



99592205

Attorneys' Title Guaranty Fund, Inc.

STATE OF ILLINOIS

COUNTY OF COOK SS.

JOINT TENANCY AFFIDAVIT

PAUL M. REYES

hereby referred to as the affiant, states under oath that the affiant resides at 4507 N. KARLOV AVE. in the City of CHICAGO Illinois; that the affiant was acquainted with JULIET H. REYES 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 37 IN Block 11 in John M. Lucas Irving Park Addition in the Northeast quarter of Section 15, Township 40 North Range 13, East of the Third Principal Meridian, in Cook County, Illinois PIN # 13-15-230-016

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 4/9/96 leaving no/a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ N/A and that the value of the above property individually was \$ N/A

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

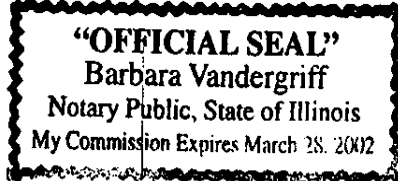
That the affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc. to issue its policy of title insurance on the above described property.

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 JULIET H. REYES, 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.

JULIET H. REYES (Seal)
JULIET H. REYES (Seal)

Subscribed and sworn to before me this 11 day of June, 1999
Notary Public



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.

PAUL M. REYES
4507 N. KARLOV AVE.
CHICAGO, IL 60630-4401

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED

B

D

PARENTS

1

3

CAUSE

4

N

P

CERTIFIER

DISPOSITION

DECEASED-NAME 1. Juliet H. Reyes			SEX 2. Female	DATE OF DEATH 3. April 9, 1996	
COUNTY OF DEATH 4. Cook		AGE-LAST BIRTHDAY (YEARS) 5a. 38	UNDER 1 YEAR 5b. 38	UNDER 1 DAY 5c. 38	DATE OF BIRTH (MONTH DAY YEAR) 5d. January 30, 1958
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. Evanston		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. St. Francis Hospital		IF HOSP OR INST INDICATE CLASS OF EMER RM INPATIENT, SPECIFY 6c. Inpatient	
BIRTHPLACE (CITY AND STATE OF FOREIGN COUNTRY) 7. Phillippines		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Paul		WAS DECEASED MEMBER OF ARMED FORCES? YES/NO 9. No
SOCIAL SECURITY NUMBER 10. 357-80-9011		USUAL OCCUPATION 11a. Reg. Nurse	KIND OF BUSINESS OR INDUSTRY 11b. Hospital	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 5	
RESIDENCE (STREET AND NUMBER) 13a. 4507 N. Karlov		CITY, TOWN, OR ROAD DISTRICT NO. 13b. Chicago		INSIDE CITY (YES/NO) 13c. Yes	COUNTY 13d. Cook
STATE 13e. Illinois	ZIP CODE 13f. 60630	RACE (WHITE, BLACK, AMERICAN INDIAN, etc. (SPECIFY)) 14a. White	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
FATHER-NAME FIRST MIDDLE LAST 15. Saicho Herradura			MOTHER-NAME FIRST MIDDLE LAST 16. Juanita Molina		
INFORMANT'S NAME (TYPE OR PRINT) 17a. Paul Reyes		RELATIONSHIP 17b. Husband	MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 4507 N. Karlov Chicago, IL 60630		
18. PART I. Enter the disease, injury, or condition 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.					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death) → (a) Malignant Lymphoma Stage IV					4 months
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. Primary Pulmonary Hypertension Post Right Lung Transplant					AUTOPSY (YES/NO) 19a. No
DATE OF OPERATION, IF ANY 20a. NA		MAJOR FINDINGS OF OPERATION 20b.		IF FEMALE, WAS THERE A PREGNANCY IN LAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(I) (DID) (DID NOT) ATTEND THE DECEASED (MONTH DAY YEAR) AND LAST SAW HIM HER ALIVE ON 21a. April 8, 1996			WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. No	HOUR OF DEATH 21c. 6:10 A. M.	
TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.					DATE SIGNED (MONTH DAY YEAR)
22a. SIGNATURE → <i>Ann Kinneally</i>		22b. April 9, 1996			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. Ann Kinneally, MD 800 Austin-Evanston, IL			ILLINOIS LICENSE NUMBER 22d. 036-050081		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.					NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY-NAME 24b. Maryhill Cemetery		LOCATION CITY OR TOWN STATE 24c. Niles; Illinois	DATE (MONTH DAY YEAR) 24d. April 13, 1996	
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. Colonial-Wojciechowski Funeral Home 6250 N. Milwaukee Ave. Chicago, IL 60645					
FUNERAL DIRECTOR'S SIGNATURE 25b. <i>[Signature]</i>			FUNERAL DIRECTOR'S LICENSE NUMBER 25c. 034-012366		
LOCAL REGISTRAR'S SIGNATURE 26a. <i>[Signature]</i>			DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) 26b. April 10, 1996		

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE APRIL 10, 1996 SIGNED [Signature]
AT EVANSTON Illinois OFFICIAL TITLE LOCAL REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.