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568 W. Galena, Aurora, Illinois 60506

Phone: 708-892-2323

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STATE OF ILLINOIS
COUNTY OF DUPAGE

{ss}

97567766

NOTARY RECORDING

BRIAN P. CAFFREY, Notary Public, State of Illinois
My Commission Expires 8/8/99
JUDGE COUNTY RECORDER
\$22.00 PENALTY

JOINT TENANCY AFFIDAVIT

DAVID L. MILLER, hereinafter referred to as the affiant, states under oath that the affiant resides at 8748 S. LUCCA AVENUE in the City of CHICAGO, Illinois; that the affiant was acquainted with THOMASENE D. MILLER, 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 MAY 11, 1984, leaving no/m last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$94,000.00, and that the value of the above property individually was \$104,000.

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 Wheatland Title Guaranty 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 Wheatland Title Guaranty harmless and to reimburse Wheatland Title Guaranty for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which Wheatland Title Guaranty 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 THOMASENE D. MILLER, 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.

*(Seal)**(Seal)*

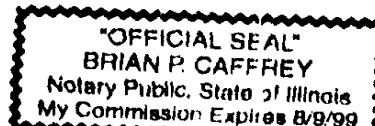
99-1956

Subscribed and Sworn to before me this 22nd day of JULY 22, 1997.

(Signature)
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.



RETURN TO:
Wheatland Title
39 Mill Street
Montgomery, IL 60538

HC 97001575
10-6-2

T.2500
D22.00
47.50

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LEGAL DESCRIPTION

LOT 32 (EXCEPT THE SOUTH 6 FEET THEREOF) AND THE SOUTH 12 FEET OF
LOT 33 IN BLOCK 2 IN THE SUBDIVISION OF THE NORTH WEST QUARTER OF THE
NORTH EAST QUARTER OF THE NORTH EAST QUARTER AND THE WEST HALF
OF THE SOUTH WEST QUARTER OF THE NORTH EAST QUARTER OF THE NORTH EAST
QUARTER OF SECTION 1, TOWNSHIP 37 NORTH, RANGE 14 EAST OF THE
THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PERMANENT TAX NUMBER: 25-01-204-064-0000

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STATE OF ILLINOIS
County of Cook

ss. DAVID D. ORR. County Clerk

SEP 17 1992

I, DAVID D. ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David D. Orr
County Clerk

2047	10.10	STATE OF ILLINOIS	BIRTH AND DEATH																																																																																				
480	MEDICAL CERTIFICATE OF DEATH																																																																																						
093	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">I. THOMAS JAMES</td> <td style="width: 25%;">D. 11/10/84</td> <td style="width: 25%;">Female, May 11, 1984</td> <td style="width: 25%;">60/11617</td> </tr> <tr> <td>4 BLACK</td> <td>4</td> <td>D.O.C. 6/1984</td> <td>Cook</td> </tr> <tr> <td>Chicago</td> <td>South Shore Hospital</td> <td>DOA</td> <td></td> </tr> <tr> <td>160-34-6852</td> <td>Administrator, City of Chicago</td> <td>NO</td> <td></td> </tr> <tr> <td>8748 S. Lurie</td> <td>Chicago</td> <td>Cook</td> <td>Illinois</td> </tr> <tr> <td>Thomas James Respresso</td> <td>Terrell Jackson</td> <td></td> <td></td> </tr> <tr> <td>1769 M., Maran AI, Male</td> <td>Underweight</td> <td>Male</td> <td></td> </tr> <tr> <td>572A</td> <td>Death was caused by</td> <td></td> <td></td> </tr> <tr> <td colspan="2">1. Hospital to die.</td> <td colspan="2">2. Heart attack.</td> </tr> <tr> <td colspan="4">PART II. OTHER SIGNIFICANT CONDITIONS: (If any condition contributed to death or not related to cause of death)</td> </tr> <tr> <td colspan="2">DATE OF OBITUATION AND MAJOR FINDINGS OF OBITUATION</td> <td colspan="2">Obituary was attended by physician</td> </tr> <tr> <td colspan="2">11/10/84</td> <td colspan="2">Physician was present</td> </tr> <tr> <td colspan="2">Name and date of physician</td> <td colspan="2">Physician was present</td> </tr> <tr> <td colspan="2">Name of attending physician if other than certifying physician</td> <td colspan="2">Physician was present</td> </tr> <tr> <td colspan="2">Burial information</td> <td colspan="2">Coroner or medical examiner must be notified</td> </tr> <tr> <td colspan="2">REMOVAL</td> <td colspan="2">LOCATION</td> </tr> <tr> <td colspan="2">26. Burial</td> <td colspan="2">Alsip, Illinois</td> </tr> <tr> <td colspan="2">27. FUNERAL DIRECTOR'S SIGNATURE</td> <td colspan="2">DATE 11/10/84</td> </tr> <tr> <td colspan="2">28. LOCAL OFFICE'S SIGNATURE</td> <td colspan="2">FAX 36</td> </tr> <tr> <td colspan="2">29. CHANNEL 4, Advocate, 481 E. 74th St.</td> <td colspan="2">DATE 11/10/84</td> </tr> <tr> <td colspan="2">VR 200 Rev. 6/82</td> <td colspan="2">ILLINOIS DEPARTMENT OF PUBLIC HEALTH - OFFICE OF VITAL RECORDS</td> </tr> </table>			I. THOMAS JAMES	D. 11/10/84	Female, May 11, 1984	60/11617	4 BLACK	4	D.O.C. 6/1984	Cook	Chicago	South Shore Hospital	DOA		160-34-6852	Administrator, City of Chicago	NO		8748 S. Lurie	Chicago	Cook	Illinois	Thomas James Respresso	Terrell Jackson			1769 M., Maran AI, Male	Underweight	Male		572A	Death was caused by			1. Hospital to die.		2. Heart attack.		PART II. OTHER SIGNIFICANT CONDITIONS: (If any condition contributed to death or not related to cause of death)				DATE OF OBITUATION AND MAJOR FINDINGS OF OBITUATION		Obituary was attended by physician		11/10/84		Physician was present		Name and date of physician		Physician was present		Name of attending physician if other than certifying physician		Physician was present		Burial information		Coroner or medical examiner must be notified		REMOVAL		LOCATION		26. Burial		Alsip, Illinois		27. FUNERAL DIRECTOR'S SIGNATURE		DATE 11/10/84		28. LOCAL OFFICE'S SIGNATURE		FAX 36		29. CHANNEL 4, Advocate, 481 E. 74th St.		DATE 11/10/84		VR 200 Rev. 6/82		ILLINOIS DEPARTMENT OF PUBLIC HEALTH - OFFICE OF VITAL RECORDS	
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