

UNOFFICIAL COPY
Attorneys' Title Guaranty Fund, Inc.

95799208

STATE OF ILLINOIS

COUNTY OF COOK

SS.

DEPT-01 RECORDING 023.50
10777 TRAM 3448 11/17/95 11109100
43223 0 3M. 4-95-799208
COOK COUNTY RECORDER
DEPT-10 PENALTY 020.00

JOINT TENANCY AFFIDAVIT

DON E. EWING, hereinafter referred to as the affiant, states under oath that the affiant resides at 7414 NORTH SHERIDAN ROAD in the City of CHICAGO, Illinois;

that the affiant was acquainted with BEN WAMBLEY WINTER, the decedent; that 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:
THE SOUTHERLY 62.06 FEET OF LOT 2 (AS MEASURED ON THE WESTERLY LINE OF EVANSYON AVENUE) IN BLOCK 10 IN BIRCHWOOD BEACH, IN SECTION 29, TOWNSHIP 41 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. COMMONLY KNOWN AS 7414 NORTH SHERIDAN ROAD, CHICAGO, IL 60626 P.L.N. 11-29-311-023

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 FEBRUARY 26, 1995, leaving no/a last will and testament.

That the total value of decedent's estate, including the taxable interest in the above property was \$ 2,222,000.00

and that the value of the above property individually was \$ 1,111,000.00 (100%).

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/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 BEN WAMBLEY WINTER, 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.

F 232
P 202
T 432
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P
V

Don E. Ewing (Seal)
DON E. EWING

(Seal)

Subscribed and Sworn to before me

this 13TH day of NOVEMBER, 19 95

Gerard D. Haderlein
Notary Public



THIS INSTRUMENT WAS PREPARED BY:
GERARD D. HADERLEIN
3413 NORTH LINCOLN AVENUE
CHICAGO, ILL. 60657

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

5/20/00
RECIPIENT'S NAME:
PLEASE MAIL TO:
GERARD D. HADERLEIN
1413 NORTH LINCOLN AVENUE
CHICAGO, IL 60657



REGISTRATION DISTRICT NO. 1000
 REGISTERED NUMBER 1000

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
 STATE FILE NUMBER 104123

DECEASED NAME: **Rec Wansley** SEX: **Male** DATE OF BIRTH: **February 26, 1995**
 COUNTY OF DEATH: **Cook** CITY/TOWN/TWP OR RECORD DISTRICT: **Chicago**
 AGE AT DEATH: **76** DATE OF DEATH: **February 27, 1995**

PLACE OF BIRTH: **Chicago, Ill.** PLACE OF DEATH: **St. Joseph's Hospital**
 OCCUPATION: **Manager** OCCUPATION AT DEATH: **Manager**
 SOCIAL SECURITY NUMBER: **335-05-7845**

RESIDENCE: **7414 N. Sheridan Rd., Chicago, Ill.**
 RACE: **White** ETHNIC ORIGIN: **White**
 HIGHEST GRADE OF SCHOOL: **High School**

DECEASED'S NAME: **Robert Lowell Winder**
 DECEASED'S ADDRESS: **6026 South Dearborn Ave., Chicago, Ill. 60640**

DECEASED'S SIGNATURE: *Robert Lowell Winder*
 WITNESSES: **Nancy E. Ryan** (Signature: *Nancy E. Ryan*)
Ruth Vanderslyer (Signature: *Ruth Vanderslyer*)

CAUSE OF DEATH: **Stroke**
 ICD-10 CODE: **I60.9**
 ICD-9 CODE: **430**

DATE OF DEATH: **February 27, 1995**
 TIME OF DEATH: **8:55P**

DECEASED'S SIGNATURE: *Robert Lowell Winder*
 WITNESSES: **Dr. Barry Atlas** (Signature: *Dr. Barry Atlas*)
Dr. Barry Atlas (Signature: *Dr. Barry Atlas*)

DECEASED'S ADDRESS: **226 Dr. Barry Atlas, 6640 N. Marine Dr., Chicago, IL 60640**
 DECEASED'S PHONE: **036-047461**

DECEASED'S SIGNATURE: *John F. Maloney*
 WITNESSES: **John F. Maloney** (Signature: *John F. Maloney*)
John F. Maloney (Signature: *John F. Maloney*)

DECEASED'S SIGNATURE: *Thomas J. Gosse*
 WITNESSES: **Thomas J. Gosse** (Signature: *Thomas J. Gosse*)
Thomas J. Gosse (Signature: *Thomas J. Gosse*)

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

FEB 28 1995

I, SHERA LYNE NEW, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTH, 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 OR THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID UNDER ILLINOIS LAW. SIGNATURE SEAL IS AFFIXED.



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9/19/2015

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