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94-776330

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Attorneys' National Title Network, Inc.

Three First National Plaza • Suite 575 • Chicago, IL 60602 • 312-467-0320 • Fax 312-621-1001

94776330

STATE OF ILLINOIS)
COUNTY OF COOK)

SS

ATTORNEY'S NATIONAL
TITLE NETWORK, INC.

DEPT-11 \$25.50
100913 TRAN 8461 09/02/94 13:23.95
#2725 # AF # 94-776330
COOK COUNTY RECORDER

JOINT TENANCY AFFIDAVIT

INEZ M. CARLIG, hereinafter referred to as the affiant, states under oath that the affiant resides at 1033 Blouin Drive in the City of Dolton, Illinois; that the affiant was acquainted with CLARENCE D. CARLIG, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of properly recorded joint tenancy deed, said property located in Cook County, Illinois, and legally described as follows:

SEE ATTACHED LEGAL DESCRIPTION

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 1/12/91, leaving no 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 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 and every kind and nature which 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 CLARENCE D. CARLIG, the decedent;
2. Illinois State Inheritance Tax and Federal 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.

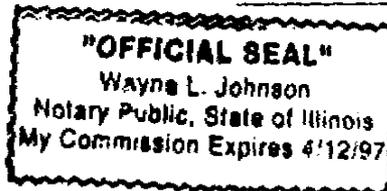
Inez M. Carlig (Seal)
INEZ M. CARLIG (Seal)

94776330

Subscribed and Sworn to before me

this 10th day of August, 19 94

Wayne L. Johnson
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.

25.50

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LEGAL DESCRIPTION FOR 1033 BLOUIN DRIVE, DOLTON, IL 60419

LJT ONE HUNDRED ONE (101) IN 2nd ADDITION TO ALMAR MEADOWS BEING A SUBDIVISION OF PART OF LOTS FOUR (4) AND FIVE (5), IN THE PARTITION OF THAT PART OF THE WEST HALF (½) OF SECTION FOURTEEN (14), TOWNSHIP THIRTY SIX (36) NORTH, RANGE FOURTEEN (14), EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF THE RIVER, AND THE EAST HALF (½) OF THE SOUTHWEST QUARTER (SW¼) OF SECTION ELEVEN (11), TOWNSHIP THIRTY SIX (36) NORTH, RANGE FOURTEEN (14), EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT RAILROAD LAND), ACCORDING TO PLAT OF SAID 2nd ADDITION TO ALMAR MEADOWS REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS, ON APRIL 29, 1960, AS DOCUMENT NUMBER 1919443.

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STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO

| | | | | | |
|--|---|--|--|---|---|
| 1. NAME OF DECEASED Clarence David Carlig | | 2. SEX Male | | 3. DATE OF DEATH January 12, 1991 | |
| 4. RACE Caucasian | 5a. WAS THE DECEASED OF HISPANIC ORIGIN? YES | 5b. IF YES, SPECIFY Mexican, Cuban, Puerto Rican, etc. NO | 6. DATE OF BIRTH 9/7/1918 | 7. AGE (in years last birthday) 72 | 8. IF UNDER 1 YEAR Months: _____ Days: _____ |
| 9. SOCIAL SECURITY NUMBER 346-01-7522 | | 10. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL: Edinburg <input type="checkbox"/> Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other Specify: _____ | | | |
| 11. PLACE OF DEATH - COUNTY Hidalgo | | 12. CITY OR TOWN (if outside city limits, give precinct number) Edinburg | | 13. NAME OF HOSPITAL OR INSTITUTION Edinburg General Hospital | |
| 14. BIRTHPLACE (City and State) Chicago, Illinois | | 15. CITIZEN OF WHAT COUNTRY U.S.A. | | 16. SURVIVING SPOUSE (if wife, give maiden name) Inez Mary Tropino | |
| 17. DECEASED'S EDUCATION (highest grade completed) Grades (1-12): 11 College (1-4 or 5-): 0 | | 18. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Carpenter | | 19. KIND OF BUSINESS OR INDUSTRY Construction | |
| 20. RESIDENCE - STATE Illinois | | 21. COUNTY Cook | | 22. CITY OR TOWN (if outside city limits, show rural ZIP CODE) Dolton 60419 | |
| 23. STREET ADDRESS (if rural, give location) 1033 E. Blouin Drive | | | | | 24. INSIDE CITY LIMITS? YES |
| 25. FATHER'S NAME John Carlig | | | 26. MOTHER'S MAIDEN NAME Antonia Clemencig | | |
| 27. SIGNATURE OF INFORMANT <i>Inez Carlig</i> | | 28. MAILING ADDRESS OF INFORMANT (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1033 E. Blouin Drive - Dolton, Illinois 60419 | | | |
| 29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide | | 30. DATE OF INJURY (Month, Day, Year) ____/____/____ | | 31. TIME OF INJURY ____:____:____ | |
| 32. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) ____ | | 33. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| 34. DESCRIBE HOW INJURY OCCURRED ____ | | 35. LOCATION (Street and Number or Rural Route Number, City or Town, State) ____ | | | |
| 36. CERTIFIER To be completed by CERTIFYING PHYSICIAN only | 37. To the best of my knowledge, death occurred at the time, date, and place and due to the causes and manner as stated (Signature and Title) <i>James Francis Garner M.D.</i> | | | 38. On the basis of an examination and/or investigation, in my opinion death occurred at the time, date, and place and due to the causes and manner as stated (Signature and Title) ____ | |
| | 39. DATE SIGNED (Mo., Day, Yr.) 1/23/91 | | 40. HOUR OF DEATH 3:36 P. | | 41. DATE SIGNED (Mo., Day, Yr.) ____/____/____ |
| | 42. NAME OF CERTIFYING PHYSICIAN (Type or print) James Francis Garner, M.D. | | 43. PROMOUNCED DEAD (Mo., Day, Yr.) ON | | 44. PROMOUNCED DEAD: Hour, AT AT |
| 45. MAILING ADDRESS OF CERTIFIER (Type or Print) 5292 Memorial PKWY, G-15 - Houston, Texas 77007 | | | | | |
| 46. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify): _____ | | | 47. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Palm Valley Memorial Gardens Crematory | | |
| 48. LOCATION - City or Town, State Pharr, Texas | | 49. DATE OF DISPOSITION 1/14/91 | | 50. SIGNATURE OF FUNERAL HOME OR PERSON ACTING AS SUCH <i>Harold C. Bennett</i> # 7602 | |
| 51. NAME AND ADDRESS OF FUNERAL HOME Skinner Funeral Home - 426 W. Caffery - P. O. Box 647 - Pharr, Texas 78577 | | | | | |
| 52. REGISTRAR'S FILE NO. 03-12-91 | | 53. DATE REC'D BY LOCAL REGISTRAR February 4, 1991 | | 54. SIGNATURE OF LOCAL REGISTRAR <i>David J. Collins</i> | |

VS-113 REV. 12/89

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|---|--|---|--|
| 55. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. | | Approximate Interval Between Onset and Death | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) → Cardio-Pulmonary Arrest | | 1 hr. | |
| Subsequently met conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST → Hypertension | | | |
| → Preventive Coronary | | | |
| PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. | | | |
| 56. Was decedent pregnant at time of death? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> | | 57. Was decedent pregnant during the last 12 months? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> | |
| 58. WAS AN AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 59. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

WARNING

The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$5,000. (Health and Safety Code, Chapter 875, Sec. 295)

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I hereby certify that this is a true and correct copy of a
Death Certificate of the person whose name

appears hereon as recorded on vol. 23, page no. 0212-91

at the City Hall, City of Chicago, I herewith WITNESS MY

HAND AND SEAL OF OFFICE, this 21st day

Paul H. Carr City Registrar
Elizabeth Swartz Deputy

Property of Cook County Clerk's Office



Mr David Carran
1033 Blount Ave
Arlton IL 60414