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STATE OF ILLINOIS

COUNTY OF Cook SS.

DEPT-01 RECORDING \$23.00
 T#0011 TRAN 5082 01/10/97 13:57:00
 #0885 # KP # -97-022410
 COOK COUNTY RECORDER

JOINT TENANCY AFFIDAVIT

ISABELLA LIEGGI, hereinafter referred to as the affiant, states under oath that the affiant resides at Unit 227 at 5143 N. East River Rd in the City of Chicago, Illinois; that the affiant was acquainted with Giuseppe Lieggi, 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:

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 1-1-94, 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 \$ 50,000.

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 forever fully 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 Giuseppe Lieggi, 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.

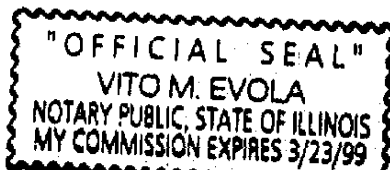
Isabella Lieggi (Seal)

_____ (Seal)

Subscribed and Sworn to before me

this 31 day of August, 19 95.

Vito M. Evola
 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.

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Property of Cook County Clerk's Office

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1. COUNTY OF DEATH **CHICAGO** PRESENT (TYPE OR PRINT) **GIUSEPPI** MIDDLE **LIBEGI** LAST **LIBEGI** SEX **MALE** DATE OF BIRTH **JANUARY 1, 1994**

2. CITY, TOWN, TWP., OR ROAD DISTRICT NUMBER **CHICAGO** HOSPITAL OR OTHER INSTITUTION **RESURRECTION HOSPITAL** NAME OF NOT HEARD, GIVE STREET AND NUMBER **D.O.A.**

3. CHICAGO MARRIED (CHECK ONE) **MARRIED** (CHECK ONE) **LABORER** SOCIAL SECURITY NUMBER **098-30-2660** USMA OCCUPATION **LABORER** NAME OF SURVIVING SPOUSE (CHECK ONE) **ISABELLA VIGNARE** NAME OF BUSINESS OR INDUSTRY **GEN. CONTRACT** OPERATOR (CHECK ONE) **UNKNOWN**

4. COOK OFFICE STREET ADDRESS **5151 N. EAST RIVER RD.** CITY, TOWN, TWP., OR ROAD DISTRICT NO. **CHICAGO** RESIDE CITY **CHICAGO** COUNTY **COOK**

5. ILLINOIS ZIP CODE **60656** PLACE BIRTH, RACE, ETHNICITY **WHITE** OF (CHECK ONE) **YES** SPECIFICITY: **CA-P-10**

6. ANDREA LIBEGI 17B. WIFE 17C. 5151 N. EAST RIVER RD. CHICAGO, ILLINOIS 60656

7. ISABELLA LIBEGI 17D. MOTHER-NAME FIRST **ROSA** 17E. 5151 N. EAST RIVER RD. CHICAGO, ILLINOIS 60656

18. CONDITIONS, IF ANY, WHICH GIVE RISE TO MEDICAL CERTIFICATE (A) **Concomitant of the lung carcinoma of the lung**

(B) **Due to OR AS A CONSEQUENCE OF**

(C) **Due to OR AS A CONSEQUENCE OF**

19. SIGNATURE OF OPERATOR **Christina Obendorf Pulmonary Disease**

20. NAME AND ADDRESS OF OPERATOR **Chicago 128 60630**

21. DATE SIGNED **1-2-94** MONTH, DAY, YEAR **2:11 PM**

22. ILLINOIS LICENSE NUMBER **36-48670**

23. NAME OF OPERATOR **ALL SAINTS** LOCATION **DES PLAINES, ILLINOIS** STATE **ILLINOIS** DATE **JAN 4, 1994**

24. BURIAL PLACE **DES PLAINES, ILLINOIS** STATE **ILLINOIS** DATE **JAN 4, 1994**

25. CUBBER AND CHAPTERS **1857 N. HARDEN AVE. CHICAGO ILLINOIS 60635**

26. FUNERAL DIRECTOR'S SIGNATURE **8300 W. LAWRENCE AVE. NORRIDGE ILLINOIS 60656**

27. LOCAL REGISTRATION NUMBER **031-007657**

28. DATE FILED BY LOCAL REGISTRY **JAN 9 1994**

29. THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS APPLIED.

30. **Seal of the City of Chicago, Illinois**

JAN 0 3 1994

Joyce A. Branner, MPA, Lock, Registrar of Vital Statistics of the City of Chicago

I, JOYCE A. BRANNER, MPA, LOCK, 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.

STATE OF ILLINOIS

CITY OF CHICAGO

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