

UNOFFICIAL COPY



ATTORNEYS' TITLE GUARANTY FUND, INC.

91884883

STATE OF ILLINOIS }
COUNTY OF Cook } SS.

: DEPT-01 RECORDING \$23.50
: T#0003 TRAN.7727 10/17/94 12:21:00
: \$1885 + EB *-94-884883
: COOK COUNTY RECORDER

JOINT TENANCY AFFIDAVIT

Diane Marie Krebs, hereinafter referred to as the affiant, states under oath that the affiant resides at 4122 N. Troy Street in the City of Chicago, Illinois; that the affiant was acquainted with Sheldon Krebs, 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:

THE SOUTH EIGHT-THIRDS OF LOT 14 AND THE NORTH TWO-THIRDS OF LOT 15 IN BLOCK 1 IN CHARLES N. ADAMS SURVEY OF THE WEST HALF OF THE SOUTH HALF OF THE WEST HALF OF THE WEST HALF OF THE SOUTHWEST QUARTER OF SECTION 15, TOWNSHIP 40 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, c/k/a 4122 N. Troy - Cago., IL. PIN # 15-13-516-024-0000

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 June 19, 1991, leaving no last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 152,900.00, and that the value of the above property individually was \$ 76,350.00

That the Illinois Inheritance Tax and the Federal Estate Tax, if any, was due from the decedent's estate, has been paid in full; 94884883

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.

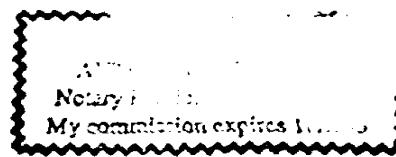
The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold Attorneys' Title Guaranty Fund, Inc. harmless and to reimburse the Fund for all loss, costs, damages, suits, attorney's fees and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

X Diane Marie Krebs (Seal)
DIANE MARIE KREBS
(Seal)

Subscribed and Sworn to before me
this 1st day of October, 1994.

Christine J. Hickey
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.

23/9

DEPARTMENT OF HEALTH CITY OF CHICAGO

UNOFFICIAL COPY

REGISTRATION
DISTRICT NO. 16.10
REGISTERED
NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH C11793

STATE OF
MARCH

DECEASED NAME	LAST	NAME	LAST	SEX	DATE OF DEATH	MONTH DAY YEAR
1. COUNTY OR CITY AT DEATH	Krebs	AGE AT DEATH	2 Male		3 June 19	1991
2. CITY TOWN TWP OR ROAD DISTRICT NUMBER		BIRTHDAY (MM/DD)	4 JUNE 03, 1913			
3. CITY Chicago		YEAR	5a. 78	5b. Sc		
4. MARRIED NUMBER		NAME	5c. MALE			
5. FATHER'S NAME		NAME	5d. HOSPITAL OR OTHER INSTITUTION NAME OR NEAREST ADDRESS			
6. MARRIED NUMBER		NAME	5e. RAVENSWOOD HOSPITAL MEDICAL CENTER			
7. SOCIAL SECURITY NUMBER		NAME	5f. NAME OF SURVIVING SPOUSE (MATERIAL)			
8. MARRIED NUMBER		NAME	5g. NAME OF SURVIVING SPOUSE (MATERIAL)			
9. MARRIED NUMBER		NAME	5h. NAME OF SURVIVING SPOUSE (MATERIAL)			
10. 318-05-0921		NAME	5i. NAME OF NEAREST CONTINUING			
11a. MACHINIST		CITY TOWN TWP OR ROAD DISTRICT NO.	5j. 12	INSIDE CITY	LOCAL	
11b. WILLIAM KREBS		NAME	5k. CHICAGO	5l. YES	5m. COOK	
11c. 4122 N. 18TH ST.		NAME	5n. HISPANIC ORIGIN	5o. YES	5p. NAME OF STATE	
11d. ILLINOIS		NAME	5q. NAME	5r. NO	5s. SPECIFY	
11e. 1301 60618		NAME	5t. 14a. WHITE	5u. NO	5v. MOTHER NAME	
11f. MOTHER		NAME	5w. LAST	5x. FIRST	5y. MIDDLE	
11g. 10. 318-05-0921		NAME	5z. ELIZABETH	5aa. GROENING	5ab. MAILED	
11h. 12. WILLIAM KREBS		NAME	5ac. 17b. DAUGHTER	5ad. 17c. 4122 N. TROY ST. CHICAGO, ILL. 60618	5ae. 20c. YES	5af. NO
11i. 17a. DIANE MARIE KREBS		NAME	5ag. DUE TO CHAS CONSEQUENCE OF	5ah. 18. ACUTE MYOCARDIAL INFARCTION	5ai. 21c. 3:50	5aj. P.M.
11j. PART II		NAME	5ak. DUE TO CHAS CONSEQUENCE OF	5al. 19. CONGESTIVE HEART FAILURE	5am. 21d. 8:00	5an. LOCAL
11k. IMMEDIATE CAUSE (If not disease or heart failure. List only one cause on each line)		NAME	5ao. DUE TO CHAS CONSEQUENCE OF	5ap. 22. POST CEREBROVASCULAR ACCIDENT	5ar. 21e. 10:00	5as. 10:00
11l. PART II		NAME	5aq. DUE TO CHAS CONSEQUENCE OF	5at. DATE OF DEATH	5au. 21f. 11:00	5av. 11:00
11m. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATE THE UNDERLYING CAUSE LAST		NAME	5av. 20b. 20c. YES	5az. DATE OF DEATH	5ba. 21g. 12:00	5bd. 12:00
11n. PART II		NAME	5bb. 20d. 20e. 20f. 20g. 20h. 20i. 20j. 20k. 20l. 20m. 20n. 20o. 20p. 20q. 20r. 20s. 20t. 20u. 20v. 20w. 20x. 20y. 20z. 21a. 21b. 21c. 21d. 21e. 21f. 21g. 21h. 21i. 21j. 21k. 21l. 21m. 21n. 21o. 21p. 21q. 21r. 21s. 21t. 21u. 21v. 21w. 21x. 21y. 21z. 22a. 22b. 22c. 22d. 22e. 22f. 22g. 22h. 22i. 22j. 22k. 22l. 22m. 22n. 22o. 22p. 22q. 22r. 22s. 22t. 22u. 22v. 22w. 22x. 22y. 22z. 23. 24a. 24b. 24c. 24d. 24e. 24f. 24g. 24h. 24i. 24j. 24k. 24l. 24m. 24n. 24o. 24p. 24q. 24r. 24s. 24t. 24u. 24v. 24w. 24x. 24y. 24z. 25a. 25b. 25c. 25d. 25e. 25f. 25g. 25h. 25i. 25j. 25k. 25l. 25m. 25n. 25o. 25p. 25q. 25r. 25s. 25t. 25u. 25v. 25w. 25x. 25y. 25z. 26a. 26b. 26c. 26d. 26e. 26f. 26g. 26h. 26i. 26j. 26k. 26l. 26m. 26n. 26o. 26p. 26q. 26r. 26s. 26t. 26u. 26v. 26w. 26x. 26y. 26z. 27a. 27b. 27c. 27d. 27e. 27f. 27g. 27h. 27i. 27j. 27k. 27l. 27m. 27n. 27o. 27p. 27q. 27r. 27s. 27t. 27u. 27v. 27w. 27x. 27y. 27z. 28a. 28b. 28c. 28d. 28e. 28f. 28g. 28h. 28i. 28j. 28k. 28l. 28m. 28n. 28o. 28p. 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36i. 36j. 36k. 36l. 36m. 36n. 36o. 36p. 36q. 36r. 36s. 36t. 36u. 36v. 36w. 36x. 36y. 36z. 37a. 37b. 37c. 37d. 37e. 37f. 37g. 37h. 37i. 37j. 37k. 37l. 37m. 37n. 37o. 37p. 37q. 37r. 37s. 37t. 37u. 37v. 37w. 37x. 37y. 37z. 38a. 38b. 38c. 38d. 38e. 38f. 38g. 38h. 38i. 38j. 38k. 38l. 38m. 38n. 38o. 38p. 38q. 38r. 38s. 38t. 38u. 38v. 38w. 38x. 38y. 38z. 39a. 39b. 39c. 39d. 39e. 39f. 39g. 39h. 39i. 39j. 39k. 39l. 39m. 39n. 39o. 39p. 39q. 39r. 39s. 39t. 39u. 39v. 39w. 39x. 39y. 39z. 40a. 40b. 40c. 40d. 40e. 40f. 40g. 40h. 40i. 40j. 40k. 40l. 40m. 40n. 40o. 40p. 40q. 40r. 40s. 40t. 40u. 40v. 40w. 40x. 40y. 40z. 41a. 41b. 41c. 41d. 41e. 41f. 41g. 41h. 41i. 41j. 41k. 41l. 41m. 41n. 41o. 41p. 41q. 41r. 41s. 41t. 41u. 41v. 41w. 41x. 41y. 41z. 42a. 42b. 42c. 42d. 42e. 42f. 42g. 42h. 42i. 42j. 42k. 42l. 42m. 42n. 42o. 42p. 42q. 42r. 42s. 42t. 42u. 42v. 42w. 42x. 42y. 42z. 43a. 43b. 43c. 43d. 43e. 43f. 43g. 43h. 43i. 43j. 43k. 43l. 43m. 43n. 43o. 43p. 43q. 43r. 43s. 43t. 43u. 43v. 43w. 43x. 43y. 43z. 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1/20/98
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1/20/98

SOLICITOR'S
OFFICE