



99400707

**JOINT TENANCY
AFFIDAVIT**

State of Illinois)

)SS.

County of Cook)

EILEEN R. DILUIA,

hereby referred to as
the affiant, states under
oath that the affiant resides
at **6161 West Higgins, #9
Chicago, Illinois 60630;**

that the affiant was acquainted with **CARL W. PAPA, 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 21 in Block 5 in Austin Gardens Subdivision of the East 20 acres of the North half of the Southwest quarter and the North half of the West half of West half of the Southeast quarter of Section 20, Township 40 North, Range 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 October 10, 1998 leaving no/a last will and testament;

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 title company for all loss, costs,

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damages, suits, attorney's fees and expenses of every kind and nature which said title company 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 **Carl W. Papa, 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 of contribution.

Eileen R. DiLuia (SEAL)
Eileen R. DiLuia

Subscribed and sworn to before me this

29th day of March, 1999.

Rosanne M. Sitkowski
Notary Public



Prepared by:
John Papadia
8501 West Higgins Road
Chicago, IL 60631

Mail to:
John Papadia
8501 West Higgins Road
Chicago, IL 60631



PIN# 13-20-408-020

Common Address: 5958 West Newport, Chicago, Illinois 60634

Note: If the decedent left a will, it will be necessary that the original or 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.

MEDICAL CERTIFICATE OF DEATH

6016503

DECEASED-NAME: FIRST Carl, MIDDLE William, LAST Papa

1. COUNTY OF DEATH: Cook, DATE OF DEATH: 3. October 10, 1998

4. Cook, DATE OF BIRTH: 5d. December 7, 1925

6a. Chicago, 6b. 5958 West Newport, 6c. D.O.A.

7. Chicago, Illinois, 9a. Never Married, 9b. None

10. 350-20-8409, 11a. Bailor, 11b. Insurance, 12. 12, 13c. Cook

13a. 5958 West Newport, 13b. Chicago, 14a. White, 14b. X NO, 14c. YES

15. Carl William Papa, 16. Clara, 17c. 6161 W. Higgins #3 Chicago, IL

17a. Irene Diluia, 17b. Cousin, 17c. 6161 W. Higgins #3 Chicago, IL

18. PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heat stroke.

Immediate Cause (Final disease or condition resulting in death): (a) Ventricular Dysrhythmia

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: (b) Congestive Heart Failure

PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

20a. DATE OF OPERATION, IF ANY: NONE

20b. MAJOR FINDINGS OF OPERATION: NONE

21a. (10/10/98) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: 10/10/98

21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED (YES/NO): YES

21c. HOUR OF DEATH: 3:12 P.M.

22a. SIGNATURE: John Scaramella

22c. John Scaramella M.D. 4742 N. Austin, Chicago, Illinois 60630

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

24a. St. Joseph, 24b. River Grove, Illinois, 24c. 034-015294

25a. Sheldon Goglin Funeral Home 5935 West Belmont Avenue Chicago, Illinois 60634

25b. Ralph G. Camp II, 25c. 034-015294

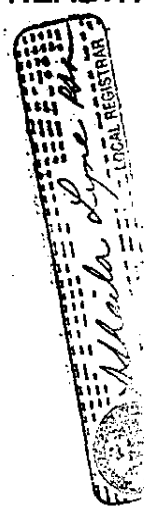
26a. 10/14/1998

UNOFFICIAL COPY CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH 99400707

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

OCT 14 1998

MEILA 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 ORDINANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.