

RETURN TO:
Wheatland Title
39 Mill Street
Montgomery, IL 60538
HC9800-2870 20F3

STATE OF ILLINOIS)
) SS
COUNTY OF DUPAGE)

* BY JAMES E. BOULDEN HER
ATTORNEY-IN-FACT

JOINT TENANCY AFFIDAVIT

Sarah R. Boulden *, hereinafter referred to as the affiant, states under oath that the affiant resides at 16435 Lawndale Avenue in the City of Markham, Illinois; that the affiant was acquainted with Arthur A. Boulden, 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 legal description;

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 October 19, 1995, leaving no/a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 55,000.00, and that the value of the above property individually was \$ 65,000.00;

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 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

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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 Arthur A. Boulden, 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

Sarah R. Boulden By James E. Boulden
Her attorney in fact (SEAL)
SARAH R. BOULDEN BY JAMES E. BOULDEN HER
ATTORNEY-IN-FACT (SEAL)

Subscribed and sworn to before me this 2nd day
of September, 1998.

Robin L. Caprio
Notary Public

OFFICIAL SEAL
ROBIN L. CAPRIO
Notary Public - State of Illinois
My Commission Expires May 12, 2002

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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LEGAL DESCRIPTION

THE WEST HALF OF LOT 4 IN BLOCK 1 IN GROVER C. ELMORE AND COMPANY'S HAZELCREST FARMS, BEING A SUBDIVISION IN THE SOUTH WEST QUARTER OF SECTION 23, TOWNSHIP 36 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN AS PER PLAT THEREOF RECORDED SEPTEMBER 12, 1941 AS DOCUMENT 12757987 IN COOK COUNTY, ILLINOIS.

PERMANENT TAX NUMBER: 28-23-303-011

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OFFICE OF VITAL STATISTICS UNOFFICIAL COPY CERTIFIED COPY

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39-93-006652 CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO.		1 DECEDENT'S NAME		2 SEX	
39-93-006652		ARTHUR ARNOLD BOULDEN		Male	
3 DATE OF DEATH (Month, Day, Year)		4 SOCIAL SECURITY NUMBER		5a AGE Last Birthday (Years)	
October 19, 1993		327-24-9248		69	
6 DATE OF BIRTH (Month, Day, Year)		7 BIRTHPLACE (City and State or Foreign Country)		8 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)	
August 7, 1924		East Hazel Crest, Illinois		Yes	
9a PLACE OF DEATH (Check only one. see instructions on other side)		9b INSIDE CITY LIMITS? (Yes or No)		9c UNDER 1 Day	
HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		9d CITY, TOWN, OR LOCATION OF DEATH		9e UNDER 1 Year	
9c FACILITY NAME (If not institution, give street and number)		9d CITY, TOWN, OR LOCATION OF DEATH		9e UNDER 1 Year	
9608 Chapparral Trail		Riverview		No	
10a DECEDENT'S USUAL OCCUPATION		11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)		12 SURVIVING SPOUSE (If wife, give maiden name)	
Machinist		Married		Sarah Brogdon	
10b KIND OF BUSINESS/INDUSTRY		13a RESIDENCE - STATE		13b COUNTY	
Beverage Company		Florida		Hillsborough	
13c CITY, TOWN, OR LOCATION		13d STREET AND NUMBER		14 WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.)	
Riverview		9608 Chapparral Trail		XX No [] Yes	
15 RACE - American Indian, Black, White, etc. Specify		16 DECEDENT'S EDUCATION (Specify only highest grade completed)		17 FATHER'S NAME (First, Middle, Last)	
White		Elementary/Secondary [] College (1-4 or 5 + 1)		Tellous Jesse Boulden	
8		8		18 MOTHER'S NAME (First, Middle, Maiden Surname)	
				Ethel Rawson	
19a INFORMANT'S NAME (Type or Print)		19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)			
Henry A. Boulden		9608 Chapparral Trail Riverview, Florida 33569			
20a METHOD OF DISPOSITION		20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		20c LOCATION - City or Town, State	
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		Tampa Bay Crematory		Brandon, Florida	
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		21b LICENSE NUMBER (Of Licensee)		21c NAME AND ADDRESS OF FACILITY	
<i>Walter T. Stowers Sr.</i>		2460		Stowers Funeral Home 401 W. Brandon Blvd. Brandon, FL 33511	
22a To the best of my knowledge, death occurred at the time, date and place and due to (1) cause(s) as stated (Signature and Title) <i>M. Bakarania, M.D.</i>		22b DATE SIGNED (Mo., Day, Yr.)		22c HOUR OF DEATH	
		10-19-93		Found 6:15A	
22d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23a On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title) <i>M. Bakarania, M.D.</i>			
24 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print)		25a SUBREGISTRAR - SIGNATURE AND DATE		25b LOCAL REGISTRAR - SIGNATURE	
Suite A Megan Bakarania, M.D. 320 Oakfield Drive Brandon, Florida 33511		<i>Tatiana Lopez</i> 10-21-93		<i>Shaaron Fournier</i>	
26 PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter only the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		27a WAS AN AUTOPSY PERFORMED? (Yes or No)		27b WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No)	
IMMEDIATE CAUSE (If from disease or condition resulting in death) a. Congestive heart failure DUE TO (OR AS A CONSEQUENCE OF) b. Cardiomyopathy DUE TO (OR AS A CONSEQUENCE OF) c. Amyloidosis DUE TO (OR AS A CONSEQUENCE OF)		No		Yes	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		28 CASE REPORTED TO MEDICAL EXAMINER? (Yes or No)		29 IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? () YES () NO	
		Yes			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		29a IF SURGERY IS MENTIONED IN PART I, OR IF ENTER CONDITION FOR WHICH IT WAS PERFORMED		30b DATE OF SURGERY (Mo., Day, Year)	
31 PROBABLE MANNER OF DEATH (Specify: Natural, accident, suicide, homicide, or undetermined)		32a DATE OF INJURY (Month, Day, Year)		32b TIME OF INJURY	
Natural					
32c PLACE OF INJURY - At home, farm, street, factory, etc. (Specify)		32d DESCRIBE HOW INJURY OCCURRED			
32e LOCATION (Street and Number or Rural Route Number, City or Town, State)					

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY *Aurora Rodriguez* OCT 22 1993
State Registrar
CHIEF DEPUTY REGISTRAR

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HRS FORM 1564A (7-81)



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