



UNOFFICIAL COPY

95304175

DEPT-11 RECORD TOR 125.50  
150013 TRON 5476 05/09/95 11:32:00  
42779 CT-95-304175  
COOK COUNTY RECORDER

STATE OF ILLINOIS }  
COUNTY OF COOK } SS.

95304175

AFFIDAVIT

ALLEN J. FLITCRAFT, hereinafter referred to as the affiant, states under oath that the affiant resides at 2938 Indianwood in the City of Wilmette, Illinois; that the affiant was acquainted with ALICE B. FLITCRAFT, the decedent; that at the time of death, the decedent was the owner of property, by virtue of a properly recorded joint tenancy warranty deed, said property, located in Cook County, Illinois, and legally described as follows:

Lot 23 in Block 2 in Kent's Subdivision of Blocks 2 and 3 in Greendale, a Subdivision of the North 10 acres of the South 60 acres of the West 1/2 of the Southwest 1/4 (except the North 1/2 of the Northwest 1/4 of the Southwest 1/4 of the Southwest 1/4 of Section 17, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois

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 December 24, 1994, leaving no/a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$380,000, and that the value of the above property individually was \$45,000.

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 Alice B. Flitcraft, 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.

*Allen J. Flitcraft*

(Seal)

(SEAL)

25.50p

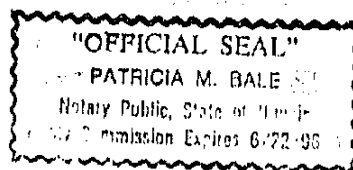
REL ATTORNEY SERVICES # 638826 / 6F4

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Subscribed and Sworn to before me  
this 27 day of April, 1995

  
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.

Mail To: Edward M. Grabill

707 Skokie Blvd

Suite 420

Northbrook IL 60062

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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named on item 3 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.

DEC 29 1994  
DATE

Oak Park, IL.

SIGNED Kenneth M. P.H.  
LOCAL REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH in Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health or the local registrar or the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

REGISTRATION NO. 16.24  
DISTRICT NO.  
REGISTERED NUMBER 1049

## MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

49-3041730  
STATE FEE NUMBER

DECEASED-NAME <b>Alice</b>		MIDDLE <b>Filitcraft</b>		LAST <b>White</b>		SEX <b>Female</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>December 24 1994</b>
COUNTY OF DEATH <b>COOK</b>	CITY/TOWN/TWP. OF ROAD DISTRICT/TALLEN <b>OAK PARK</b>	AGE-LAST BIRTHDAY (MOS. YRS. SE.) <b>92</b>	UNDER-18 YRS. <b>0</b>	UNDER-18 YRS. <b>0</b>	UNDER-18 YRS. <b>0</b>	DATE OF BIRTH (MONTH, DAY, YEAR) <b>October 1 1900</b>	IF DECEASED IN A HOSPITAL OR OTHER INSTITUTION-NAME OF HOSPITAL OR INSTITUTION-NAME OF HOSPITAL OR INSTITUTION-ADDRESS OF HOSPITAL OR INSTITUTION <b>HOSPITAL OF OTHER INSTITUTION-NAME OF HOSPITAL OR INSTITUTION-ADDRESS OF HOSPITAL OR INSTITUTION</b>
BIRTHPLACE (CITY/TOWN/STATE OR FOREIGN COUNTRY) <b>OAK PARK PA</b>		MARRIED NEVER MARRIED WIDOWED DIVORCED (CHECK ONE) <b>Married</b>		NAME OF SURVIVING SPOUSE (GIVEN NAME) <b>None</b>		EDUCATION (CHECK ONE) (YRS. COMPLETED) <b>9</b>	
SOCIAL SECURITY NUMBER <b>357-26-033Y</b>		USUAL OCCUPATION <b>Housewife</b>		KIND OF BUSINESS OR INDUSTRY <b>None</b>		EDUCATION (CHECK ONE) (YRS. COMPLETED) <b>9</b>	
RESIDENCE (STREET AND NUMBER) <b>1042 S. Highland</b>		CITY/TOWN/TWP. OF ROAD DISTRICT NO. <b>OAK PARK</b>		OFFICE (CHECK ONE) (SPECIAL REPORTS) <b>Yes</b>		COUNTY <b>COOK</b>	
STATE <b>IL</b>		ZIP CODE <b>60411</b>		RACE (WHITE, BLACK, AMERICAN INDIAN, OR HISPANIC) <b>White</b>		SPECIES <b>Human</b>	
FATHER-NAME (FIRST MIDDLE LAST) <b>ALLEN C. BLACKBURN</b>		MOTHER-NAME (FIRST MIDDLE LAST) <b>ARDELL E. RUSSELL</b>					
DECEASED'S NAME (TYPE OPERATIONS) <b>GREGG FITZGERALD</b>		RELATIONSHIP TO DECEASED <b>Son</b>		MARRIAGE ADDRESS (STREET AND NUMBER) CITY/TOWN/STATE/ZIP CODE <b>17520 PINE STREET GLENVIEW IL</b>			
18. PART I Immediate Cause of Death Direct or indirect cause of death <b>Myocardial infarction</b>		19. (a) DUE TO OR AS A RESULT OF DISEASE OR INJURY <b>Coronary Artery Disease</b>		19. (b) DUE TO OR AS A RESULT OF DISEASE OR INJURY <b>10 YEARS</b>			
20. DATE OF OPERATION (IF ANY) <b>None</b>		21. LOCATION OF OPERATION <b>None</b>		22. HOURS OF DEATH <b>4:15 P.M.</b>			
23. SIGNATURE <b>M. Sellars</b>		24. NAME AND ADDRESS OF CERTIFIER <b>Autonomous Gift Assoc. Chicago</b>		25. NAME OF ATENDING PHYSICIAN/OTHER TRAINER (IF ANY) <b>None</b>			
26. FUNERAL HOME <b>Christina Underhill Services</b>		27. STREET AND NUMBER OF B. <b>Chicago</b>		28. DATE <b>Dec. 29 1994</b>			
29. LOCAL REGISTRAR'S SIGNATURE <b>E. S. Bole</b>		30. ADDRESS OF REGISTRAR <b>Chicago</b>		31. DATE <b>Dec. 29 1994</b>			

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Property of Cook County Clerk's Office

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