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94192891

ATTORNEY TITLE GUARANTY FUND, INC.

STATE OF ILLINOIS)
)SS
COUNTY OF COOK)

DEPT-01 RECORDING \$23.00
T#0014 TRAN 0927 03/01/94 10:17:00
#2759 #-94-192891
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/K/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:

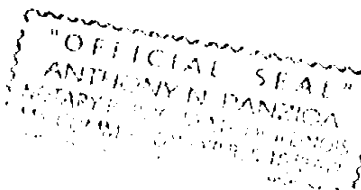
- 1) Claims against the estate of SVEA V. PETRI, the decedent;
- 2) Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent.
- 3) Legacies, if any, created by the Will of said decedent;
- 4) Rights to contribution.

Elmer Petri
ELMER PETRI

[SEAL]

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

Arthur M. Perry
Notary Public



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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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10/20/11

Property of Cook County Clerk's Office

10/20/11

10/20/11

10/20/11

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
STATE FILE NUMBER # **605359**

REGISTRATION DISTRICT NO. **16.10**
REGISTERED NUMBER

DECEASED-NAME SVEA V. PETRI		SEX 2 FEMALE	DATE OF DEATH 3 MARCH 16, 1991	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER CHICAGO		AGE (LAST BIRTHDAY) 58 8/2	DATE OF BIRTH 53 JANUARY 2, 1909	IF HOSPITAL OR OTHER INSTITUTION, NAME OF INSTITUTION AND NUMBER; IF HOME OR RESIDENTIAL, ADDRESS OF DECEASED (INCLUDE STREET AND NUMBER); IF HOME OR RESIDENTIAL, DISTRICT OR PATIENT CATEGORY; OUR LADY OF THE RESURRECTION MEDICAL CENTER
MARRIED NEVER MARRIED (INCLUDE DIVORCED) (SPECIFY) 8a MARRIED		NAME OF SURVIVING SPOUSE (INCLUDE NAME & APOE) 8b ELMER PETRI		
SOCIAL SECURITY NUMBER 10. 320-01-5827		EDUCATION (SPECIALTY FIELD) (GRADE COMPLETED) (Specify if secondary) (15) 12 8		
RESIDENCE (STREET AND NUMBER) 4937 N. NATOMA		CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO		
STATE 13a ILLINOIS		COUNTY 13c COOK		
FATHER-NAME (FIRST, MIDDLE, LAST) BERENT EKEGREN		MOTHER-NAME (FIRST, MIDDLE, LAST) (MAY BE UNKNOWN) 16 HILDA (NOT KNOWN)		
DECEASED'S NAME (TYPE OR PRINT) 17a STACY MALEC		MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP CODE) 17b MEDICAL RECORDS 17c 5645 W. ADDISON CHGO, IL 60634		
18. PART I. Enter the diagnosis, 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. 18a Coronary Artery Disease 18b Myocardial Infarction 18c				
PART II. Enter significant conditions contributing to death but not resulting in the underlying cause given in PART I. 20a DR. JORGE OLMO 5200 W. DIVERSY CHICAGO, IL 60639				
DATE OF OPERATION, IF ANY 20b				
19a. SIGNATURE 20c				
NAME AND ADDRESS OF CERTIFIER 20d				
DATE OF OPERATION, IF ANY 20e				
19b. SIGNATURE 21a				
NAME AND ADDRESS OF CERTIFIER 21b				
DATE OF OPERATION, IF ANY 21c				
19c. SIGNATURE 22a				
NAME AND ADDRESS OF CERTIFIER 22b				
DATE OF OPERATION, IF ANY 22c				
BIRTH, CHEMISTRY, REMOVAL (SPECIFY) 23a				
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 23b				
STATE 23c				
CITY OR TOWN 23d				
STREET AND NUMBER OR R.F.D. 23e				
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 23f				
STATE 23g				
CITY OR TOWN 23h				
STREET AND NUMBER OR R.F.D. 23i				
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 23j				
STATE 23k				

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
MAR 18 1991
I, 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 MULTICOLOR SIGNATURE SPAL IS APPLIED.

16526146

MAR 18 1991

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