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ATTORNEYS' TITLE GUARANTY FUND, INC.

93234880

STATE OF ILLINOIS

COUNTY OF Cook

SS.

DEPT-11 RECORD - T 125.00  
123333 TRAM 1584 03/31/93 12156100  
12945 \$ \* - 93 - 234880  
COOK COUNTY RECORDER

JOINT TENANCY AFFIDAVIT

Viola V. Brouwer

hereinafter referred to as the affiant, states under oath that the affiant resides at 16640 School Street in the City of South Holland, Illinois; that the affiant was acquainted with Ralph R. Brouwer, 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:

Per Attached Sheet

93234880

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 August 29, 1990, leaving no/a 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 \$ does not exceed taxable value

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.

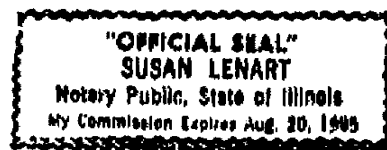
The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold Attorneys' Title Guaranty Fund, Inc. harmless and to reimburse the Fund for all loss, costs, damages, suits, attorney's fees and 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 Ralph R. Brouwer, 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.

Viola V. Brouwer (Seal)  
VIOLA V. BROUWER (Seal)

Subscribed and Sworn to before me this 24th day of March, 19 93

Susan Lenart  
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.

TEJ JENNINGS  
15510 S. CICERO AVE  
OAK FOREST - IL. 60452

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Property of Cook County Clerk's Office

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Property of Cook County

The North 2 feet of Lot 83 and Lot 84 (except the North 2 feet thereof) in Chapman's 6th Addition to Tulip Terrace, being a subdivision of part of Lot 7 in County Clerks Division of the Southeast Quarter of Section 22 (recorded September 12, 1888) and also part of Lot 3 and all of Lot 4 in Owners Subdivision of part of the East half of the Southeast Quarter of Section 22, together with that portion of said East half of the Southeast Quarter of Section 22, described as beginning at the southwest corner of aforesaid Lot 4 in Owners Subdivision; thence East to the Southeast corner of said Lot 4; thence South to the North line of aforesaid Lot 3 in Owners Subdivision; thence West to the Northwest corner of said Lot 3; thence North to the point of beginning, all in Township 26 North, Range 14, East of the Third Principal Meridian, according to Plat of said Chapman's 6th Addition to Tulip Terrace recorded in the Office of the Registrar of Deeds of Cook County, Illinois, on February 6, 1963 as Document Number 2076742.

Legal Description:

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The original of this record is permanently filed with the Illinois Dept. of Public Health in Springfield, Illinois, County Clerks and Local Registrars are authorized to make certifications from copies of the original record. The Illinois Statutes further provided that certification of a DEATH record by the Dept. of Public Health of the Local Registrar of the County Clerk shall be prima facie evidence in all courts and places of the facts therein stated.

AT HARVEY, ILLINOIS. DATED AUG 11 1990 SIGNED [Signature] LOCAL REGISTRAR

I HEREBY CERTIFY THAT THE FOREGOING IS TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE PERSON NAMED THEREIN AND THAT THIS RECORD WAS ESTABLISHED IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTHS, STILLBIRTHS AND DEATHS. 903331880

REGISTRATION DISTRICT NO. 10311

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEASED NAME: RALPH R. BRODER. SEX: M. RACE: W. BIRTH DATE: AUGUST 29 1915. PLACE OF BIRTH: [Blank]

2. COUNTY OF DEATH: COOK. AGE AT DEATH: 74. DATE OF DEATH: AUGUST 13, 1990. PLACE OF DEATH: [Blank]

3. DECEASED: HARVEY. SOCIAL SECURITY NUMBER: 350-10-1907. OCCUPATION: INDUSTRIAL ENGINEER OPERATOR. PLACE OF BIRTH: SOUTH BOLLARD. COUNTY: COOK.

4. DECEASED: BRUNO. SOCIAL SECURITY NUMBER: [Blank]. OCCUPATION: [Blank]. PLACE OF BIRTH: [Blank]. COUNTY: [Blank].

5. DECEASED: VIOLA VAN DER LIND. SOCIAL SECURITY NUMBER: [Blank]. OCCUPATION: [Blank]. PLACE OF BIRTH: [Blank]. COUNTY: [Blank].

6. DECEASED: [Blank]. SOCIAL SECURITY NUMBER: [Blank]. OCCUPATION: [Blank]. PLACE OF BIRTH: [Blank]. COUNTY: [Blank].

7. DECEASED: [Blank]. SOCIAL SECURITY NUMBER: [Blank]. OCCUPATION: [Blank]. PLACE OF BIRTH: [Blank]. COUNTY: [Blank].

8. DECEASED: [Blank]. SOCIAL SECURITY NUMBER: [Blank]. OCCUPATION: [Blank]. PLACE OF BIRTH: [Blank]. COUNTY: [Blank].

9. DECEASED: [Blank]. SOCIAL SECURITY NUMBER: [Blank]. OCCUPATION: [Blank]. PLACE OF BIRTH: [Blank]. COUNTY: [Blank].

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13. DECEASED: [Blank]. SOCIAL SECURITY NUMBER: [Blank]. OCCUPATION: [Blank]. PLACE OF BIRTH: [Blank]. COUNTY: [Blank].

14. DECEASED: [Blank]. SOCIAL SECURITY NUMBER: [Blank]. OCCUPATION: [Blank]. PLACE OF BIRTH: [Blank]. COUNTY: [Blank].

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16. DECEASED: [Blank]. SOCIAL SECURITY NUMBER: [Blank]. OCCUPATION: [Blank]. PLACE OF BIRTH: [Blank]. COUNTY: [Blank].

17. DECEASED: [Blank]. SOCIAL SECURITY NUMBER: [Blank]. OCCUPATION: [Blank]. PLACE OF BIRTH: [Blank]. COUNTY: [Blank].

18. DECEASED: [Blank]. SOCIAL SECURITY NUMBER: [Blank]. OCCUPATION: [Blank]. PLACE OF BIRTH: [Blank]. COUNTY: [Blank].

19. DECEASED: [Blank]. SOCIAL SECURITY NUMBER: [Blank]. OCCUPATION: [Blank]. PLACE OF BIRTH: [Blank]. COUNTY: [Blank].

20. DECEASED: [Blank]. SOCIAL SECURITY NUMBER: [Blank]. OCCUPATION: [Blank]. PLACE OF BIRTH: [Blank]. COUNTY: [Blank].

21. DECEASED: [Blank]. SOCIAL SECURITY NUMBER: [Blank]. OCCUPATION: [Blank]. PLACE OF BIRTH: [Blank]. COUNTY: [Blank].

22. DECEASED: [Blank]. SOCIAL SECURITY NUMBER: [Blank]. OCCUPATION: [Blank]. PLACE OF BIRTH: [Blank]. COUNTY: [Blank].

18. CAUSE OF DEATH: ACUTE RESPIRATORY FAILURE. 19. CHIEF CAUSE OF DEATH: CHRONIC OBSTRUCTIVE PULMONARY DISEASE. 20. UNDERLYING CAUSE OF DEATH: PANCREATITIS.

21. SIGNATURE OF OPERATOR: [Signature]. 22. ADDRESS OF OPERATOR: 17680 SOUTH KENTZIE AVENUE, HAZEL CREST, ILLINOIS 60429.

23. PLACE OF DEATH: COLONIAL CHAPEL, 15525 S. 73RD AVE., ORLAND PARK, ILLINOIS 60462.

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