



Attorneys National Title Network, Inc.

29 South LaSalle Street • Suite 906 • Chicago, IL 60603 • 312-407-0320

UNOFFICIAL COPY

95360745

STATE OF ILLINOIS

COUNTY OF COOK

SS.

MAY 24 1995

JOINT TENANCY AFFIDAVIT

05/24/95

0014 MCH 11:42  
RECORDING 25.00  
MAIL 0.50  
95360745  
PENALTY 20.00  
11:42

RICHARD R. ADEMA, JR.

hereinafter referred to as the affiant, states under oath that the affiant resides

at 15101 LaCrosse Avenue in the City of Oak Forest, Illinois;

that the affiant was acquainted with ANNA L. ADEMA, 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:

See Attached

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 22, 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 \$ 50,000

and that the value of the above property individually was \$ 25,000

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 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 foreverfully 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 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 ANNA L. ADEMA, 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.

95360745

*Richard R. Adema Jr.* (Seal)

\_\_\_\_\_ (Seal)

Subscribed and Sworn to before me

this 2nd day of May, 1995.

*Tracy S. Dalton*  
Notary Public

" OFFICIAL SEAL "  
TRACY S. DALTON  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 3/19/96

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.

# UNOFFICIAL COPY

THE NORTH 58 FEET OF LOT 19 IN ARTHUR T. MCINTOSH AND COMPANY'S FOREST HILLS BEING A SUBDIVISION OF PART OF THE NORTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 16, TOWNSHIP 36 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, AS PER PLAT RECORDED OCTOBER 3, 1940 AS DOCUMENT 12556595 AND RE-RECORDED JANUARY 31, 1941 AS DOCUMENT 12616589, IN COOK COUNTY, ILLINOIS.

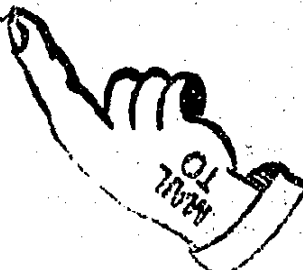
Permanent Index Number: 28-16-215-036

Address of Real Estate: 15101 LaCrosse, Oak Forest, IL 60452

Property of Cook County Clerk's Office

95360745

Dallen & Dallen  
6930 W 79th  
Berwyn, IL 60459



STATE FILE NUMBER

## MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. <u>10.34</u> REGISTERED NUMBER <u>173</u>		DECEASED-NAME <b>Anna L Adema</b>		SEX <u>Female</u>		DATE OF DEATH (MONTH, DAY, YEAR) <u>December 22, 1994</u>	
COUNTY OF DEATH <b>Cook</b>		UNDER 1 YEAR MONTHS <u>00</u> DAYS <u>00</u> HOURS <u>00</u>		DATE OF BIRTH (MONTH, DAY, YEAR) <u>October 2, 1934</u>		IF HOSP. OR INST. INDICATE D.O.A. OF FUNER. OR PATIENT (SPECIFY) <u>Inpatient</u>	
CITY, TOWN, TWP. OR ROAD, DISTRICT NUMBER <b>Harvey</b>		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN OTHER GIVE STREET AND NUMBER) <b>Ingalls Memorial Hospital</b>		NAME OF SURVIVING SPOUSE (MARRIAGE, DIVORCE) <b>Richard R. Adema</b>		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) <u>NO</u>	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>Grantsburg, IL</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) <b>High School</b>		9. <u>NO</u>	
SOCIAL SECURITY NUMBER <b>323-26-8619</b>		USUAL OCCUPATION <b>Delivery/District</b>		CITY, TOWN, TWP. OR ROAD, DISTRICT NO. <b>Oak Forest</b>		COUNTY <b>Cook</b>	
RESIDENCE (STREET AND NUMBER) <b>15101 Lacrosse</b>		RACE (WHITE, BLACK, AMERICAN INDIAN, OTHER) <b>White</b>		CITY <b>Oak Forest</b>		INSIDE CITY (YES/NO) <b>Yes</b>	
STATE <b>Illinois</b>		ZIP CODE <b>60452</b>		CITY, TOWN, TWP. OR ROAD, DISTRICT NO. <b>Oak Forest</b>		COUNTY <b>Cook</b>	
FATHER-NAME FIRST MIDDLE LAST <b>Jurie D Batty</b>		MOTHER-NAME FIRST MIDDLE LAST <b>Vida</b>		CITY, TOWN, TWP. OR ROAD, DISTRICT NO. <b>Oak Forest</b>		COUNTY <b>Cook</b>	
INFORMANT'S NAME (TYPE OR PRINT) <b>Deborah L. Etheridge</b>		RELATIONSHIP <b>Medical Records</b>		MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>1709 Ingalls Dr. Harvey, IL 60426</b>		(MARRIAGE) LAST <b>Bush</b>	
17. Enter the disease, 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 or cause line. (a) <b>CHOLANGIOCARCINOMA WITH METASTASES</b> DUE TO, OR AS A CONSEQUENCE OF (b) _____ DUE TO, OR AS A CONSEQUENCE OF (c) _____		18. PART I. Immediate Cause (Final disease or condition leading to death) (a) _____ (b) _____ (c) _____		19. PART II. Other significant conditions contributing to the death, or resulting in the underlying cause given in PART I. (a) _____ (b) _____ (c) _____		20. ALTOGETHER (YES/NO) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DATE OF OPERATION, IF ANY (DD) (MM) (YY) (HH) (MM) (SS) (MONTH, DAY, YEAR) <b>12-22-94</b>		21. WAS CORONER OR MEDICAL EXAMINER NOTIFIED (YES/NO) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		22. HOUR OF DEATH <b>3:25 P</b>		23. DATE SIGNED (MONTH, DAY, YEAR) <b>12-23-94</b>	
24. SIGNATURE (TYPE OR PRINT) <b>John G. Noble</b>		25. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>John G. Noble, 900 E. 162nd St., South Holland, IL 60473</b>		26. ILLINOIS LICENSE NUMBER <b>036-040801</b>		27. NOTE IF AN INQUIRY WAS INVOLVED IN THE DEATH (THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED)	
28. BIRTH INFORMATION (SPECIFY) 28a. <b>Bacial</b>		28b. CEMETERY OR CREMATORY-NAME <b>Beverly</b>		28c. STREET AND NUMBER OR R.F.D. <b>Blue Island, Illinois</b>		28d. DATE (MONTH, DAY, YEAR) <b>24 Dec. 27, 1994</b>	
29. LOCAL REGISTRAR'S SIGNATURE <b>Charlene K. McCleary</b>		30. LOCAL REGISTRAR'S SIGNATURE <b>Shirley L. Davis</b>		31. LOCAL REGISTRAR'S SIGNATURE <b>Shirley L. Davis</b>		32. LOCAL REGISTRAR'S SIGNATURE <b>Shirley L. Davis</b>	

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the DEATH record for the person named therein and that this record was established and filed in my office in accordance with provisions of the ILLINOIS STATUTES relating to the registration of BIRTHS, STILLBIRTHS AND DEATHS.

DATED APR 06 1995 SIGNED Shirley L. Davis LOCAL REGISTRAR AT HARVEY, ILLINOIS.

The original of this record is permanently filed with the Illinois Dept. of Public Health in Springfield, Illinois. County Clerks and Local Registrars are authorized to make certification from copies of the original record. The Illinois Statutes further provided that certification of a DEATH record by the Dept. of Public Health of the Local Registrar of the County Clerk shall be prima facie evidence in all courts and places of the facts therein stated.

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