

98237011

STATE OF ILLINOIS

SS.

DEPT-01 RECORDING

\$28.00

COUNTY OF Cook

141111 TRAN 9108 03/31/98 11:37:00
44553 \$ * - 93 - 21370 1.1
COOK COUNTY RECORDER

JOINT TENANCY AFFIDAVIT

ROBERT GLENNON, hereby referred to as the affiant, states under oath that the affiant resides at 2414 LINDEN in the City of FRANCOIS PARK, Illinois; that the affiant was acquainted with VALMA D. GLENNON, 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 1/15/78, leaving no last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 85000.00, and that the value of the above property individually was \$ 85000.

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 Attorney 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 Attorney 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 VALMA D. GLENNON, 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 of contribution.

Robert J. Glennon (Seal)
(Seal)

Subscribed and sworn to before me this 19th day of March, 19 98

[Signature]
Notary Public

" OFF " SEAL " SHAWN M. BOLGER STATE OF ILLINOIS NOTARY PUBLIC COMMISSION EXPIRES 10/21/98

Note: If the decedent left a will, it will be necessary that the original or 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.

" OFFICIAL SEAL " SHAWN M. BOLGER NOTARY PUBLIC STATE OF ILLINOIS COMMISSION EXPIRES 10/21/98

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Property of Cook County Clerk's Office

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REGISTRATION DISTRICT NO. 1136	STATE OF ILLINOIS	DEPARTMENT OF PUBLIC HEALTH
REGISTERED NUMBER 516	MEDICAL CERTIFICATE OF DEATH	
DECEASED—NAME: VALMA D. GLENNON	SEX: FEMALE	DATE OF DEATH: SEPTEMBER 15, 1987
RACE: WHITE	ETHNIC ORIGIN: ENG/SCO	AGE: 85
DATE OF BIRTH: SEPT. 15, 1902	COUNTY OF DEATH: COOK	
RESIDENCE: MELROSE PARK	HOSPITAL OR OTHER INSTITUTION: GOTTLIEB MEMORIAL HOSPITAL	
STATE OF BIRTH: NEBRASKA	CITIZEN OF WHAT COUNTRY: U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
SOCIAL SECURITY NUMBER: 579-28-4271	USUAL OCCUPATION: HOMEMAKER	KIND OF BUSINESS OR INDUSTRY: OWN HOME
RESIDENCE STREET AND NUMBER: 2017 N. LOUIS	CITY, TOWN, VILLAGE OR ROAD DISTRICT NO.: MELROSE PK	COUNTY: COOK
FATHER—NAME: WILLIAM MYERS	MOTHER—MAIDEN NAME: MAUDE JOHNSTON	INFORMAL NAME (TYPE OR PRINT): MARTELLEN SACARELLA
RELATIONSHIP: RECORDS	MAILING ADDRESS: 701 W NORTH AVE, MELROSE PK, IL 60160	DEATH WAS CAUSED BY: (PART I) cardiac arrest
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH: (PART II) acute myocardial infarction		
OTHER SIGNIFICANT CONDITIONS: (PART III) Hypertension		
DATE OF OPERATION, IF ANY:	MAJOR FINDINGS OF OPERATION:	IF FEMALE, WAS THERE A PREG. NANCY IN PAST THREE MONTHS? NO
WAS COAGNER OR MEDICAL EXAMINER NOTIFIED? YES	HOUR OF DEATH: 12:50 P.M.	DATE SIGNED: 9/18/87
SIGNATURE: ALAN BROWN M.D. 2340 HIGHLAND LOMBARD, IL.		ILLINOIS LICENSE NUMBER: 036-063217
SIGNATURE: VINCENT BUFALINO M.D.		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
BURIAL, CREMATION, REMOVAL: BURIAL	CEMETERY OF CREMATOR—NAME: ELMWOOD	LOCATION: RIVER GROVE, ILLINOIS
FUNERAL HOME: COLUMBIAN FUNERAL HOME, 10300 W. GRAND AVE., FRANKLIN PARK, IL 60131	DATE: SEPT. 18, 1987	
LOCAL REGISTRAR'S SIGNATURE: [Signature]	FUNERAL DIRECTOR'S SIGNATURE: [Signature]	ILLINOIS LICENSE NUMBER: 5949
DATE REC'D BY LOCAL REGISTRAR: [Signature]	DATE REC'D BY LOCAL REGISTRAR: SEPT 18 1987	

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at 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 Sept 18 1987 SIGNED [Signature]
AT MELROSE PARK Illinois OFFICIAL TITLE DEPUTY REGISTRAR

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 in all courts and places of the facts therein stated.

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