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STATE OF ILLINOIS)
COUNTY OF Cook) SS

95898615

DEPT-11 TORRENS \$25.50
T40013 TRAN 0415 12/27/95 13:11:00
#0799 : DW * - 95 - 896615
COOK COUNTY RECORDER
DEPT-10 PENALTY \$22.00

JOINT TENANCY AFFIDAVIT

KURT MASS, hereinafter referred to as the affiant, states under oath that the affiant resides at 1213 Cove Rd in the City of Sturgeon Bay, ~~Wisconsin~~; that the affiant was acquainted with Dor's MASS, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of properly recorded joint tenancy warranty deed, said property located in Cook County, Illinois, and legally described as follows: 1544 N. KASPER AVE ARLINGTON HTS IL 60004

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 7-2-90, leaving no/a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$20,000; and

That the value of the above property individually was \$25,000.00

That the affiant makes this affidavit to induce ATTORNEYS' TITLE INSURANCE 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 INSURANCE FUND, INC. harmless and to reimburse the Fund for all loss, costs, damages, suits, attorney's fees and expenses and every kind and nature which 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 Dor's MASS, the decedent;
2. Illinois State Inheritance Tax and Federal 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.

Kurt Mass (Seal)

(Seal)

Subscribed and Sworn to before me

this 12th day of December, 1995
Marina Levitas
Notary Public

"OFFICIAL SEAL"
Marina Levitas
Notary Public, State of Illinois
My Commission Expires 10/18/99

2550
[Signature]

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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LOT THREE HUNDRED FIFTY TWO (352) IN HASBROOK SUBDIVISION UNIT NO. 4, OF PART OF THE NORTHEAST QUARTER (1/4) OF SECTION 19, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO PLAT THEREOF REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS, ON OCTOBER 19, 1959, AS DOCUMENT NUMBER '1891839.

03-19-213-078

1544 N. Kaspar Avenue.
Arlington Heights, IL 60004

mail to: William D. Dolew
800 E Northwest Hwy
Palatine, IL 60067



ST. LOUIS NATIONAL
TITLE NETWORK

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STATE OF ILLINOIS
DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

JUL 05 1990

Official Title Deputy Registrar
1500 S. Maybrook Drive
Maywood, Illinois 60154

I HEREBY CERTIFY THAT the foregoing is true and correct copy of the death record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths and deaths.

SIGNED *Markie McConomy*

REGISTRATION DISTRICT NO. <u>1100</u>		REGISTERED NUMBER <u>1100</u>		DECEASED-NAME 1. <u>Doris Rachel</u>		FIRST MIDDLE LAST <u>Mass</u>		SEX <u>Female</u>		DATE OF DEATH <u>July 2, 1990</u>	
COUNTY OF DEATH <u>Cook</u>		AGE-LAST BIRTHDAY (MNS) <u>72</u>		UNDER 1 YEAR 1a. <u>72</u>		UNDER 1 DAY 1b. <u>72</u>		DATE OF BIRTH (Month, Day, Year) <u>July 7, 1918</u>		HOSPITAL OR OTHER INSTITUTION-NAME (IF IN HOSPITAL OR OTHER INSTITUTION) <u>Northwest Continuing Care Center</u>	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <u>Arlington Heights</u>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>		NAME OF SURVIVE (S)-NAME (LAST, FIRST, MIDDLE) <u>Theodore Mass</u>		KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		EDUCATION (SEE INSTRUCTIONS) <u>High School</u>		IF POST-OR-POST-RODICATE O.R.A. OR OTHER PAL. STATEMENT (SPECIFY) <u>Indifferent</u>	
RESIDENCE (STREET AND NUMBER) <u>133 1544 North Kasper</u>		CITY, TOWN, TWP. OR ROAD DISTRICT NO. <u>Arlington Heights</u>		MOTHER-NAME FIRST MIDDLE LAST <u>Louise Clements</u>		MARRIAGE ADDRESS (STREET AND NO. OR RD. OR TOWNSHIP, STATE, ZIP) <u>170 Husbandize 1544 N. Kasper Arlington Hts. Ill.</u>		MARRIAGE ADDRESS (STREET AND NO. OR RD. OR TOWNSHIP, STATE, ZIP) <u>170 Husbandize 1544 N. Kasper Arlington Hts. Ill.</u>		MARRIAGE ADDRESS (STREET AND NO. OR RD. OR TOWNSHIP, STATE, ZIP) <u>170 Husbandize 1544 N. Kasper Arlington Hts. Ill.</u>	
FATHER-NAME FIRST MIDDLE LAST <u>Hugo Lehmann</u>		RACE (WHITE, BLACK, AMERICAN INDIAN, NATIVE HAWAIIAN) <u>White</u>		SPECIFY: <u>Yes</u>		MARRIAGE ADDRESS (STREET AND NO. OR RD. OR TOWNSHIP, STATE, ZIP) <u>170 Husbandize 1544 N. Kasper Arlington Hts. Ill.</u>		MARRIAGE ADDRESS (STREET AND NO. OR RD. OR TOWNSHIP, STATE, ZIP) <u>170 Husbandize 1544 N. Kasper Arlington Hts. Ill.</u>		MARRIAGE ADDRESS (STREET AND NO. OR RD. OR TOWNSHIP, STATE, ZIP) <u>170 Husbandize 1544 N. Kasper Arlington Hts. Ill.</u>	
17a. Theodore Mass		17b. Husbandize 1544 N. Kasper Arlington Hts. Ill.		17c. Husbandize 1544 N. Kasper Arlington Hts. Ill.		17d. Husbandize 1544 N. Kasper Arlington Hts. Ill.		17e. Husbandize 1544 N. Kasper Arlington Hts. Ill.		17f. Husbandize 1544 N. Kasper Arlington Hts. Ill.	
18. PART I. Immediate Cause (final disease or condition resulting in death)		18. PART II. Other (Specify)		18. PART III. Other (Specify)		18. PART IV. Other (Specify)		18. PART V. Other (Specify)		18. PART VI. Other (Specify)	
19. DATE OF OPERATION <u>July 2, 1990</u>		20. MAJOR FINDINGS OF OPERATION <u>C. 36-194c</u>		21. WAG CONTINUED OR AMERICAL EXAMINATION NOTIFIED (YES/NO) <u>NO</u>		22. HOUR OF DEATH <u>9:15 PM</u>		23. DATE SIGNED <u>July 3-90</u>		24. ILLINOIS LICENSE NUMBER <u>36-7775c</u>	
25. NAME AND ADDRESS OF CENTER <u>1614 W. Central</u>		26. NAME AND ADDRESS OF PHYSICIAN (IF OTHER THAN CENTER) <u>APL HTS, IL 60005</u>		27. NAME OF CREMATORY-NAME <u>Evergreen Cemetery</u>		28. LOCATION <u>Evergreen Park, Illinois</u>		29. DATE <u>2nd July 6, 1990</u>		30. DATE <u>2nd July 6, 1990</u>	
31. FUNERAL HOME <u>Lauterburg & Oehler</u>		32. FUNERAL HOME <u>2000 E. Northwest Highway</u>		33. CITY OR TOWN <u>Arlington Heights, Illinois</u>		34. STATE <u>Illinois</u>		35. ZIP CODE <u>60004</u>		36. CITY OR TOWN <u>Arlington Heights, Illinois</u>	

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