

UNOFFICIAL COPY

Attorneys' Title Guaranty Fund, Inc.

94480417

STATE OF ILLINOIS

SS.

COUNTY OF COOK

PIN# 12-02-123-017

1308 Peterson, Park Ridge, IL

JOINT TENANCY AFFIDAVIT

IRENE WNEK, hereby referred to as the affiant, states under oath that the affiant resides at 1308 Peterson in the City of Park Ridge, Illinois; that the affiant was acquainted with HENRY W. WNEK, 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:

Lot 13 in Block 4 in Arcadia Gardens a Subdivision in the East 15 acres of the West half of Government Lot 1 in the North West quarter of Section 2, Township 40 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

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 December 3, 1985 leaving no a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 300,000 and that the value of the above property individually was \$ 10,000 *Less Than*

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 HENRY W. WNEK 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.

Irene Wnek (Seal)
IRENE WNEK (Seal)

Subscribed and sworn to before me this 17th day of May, 1994.

Tom L. Edwards
Notary Public

"OFFICIAL SEAL"
TOM L. EDWARDS
NOTARY PUBLIC, STATE OF ILLINOIS
COOK COUNTY
MY COMMISSION EXPIRES 11-7-94

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. Prepared By:

FUND FORM 307
DATE (REV. 11/91)

MAIL TO:



MAIL TO: JOHN PAPAIOA
8303 W. HIBBINS Rd.
CHICAGO, IL 60631

ORDER NO. 634073

94480417

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Property of Cook County Clerk's Office

REGISTRATION NO. 16.10
REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FINE NUMBER
6238869

DECEASED-NAME: HENRY
FIRST MIDDLE LAST: WENK MALE
DATE OF BIRTH: DECEMBER 31 1920
COUNTY OF DEATH: COOK

RESIDENT: Chicago
CITY, TOWN, VILLAGE OR BLDG. NO.: 1308 PETERS
STREET AND NUMBER: WENK

CITIZEN OF WHAT COUNTRY: USA
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED: MARRIED

USUAL OCCUPATION: FINANCIAL
KIND OF BUSINESS OR INDUSTRY: BANKING

RELIGION: CATHOLIC
MOTHER-MAIDEN NAME: MARY ANN ROEUS

DEATH CAUSED BY: WENK
RELATIONSHIP: WIFE
MARRIAGE ADDRESS: 1308 PETERS
CITY, TOWN, VILLAGE OR BLDG. NO. AND STREET AND NUMBER: CHICAGO, ILL.

DEATH WAS CAUSED BY: WENK
RELATIONSHIP: WIFE
MARRIAGE ADDRESS: 1308 PETERS
CITY, TOWN, VILLAGE OR BLDG. NO. AND STREET AND NUMBER: CHICAGO, ILL.

10a. CAUSE OF DEATH: 101. *Coronary artery disease of the heart*
10b. *1 year*

11. OTHER SIGNIFICANT CONDITIONS: *1 year*

12. SIGNATURE: *Bernard J. Kowalski M.D.*

13. NAME OF ATTENDING PHYSICIAN: *Bernard J. Kowalski M.D.*

14. NAME OF CEMETERY OR CREMATORY: *St. Rose*

15. NAME OF FUNERAL HOME: *Chicago Ice & Cold Storage*

16. LOCAL REGISTRAR'S SIGNATURE: *Louise C. Edwards M.D. M.P.A.*

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18. LOCAL REGISTRAR'S SIGNATURE: *Louise C. Edwards M.D. M.P.A.*

19. LOCAL REGISTRAR'S SIGNATURE: *Louise C. Edwards M.D. M.P.A.*

DEC 04 1985

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

LOUISE C. EDWARDS M.D. M.P.A.
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 AS A
RECORD KEPT BY ME IN PURSUANCE OF
SAID LAWS AND ORDINANCES.

GARROBART



THIS CERTIFIED COPY VALID
WHEN MULTICOLOR SEAL AND
BLUE SIGNATURE ARE AFFIXED

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