

UNOFFICIAL COPY

94192891

ATTORNEY TITLE GUARANTY FUND, INC.

STATE OF ILLINOIS)
COUNTY OF COOK)
) SS

DEPT-01 RECORDING \$23.00
T#0014 TRAN 0927 03/01/94 10:17:00
42359 94192891
(COOK COUNTY RECORDER)

JOINT TENANCY AFFIDAVIT

ELMER PETRI, hereinafter referred to as the affiant, states under oath that the affiant resides at 4937 N. NATOMA in the City of CHICAGO, Illinois; that the affiant was acquainted with SVEA V. PETRI, 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 legal described as follows:

LOT 316 IN BIG OAKS SUBDIVISION, BEING A SUBDIVISION IN THE SOUTH HALF OF SECTION 7, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

C/R/A: 4937 N. NATOMA - CHICAGO, IL.
PIN # 13-07-429-006-0000

That the decedent has 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 MARCH 16, 1991, leaving no/a last will and testament;

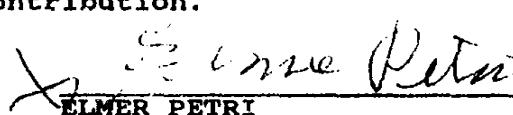
That the total value of decedent's estate, including the taxable interest in the above property was \$ 115,000.00, and that the value of the above property individually was \$57,500.00.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any, was due fro 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, suite, attorney 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:

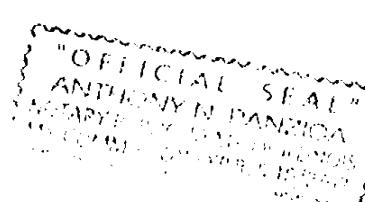
- 1) Claims against the estate of SVEA V. PETRI, the decedent;
- 2) Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent.
- 3) Legacies, if any, created by the Will of said decedent;
- 4) Rights to contribution.


ELMER PETRI

[SEAL]

Subscribed and Sworn to before me
this 16th day of March, 1994


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.

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Property of Cook County Clerk's Office

RECEIVED
COOK COUNTY CLERK'S OFFICE

REGISTRATION
DISTRICT NO
REGISTERED
NUMBER

STATE OF ILLINOIS

STATE FILE
NUMBER 4

16.10 MEDICAL CERTIFICATE OF DEATH 605359

DECEASED NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH	MONTH OR YEAR
1. SVEA	V.	PETRI		2. FEMALE	3 MARCH 16, 1991	
COUNTY OF DEATH	AGE - LAST	UNDER 1 YEAR	UNTER : DAY	DATE OF DEATH	MONTH	YEAR
4. COOK	BIRTHDAY 1951	AGE 30	Days 50	50 JANUARY 2, 1909		
CITY/TOWN/ZIP/ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION	NAME OF NEAREST STREET AND NUMBER	IF "NO" ON THIS INDICATE DOA OR DATE AND DAY			
6a. CHICAGO	OUR MEDICAL CENTER RESURRECTION	5200 W. DIVERSITY CHICAGO IL 60639	IF "NO" ON THIS INDICATE DOA OR DATE AND DAY			
SOCIAL SECURITY NUMBER	NAME OF SURVIVING SPOUSE (NAME IN NAME & WIFE)		IF "NO" ON THIS INDICATE DOA OR DATE AND DAY			
7. SWEDEN	ELMER PETRI		IF "NO" ON THIS INDICATE DOA OR DATE AND DAY			
USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION	IF "NO" ON THIS INDICATE DOA OR DATE AND DAY			
10. 320-01-5827	11a. HOMEMAKER	11b. OWN HOME	12. 8	13c. COOK		
RESIDENCE STREET ADDRESS	TOWN, TOWN, TWP. OR ROAD DISTRICT NO	RESIDENCE CITY				
13a. 4937 N. NATOMA	13b. CHICAGO	13c. CHICAGO				
STATE	ZIP CODE	PLACE OF BIRTH	OF HISPANIC ORIGIN	STATE	COOK	
13d. ILLINOIS	13e. 60656	WHITE AMERICAN	YES	13f. JAPAN	MEXICO PUERTO RICO	
FATHER'S NAME	FIRST	MIDDLE	14. YES	15. NO	16. YES	SPECIFY
15. BERENT	EKEGREN	LAST	MOTHER'S NAME	FIRST	MIDDLE	17. MARDEN LAST
INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP	MAILING ADDRESS	16. HILDA	(NOT KNOWN)		
STACY MALEC	17a. MEL GATIS	17b. ADDISON CHGO, IL 60634	17c. 5645 W. ADDISON CHGO, IL 60634			
18. PARTI:	Enter the date(s), or condition(s) not chronic but still existent at time of death. Do not enter the mode of dying such as carcinoma or nephritis.					
Signature of Informant Name _____ Address _____ Relationship _____ Date _____ Condition(s) _____ (1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (6) _____ (7) _____ (8) _____ (9) _____ (10) _____ (11) _____ (12) _____ (13) _____ (14) _____ (15) _____ (16) _____ (17) _____ (18) _____ (19) _____ (20) _____ (21) _____ (22) _____ (23) _____ (24) _____ (25) _____ (26) _____ (27) _____ (28) _____ (29) _____ (30) _____ (31) _____ (32) _____ (33) _____ (34) _____ (35) _____ (36) _____ (37) _____ (38) _____ (39) _____ (40) _____ (41) _____ (42) _____ (43) _____ (44) _____ (45) _____ (46) _____ (47) _____ (48) _____ (49) _____ (50) _____ (51) _____ (52) _____ (53) _____ (54) _____ (55) _____ (56) _____ (57) _____ (58) _____ (59) _____ (60) _____ (61) _____ (62) _____ (63) _____ (64) _____ (65) _____ (66) _____ (67) _____ (68) _____ (69) _____ (70) _____ (71) _____ (72) _____ (73) _____ (74) _____ (75) _____ (76) _____ (77) _____ (78) _____ (79) _____ (80) _____ (81) _____ (82) _____ (83) _____ 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