

STATE OF ILLINOIS

COUNTY OF COOK } SS.

JOINT TENANCY AFFIDAVIT

VIRGINIA Y. BLUST, hereinafter referred to as the affiant, states under oath that the affiant resides at 4128 N. CAMPBELL in the City of CHICAGO, Illinois;

that the affiant was acquainted with FRANK J. BLUST, JR., 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:

LOT THIRTEEN (13) AND THE NORTH EIGHT (8) FEET, FOUR (4) INCHES OF LOT FOURTEEN (14) IN BLOCK ONE (1) IN PAUL O. STENSLAND'S SECOND SUBDIVISION IN THE SOUTH HALF (1/2) OF THE SOUTH EAST QUARTER (4) OF SECTION THIRTEEN (13), TOWNSHIP FORTY (40) NORTH, RANGE THIRTEEN (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 NOVEMBER 11, 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 \$ _____ and that the value of the above property individually was \$ _____.

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.

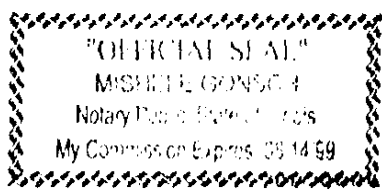
The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold Attorneys' Title Guaranty Fund, Inc. harmless and to reimburse the Fund for all loss, costs, damages, suits, attorney's fees and 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 FRANK J. BLUST, JR., 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.

P.I.N. 13-13-412-031 /

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

Michele Gonsky
Notary Public



(Seal)

(Seal)

UNOFFICIAL COPY

Property of Cook County Clerk's Office



MAIL TO: VIRGINIA V. BLUST
4128 N. CAMPBELL
CHICAGO, IL 60618

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

NOV 14 1996

I, SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLORED SIGNATURE SEAL IS AFFIXED.

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **6.10** STATE FILE NUMBER **619278**

DECEASED-NAME: **FRANK J. BLUST, JR.** SEX: **2MALE** DATE OF DEATH: **3 NOVEMBER 11, 1996**

CITY OF DEATH: **CHICAGO** COUNTY: **COOK**

AGE LAST BIRTHDAY: **54 73** UNDER 1 YEAR: **5d** DATE OF BIRTH: **5d June 13, 1923**

HOSPITAL OR OTHER INSTITUTION: **6b. LOUIS A. WEISS MEMORIAL HOSPITAL** (NAME OF SURVIVING SPOUSE: **6c. INPATIENT**)

MARRIED, NEVER MARRIED, WIDOWED, UNMARRIED: **8a. Married** (MARRIAGE DATE: **8b. Virginia Syvertson**)

SOCIAL SECURITY NUMBER: **10. 319-14-5020** USUAL OCCUPATION: **11a. Police Officer**

RESIDENCE: **13a. 4128 N. CAMPBELL** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **13b. CHICAGO** INSIDE CITY: **13c. YES** COUNTY: **13d. COOK**

FATHER-NAME: **13e. ILLINOIS** RACE: **14a. White** OF HISPANIC ORIGIN? **14b. XXNO** YES SPECIFY: **14c. YES**

INFORMANT'S NAME: **15. Frank J. Blust, Sr.** RELATIONSHIP: **16. Ebba** (MIDDLE) LAST: **Shuman**

17a. **CASSANDRA L. RUSH** MAILING ADDRESS: **17b. RECORDS 17c. 4646 N. MARINE DR. CHICAGO, ILL. 60640**

18. PART I. From the diseases or conditions 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 on each line.

(a) **Hepatic Failure**
 DUE TO OR AS A CONSEQUENCE OF

(b) **Metastatic Squamous Cell Carcinoma - Oral**
 DUE TO OR AS A CONSEQUENCE OF

(c) **Senescent Malnutrition**

DATE OF OPERATION, IF ANY: **20b. November 8, 1996**

20a. **NO** (DO NOT ATTEND THE DECEASED AND LAST SAW HIM HER ALIVE ON) MONTH DAY YEAR: **November 8, 1996**

21a. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND TO THE CAUSE(S) STATED: **Chicago, Illinois**

22a. SIGNATURE: **Sheila Lyne** (TYPE OR PRINT) HOUR OF DEATH: **3:40 A. M.**

22b. NAME AND ADDRESS OF CERTIFIER: **Mary J. Weiss, 4646 N. Marine Dr., Chicago, IL 60640** DATE SIGNED: **22b. Nov 12, 1996**

22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: **Dr. John M. Belovich, Jr.** ILLINOIS LICENSE NUMBER: **22c. 36-40513**

23. BUREAU OF HEALTH SERVICES: **23b. 36-40513**

24a. **Burial** CEMETERY OR CREMATORY-NAME: **24b. Acacia Park Cemetery** LOCATION: **24c. Chicago, Illinois** STATE: **24d. Nov. 14, 1996**

25a. **Drake & Son Funeral Home 5303 N. Western Avenue Chicago, Illinois 60625**

25b. **(John M. Belovich, Jr.) John M. Belovich, Jr.** FUNERAL DIRECTOR'S SIGNATURE: **25c. 034-014199**

25c. LOCAL REGISTRAR'S SIGNATURE: **Sheila Lyne** DATE FILED: **25d. NOV 14 1996**

26a. **NOV 14 1996** (BASED ON 1989 U.S. STANDARD CERTIFICATE)