP 14 1992** SIGNED **Richard J. Bellis**
 AT **BROADVIEW, IL 60153**, Illinois OFFICIAL TITLE **Local Registrar of Vital Statistics**

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts.

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Property of Cook County Clerk's Office

99816545

mail to



LAW OFFICES
**JAMES R. CARLSON
& ASSOCIATES, LTD.**
7601 W. Monroe Ave.
Norridge, IL 60634
A Professional Corporation