

94910383

Attorneys' Title Guaranty Fund, Inc.

STATE OF ILLINOIS

SS.

COUNTY OF COOK

JOINT TENANCY AFFIDAVIT

Hector Calderon hereby referred to as the affiant, states under oath that the affiant resides at 2119 W. Shakespeare in the City of Chicago Illinois; that the affiant was acquainted with Alice Condon, Frank Spreitzer the decedent, (and Raymond Spreitzer 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:

See Attached

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interest 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 Sept. 17, 1991; leaving a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 125,000.00, and that the value of the above property individually was \$ 125,000.00.

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

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/hemselves, 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 Alice Condon, 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.

Hector Calderon (Seal)

\_\_\_\_\_ (Seal)

Subscribed and sworn to before me this 6th day of October, 1991.

JOHN J. KLICH - SEAL -  
NOTARY PUBLIC - STATE OF ILLINOIS  
NOTARY COMMISSION EXPIRES 6/16/96

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.

94910383

Handwritten initials and scribbles.

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NOTICE OF PROBATE AND RELEASE OF ESTATE'S INTEREST IN REAL ESTATE

(9-88) LLRM 101

NOTICE OF PROBATE

92770860

The undersigned, Hector Calderon, was appointed representative of the estate of Alice Condon, deceased, of Chicago, Illinois, on November 27, 1991, by the Circuit Court of Cook County, County Department, Probate Division (Case No. 91 P 1857, Docket No. 987, Page No. 198) and is acting as representative on the date hereof.

Decedent died on September 17, 1991 owning real estate legally described on Exhibit A made part of this notice with the Permanent Real Estate Index No. and the extent of decedent's interest, if other than total, indicated thereon.

The street address of the real estate is 1623 N. Western, Chicago, Illinois, 60647.

92770860

## RELEASE OF ESTATE'S INTEREST IN REAL ESTATE UNDER INDEPENDENT ADMINISTRATION

The undersigned independent representative releases the estate's interest in the above real estate and confirms that title passed at decedent's death to the following heirs or devisees:

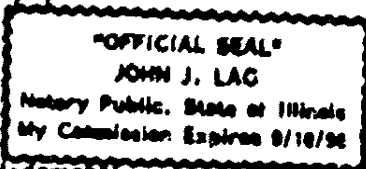
Name	Address	Share
Hector Calderon,	2319 W. Shakespeare, Chicago, Illinois 60647	100%

- 0-20-01 RECORDING 073.5
- 16555 TRAM 8362 10/16/92 11:10:00
- 6420 P E # -92-770860
- COOK COUNTY RECORDER

Dated: 10/16/92

Hector Calderon  
(Representative)

Hector Calderon  
Address: 2319 W. Shakespeare  
Chicago, Illinois 60647



(Corporate Acknowledgment)  
Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, by the \_\_\_\_\_ signed, duly authorized officer of the corporation \_\_\_\_\_

(Individual Acknowledgment)  
Acknowledged before me this CR day of October, 1992

as its \_\_\_\_\_

John J. Lag  
(Notary Public)

This instrument was prepared by and should be mailed to: John J. Lag, 218 N. Jefferson St., #101, Chicago, Illinois 60661

\*NOTE: THIS FORM IS PROVIDED AS A CONVENIENCE AND GUIDE ONLY.

92770860

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DEPARTMENT OF HEALTH - CITY OF CHICAGO

STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH  
REGISTRATION DISTRICT NO. 1619  
REGISTERED NUMBER 617571

SEP 18 1991

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

VIRGINIA L. PARKER, M.P.A. ACTING 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 FOR 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 OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLORED SIGNATURE SEAL IS APPLIED.

DECEASED NAME: ALICE  
FIRST: ALICE  
MIDDLE: CONDON  
LAST: CONDON  
AGE LAST BIRTHDAY: 83  
SEX: FEMALE  
DATE OF BIRTH: JUNE 05, 1906  
DATE OF DEATH: SEPT 17, 1991

CITY: CHICAGO  
STREET: 356 N. SHARPSPORE  
CITY TOWN TWP OR TOWNSHIP: CHICAGO  
COUNTY: COOK

MARRIED: NEVER MARRIED  
WIDOWED: UNDIVORCED  
SINGLE: DIVORCED  
USUAL OCCUPATION: MANUFACTURING  
INDUSTRY OR BUSINESS: MANUFACTURING  
CITY TOWN TWP OR TOWNSHIP: CHICAGO  
COUNTY: COOK

RACE: WHITE  
HAIR: WHITE  
EYES: BLUE  
SEX: YES  
SPECIES: HUMAN  
MOTHER'S NAME: SPREITZER  
FATHER'S NAME: RIVERA

CAUSE OF DEATH: (A) DUE TO OR AS A CONSEQUENCE OF  
(B) DUE TO OR AS A CONSEQUENCE OF  
(C) DUE TO OR AS A CONSEQUENCE OF  
DATE OF OPERATION: SEPTEMBER 16, 1991  
TIME OF OPERATION: 8:30 AM

NAME AND ADDRESS OF CERTIFIER: ADA I. ARTAS, MD  
1431 N. CLAREMONT, CHICGO, IL 60622

SIGNATURE: [Signature]  
DATE: SEP 18 1991

NAME AND ADDRESS OF FUNERAL HOME: SACRED FUNERAL HOME  
3526 N. CICERO AVE, CHICAGO, ILLINOIS 60641

REGISTRATION DISTRICT NO. 1619  
REGISTERED NUMBER 617571  
DATE OF DEATH: SEPT 17 1991  
CITY OF CHICAGO

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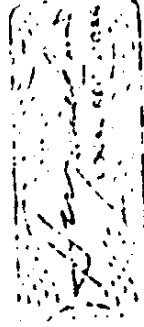
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DEPARTMENT OF HEALTH CITY OF CHICAGO

October 29, 1982

STATE OF ILLINOIS }  
COUNTY OF COOK }  
CITY OF CHICAGO }

Joseph H. Murrel, M.D. 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.



This Certified Copy VALID  
When MULTICOLOR SEAL  
AND BLUE SIGNATURE ARE  
Affixed

609880

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO 16.10  
REGISTERED NUMBER

DECEASED NAME RAYMOND SPREITZER SEX M MALE DATE OF BIRTH MAY 10 1982  
UNDER 1 YEAR UNDER 2 YEARS UNDER 5 YEARS UNDER 10 YEARS  
79 AMERICAN MAR 3 1903 COOK

20 COLUMBUS HOSPITAL 70 INPATIENT

21 NONE

22 U.S.A. NEVER MARRIED 134 YES W W Z

23 BRIDGE TENDER PARK DIST. 134 YES COOK ILLINOIS

24 1622 N WESTERN AVENUE CHICAGO

25 FATHER NAME JOSEPH H. SPREITZER 10 THEODORA ROSE LORENZ

26 DEATH WAS CAUSED BY ACUTE MYOCARDIAL FAILURE 1 HOUR

27 RECURRENT PROSTATIC CARCINOMA 4 YEARS

28 DATE OF OPERATION MAY 10 1982

29 NAME AND ADDRESS OF PHYSICIAN DR. NICHOLAS CAPOS 30 N MICHIGAN AVE. CHICAGO ILL. 60602

30 NAME AND ADDRESS OF PLACE OF BURIAL ST. JOSEPH 1240 RIVER GROVE ILL. CHICAGO ILL. 60632

31 NAME OF PHYSICIAN DR. NICHOLAS CAPOS 30 N MICHIGAN AVE. CHICAGO ILL. 60602

32 NAME AND ADDRESS OF PHYSICIAN DR. NICHOLAS CAPOS 30 N MICHIGAN AVE. CHICAGO ILL. 60602

33 NAME AND ADDRESS OF PHYSICIAN DR. NICHOLAS CAPOS 30 N MICHIGAN AVE. CHICAGO ILL. 60602

34 NAME AND ADDRESS OF PHYSICIAN DR. NICHOLAS CAPOS 30 N MICHIGAN AVE. CHICAGO ILL. 60602

35 NAME AND ADDRESS OF PHYSICIAN DR. NICHOLAS CAPOS 30 N MICHIGAN AVE. CHICAGO ILL. 60602

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DEPARTMENT OF HEALTH - CITY OF CHICAGO

JAN 10 1991

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

Virginia L. Parfen, M.P.A., Acting  
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 for the City of Chicago by  
virtue of the laws of the State of  
Illinois and the ordinances of the  
City of Chicago; that the accompany-  
ing certificate on this sheet is a  
true copy of a record kept by me in  
pursuance of said laws and ordi-  
nances.

600563

THIS CERTIFIED COPY VALID WHEN  
MULTICOLOR SIGNATURE SEAL IS  
AFFIXED.

**MEDICAL EXAMINER'S - CORONER'S  
CERTIFICATE OF DEATH**

600563

176 1 1991

REGISTERED NUMBER: 600563	DATE: 176 1 1991	NAME: <u>LAWRENCE</u>	
SEX: <u>MALE</u>		DATE OF BIRTH: <u>3 MAR 5 1921</u>	
LAST RESIDENCE: <u>CHICAGO</u>		PLACE OF BIRTH: <u>CHICAGO</u>	
HOSPITAL OR OTHER PLACE OF DEATH: <u>CHICAGO</u>		PLACE OF DEATH: <u>CHICAGO</u>	
NAME OF SURVIVING SPOUSE: <u>None</u>		NAME OF BUSINESS OR INDUSTRY: <u>None</u>	
NAME OF DECEASED: <u>ALICE CONDAN</u>		SOCIAL SECURITY NUMBER: <u>12</u>	
CITY TOWN AND COUNTY DISTRICT NO: <u>CHICAGO</u>		COUNTY: <u>COOK</u>	
STATE: <u>ILLINOIS</u>		ZIP CODE: <u>60617</u>	
RACE: <u>WHITE</u>		HEIGHT: <u>5' 8"</u>	
HAIR: <u>BROWN</u>		EYES: <u>BROWN</u>	
BIRTH PLACE: <u>CHICAGO</u>		SPECIFY: <u>None</u>	
OCCUPATION: <u>None</u>		MARRIAGE: <u>None</u>	
CAUSE OF DEATH: <u>ANUNSCHEMATIC CARDIOVASCULAR DISEASE</u>		MANNER OF DEATH: <u>None</u>	
(a) <u>None</u>		(b) <u>None</u>	
(c) <u>None</u>		(d) <u>None</u>	
SIGNATURE OF DECEASED: <u>None</u>			
SIGNATURE OF WITNESS: <u>None</u>			
SIGNATURE OF EXAMINER: <u>YUKSEL KOUKACI, M.D.</u>			
TITLE OF EXAMINER: <u>Medical Examiner</u>			
INSTITUTION: <u>CHICAGO</u>			
ADDRESS: <u>CHICAGO</u>			
TELEPHONE: <u>CHICAGO</u>			
DATE OF EXAMINATION: <u>1991</u>			
SIGNATURE OF REGISTRAR: <u>None</u>			

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