

STATE OF ILLINOIS

SS.

COUNTY OF COOK

JOINT TENANCY AFFIDAVIT

Helen H. KRANTZ, hereby referred to as the affiant, states under oath that the affiant resides at 1030 Beverly Lane in the City of Wheeling, Illinois; that the affiant was acquainted with ARTHUR L. KRANTZ, 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 5/14/77, leaving no 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 \$ 115,000.

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 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:

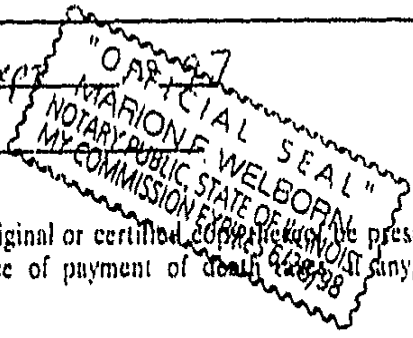
1. Claims against the estate of ARTHUR L. KRANTZ, the decedent;
2. Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

Helen H. Krantz (Seal)

\_\_\_\_\_ (Seal)

Subscribed and sworn to before me this 12TH day of Sept

Marion F. Welborn  
Notary Public



Note: If the decedent left a will, it will be necessary that the original or certified copy of the will be presented to us for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

S-N  
P 2  
N-N  
M-3  
8/16  
1255  
20.00  
47.50

UNOFFICIAL COPY

Property of Cook County Clerk's Office

33024167

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0  
 REGISTERED NUMBER

DECEASED-NAME FIRST MIDDLE LAST  
 Arthur L. Krantz  
 SEX Male  
 DATE OF BIRTH 30 October 28, 1913  
 DATE OF DEATH 3 May 16, 1997

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER  
 4. Cook  
 COUNTY OF DEATH  
 1. Cook

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)  
 6b. Northwest Community Hospital

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)  
 8a. Married  
 8b. Married

SOCIAL SECURITY NUMBER  
 10. 318-03-0992

RESIDENCE (STREET AND NUMBER)  
 13a. 1030 Beverly Drive  
 ZIP CODE 131 60090

RACE (WHITE, BLACK, AMERICAN INDIAN, etc.)  
 14a. White

FATHER-NAME FIRST MIDDLE LAST  
 15. Gus Krantz

RELATIONSHIP  
 17b. Wife

MOTHER-NAME FIRST MIDDLE LAST  
 16. Mat (loa) Janke

MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP)  
 17c. 1030 Beverly Drive, Wheeling, IL 60090

17a. Helen H. Krantz

18. PART I. Immediate Cause (Fetal disease or condition leading to death)  
 (a) Septicemia  
 (b) due to a consequence of  
 (c) due to a consequence of

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (B) STATING THE UNDERLYING CAUSE LAST.

PART II. Other probable conditions contributing to death but not leading to the underlying cause (B) (PART I)  
dehydrated  
Acidosis

DATE OF OPERATION, IF ANY  
 20b. 5/15/97

20a. (INDICATE IF ATTEND THE DECEASED AND LAST SAW HIM HER ALIVE ON)

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

22a. SIGNATURE  
 NAME AND ADDRESS OF CERTIFIER  
Murray Saez  
3233 N Halston Hts. Rd  
Chicago, IL 60641

22c. MURRAY SAEZ, M.D. Halston Heights, IL 60641  
 NAME OF ATTENDING PHYSICIAN (OTHER THAN CERTIFIER)

23. BUREAU OF HEALTH SERVICES  
 24a. Burial  
 25. KOLISSAK Funeral Home Ltd. 189 S. Milwaukee Ave., Wheeling, IL 60090

26a. REGISTRAR  
 26b. Murray Saez  
 26c. 5/16/97

27. LOCAL REGISTRAR (IF OTHER THAN CERTIFIER)  
 28. Murray Saez  
 28b. 5/16/97

29. FURNERAL HOME  
 30. KOLISSAK Funeral Home Ltd. 189 S. Milwaukee Ave., Wheeling, IL 60090

31. SIGNATURE OF REGISTRAR  
 32. Murray Saez

33. DATE  
 34. May 16, 1997

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1, 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.

SIGNED: Murray Saez  
 Official Title, Chief Deputy Registrar

DATE: MAY 16, 1997  
 at Cook County Department of Public Health

UNOFFICIAL COPY

Property of Cook County Clerk's Office