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96367005

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

96 MAY -8 PM 1:33

RECORDING 27.00
MAIL 0.50
96367005

DECEASED JOINT
TENANCY AFFIDAVIT

COOK COUNTY
RECORDER
JESSE WHITE
ROLLING MEADOWS

Dorothy M. Woods hereinafter referred to as the affiant, states under oath that the affiant resides at 19 Moorings Drive in the City of Palos Heights, Illinois

That the affiant was acquainted with ELSIE MAE BARZEN, 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:

Lots 31 and 32 in Block 18 in L. E. Crandall's Oak Lawn Subdivision of the West 1/2 of the Southwest 1/4 and part of the East 1/2 of the Southwest 1/4 of Section 4, Township 37 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 February 6, 1996, leaving ~~no~~ a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$75,000.00, and that the value of the above property individually was \$75,000.00.

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 herself, 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, attorneys' fees and expenses of every kind and nature which the Fund may suffer, expend or incur by reason of the issuance of

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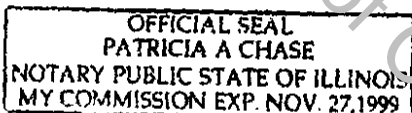
said policy free and clear of the following objections:

- 1) Claims against the Estate of ELSIE MAE BARZEN, 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.

X Dorothy M. Woods
DOROTHY M. WOODS

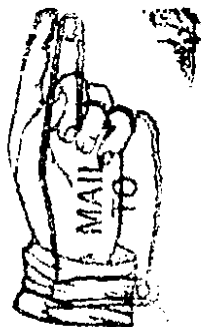
Subscribed and sworn to before me this
28 day of March, 1996

Patricia A. Chase
NOTARY PUBLIC



prepared by & mail to:

Donna Kogut
7375 W. North Ave
River Forest IL. 60305



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known as Trust Number 1102548, the following described real estate in the County of COOK and State of Illinois, to-wit:

LOTS 31 and 32 in Block 18 in L. E. Crandall's Oak Lawn Subdivision of the West 1/2 of the Southwest 1/4 and part of the East 1/2 of the Southwest 1/4 of Section 4, Township 37 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

THIS IS NOT HOMESTEAD PROPERTY.

Permanent Tax Number: 24-14-319-017 & 24-14-319-018
commonly known as: 9343 55th AVenue, Oak Lawn, IL

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

Date February 8, 1996 Signed Nick Comarada

At Cook County Department of Public Health Official Title Chief Deputy Registrar, 1010 Lake Street, Oak Park, Illinois 60301

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REGISTRATION DISTRICT NO. 16.0

REGISTERED NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEASED - NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH
Elsie		Barzen		Female	February 6, 1996
2. COUNTY OF DEATH	AGE - LAST BIRTHDAY (Y/M/D)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
Cook	90			February 24, 1905	
3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT BIRTHPLACE)		IF BORN OR INST. ADOPTED IN U.S. (IF BORN IN FOREIGN COUNTRY, SPECIFY)		
Oak Lawn	9343 South 55th Avenue		Cook, Ill.		
4. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (IF ONE NAME, IF TWO)		
Pease, Illinois	None		None		
5. SOCIAL SECURITY NUMBER	USUAL OCCUPATION		KIND OF BUSINESS OR AVOCATION		
10-345-28-7022	11a Clerk		11b GEORGIA STATE		
6. RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP. OR ROAD DISTRICT NO.		EDUCATION (SPECFY ONLY HIGHEST GRADE COMPLETED)		
9343 South 55th Avenue	19a Oak Lawn		12 9 YRS		
7. STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, NATIVE HAWAIIAN)	13a. YES	13b. YES	13c. COOK
Illinois	60453	WHITE			
8. FATHER - NAME	FIRST	MIDDLE	LAST	14b. YES	14c. YES
John Barker					
9. MOTHER - NAME	FIRST	MIDDLE	LAST	15. MARRYING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN, STATE, ZIP)	
Mary Weise				17a. 19 Moorings Dr. Palos Hgts., Ill. 60463	
10. INFORMANT'S NAME (IF OTHER THAN MOTHER)	RELATIONSHIP		17b. Sister		
Dorothy Woods	17a. Sister				
11. PART I: Immediate Cause (Final disease or condition including in detail)	Enter the diagnosis, or complication, the cause of the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Stroke, or heart failure, 15d. OR 15e. Cause on each line.		17c. 19 Moorings Dr. Palos Hgts., Ill. 60463		
(a) <u>Elemental Renal Failure</u>	DUE TO OR AS A CONSEQUENCE OF		17d. 19 Moorings Dr. Palos Hgts., Ill. 60463		
(b) <u>Elemental Renal Failure</u>	DUE TO OR AS A CONSEQUENCE OF				
(c) <u>Elemental Renal Failure</u>	DUE TO OR AS A CONSEQUENCE OF				
12. PART II: Other contributing conditions (Enter any condition not appearing in the underlying cause given in PART I)	DATE OF OPERATION, IF ANY		19a. YES		
<u>Elemental Renal Failure</u>			19b. NO		
13. JOB(D) (PROVIDE AT END OF THE DECEASED AND LAST SAW WHEN ER ALIVE ON)	MONTH - DAY - YEAR	14a. YES	14b. YES		
	<u>2-4-96</u>				
14. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	20a. HOURS OF DEATH		20b. DATE SIGNED		
	<u>11:55 P</u>		<u>2-8-96</u>		
15. SIGNATURE OF CERTIFIER	(TYPE OR PRINT)	ILLINOIS LICENSE NUMBER		22a. 036-039753	
<u>William J. Ruff</u>					
16. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	(TYPE OR PRINT)	22b. 036-039753		NOTE: IF ANY SALLY WAS INVOLVED IN THIS DEATH, THE CONCERN OF MEDICAL EXAMINER MUST BE NOTIFIED.	
17. BURIAL CEMETERY, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY - NAME	LOCATION	CITY OR TOWN	STATE	DATE
Cremation	A.G.A. of Illinois	Chicago, Illinois			Feb. 9, 1996
18. FUNERAL HOME	NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	DATE
Zimmerman & Sandeman Mem. Chapel		5200 West 95th Street	Oak Lawn, Illinois		
19. LOCAL REGISTRAR'S SIGNATURE	23a. REGISTER		DATE FILED		
<u>[Signature]</u>			<u>February 8, 1996</u>		

COOK COUNTY DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS

REGISTRAR

1010 LAKE STREET, OAK PARK, ILLINOIS 60301

TELEPHONE: (708) 439-2000

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