

STATE OF ILLINOIS)
) SS
COUNTY OF C O O K)



JOINT TENANCY AFFIDAVIT

LORRAINE PETERSELLI, hereby referred to as the affiant, states under oath that the affiant resides at 3450 N. Pacific, in the City of Chicago, Illinois; that the affiant was acquainted with JOHN J. PETERSELLI, 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 5 in Block 2 in Feuerborn and Klode's Belmont Terrace being a subdivision of the South East quarter lying South of Indian Boundary Line Section 23, Township 40 North, Range 12, East of the Third Principal Meridian in Cook County, Illinois.

Address of Property: 3450 N. Pacific Chicago, IL 60634
P.I.N. 12-23-416-026

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;

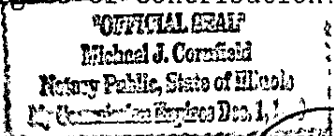
That the decedent died on April 1, 1999, as evidenced by a certified copy of *** death certificate attached hereto, leaving a last will and testament;

That the Illinois Estate 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 JOHN J. PETERSELLI, JR. the decedent;
2. Illinois Estate 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;~~

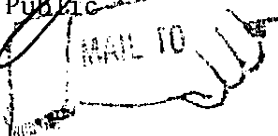


Lorraine Peterselli (SEAL)
LORRAINE PETERSELLI

Subscribed & sworn to before me this 17 day of JUNE, 19 99

[Signature]
Notary Public

This Affidavit Prepared by and return to:
MICHAEL J. CORNFIELD
6153 N. Milwaukee Ave., Chicago, IL 60646



99627734

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0

REGISTERED NUMBER

DECEASED-NAME 1. JOHN J. PETERSELLI, SR. COUNTY OF DEATH COOK		MIDDLE PETERSELLI, JR.		SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. APRIL 1, 1999	
AGE-LAST BIRTHDAY (YRS) 83		UNDER 1 DAY HOURS 5b. MIN 5c.		DATE OF BIRTH (MONTH, DAY, YEAR) JULY 31, 1915		IF HOSP. OR INST. INDICATE D.O.A., OPTEMER, RM, INPATIENT (SPECIFY) 6c. INPATIENT
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER DES PLAINES		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) HOLY FAMILY HEALTH CARE CENTER				
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO, ILLINOIS		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. LORRAINE K. WASHBURN		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. NO
SOCIAL SECURITY NUMBER 354-01-1649		USUAL OCCUPATION 11a. AIRLINE SERVICES		EDUCATION (SPECIFY U.S. HIGHEST GRADE COMPLETED) 12. COLLEGE (1-4 OR 5-1)		
RESIDENCE (STREET AND NUMBER) 13a. 3450 NORTH PACIFIC STATE ILLINOIS		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. CHICAGO		COUNTY 13d. COOK		
FATHER-NAME FIRST MIDDLE LAST 15. JOHN J. PETERSELLI, SR.		MOTHER-NAME FIRST MIDDLE LAST 14b. XXX		(MAIDEN) LAST SKAHEEN		
INFORMANT'S NAME (TYPE OR PRINT) 17a. LORRAINE K. PETERSELLI		RELATIONSHIP 17b. WIFE		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 3450 NORTH PACIFIC AVE., CHICAGO, IL 60634		
18. PART I. Enter the diseases, or complications that caused the death. Do not enter the cause of dying, such as cardiac or respiratory arrest. Immediate Cause (Final disease or condition resulting in death) (a) Pneumonia with hypoxemia (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Days				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO) 19a. NO		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.		
DATE OF OPERATION, IF ANY 20b.		MAJOR FINDINGS OF OPERATION 20c.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>		
(DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) 21a. DID		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO		HOUR OF DEATH 21c. 2:45 P.M. M.		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22a. SIGNATURE DR. THOMSON, 1538 N. ARLINGTON HEIGHTS ROAD, ARL. HTS., IL.		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22b. SIGNATURE C. J. ...		DATE SIGNED (MONTH, DAY, YEAR) 22b. MARCH 2, 1999		
NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.		ILLINOIS LICENSE NUMBER 22d. 036-043221		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. MT. CARMEL		DATE (MONTH, DAY, YEAR) 24d. APRIL 6, 1999		
FUNERAL HOME 25a. CUMBERLAND CHAPEL		STREET AND NUMBER OR R.F.D. 8300 WEST LAWRENCE AVENUE, NORRIDGE, ILLINOIS 60656		STATE ILLINOIS		
FUNERAL DIRECTOR'S SIGNATURE 25b. LOCAL REGISTRAR'S SIGNATURE WARREN L. SCOTT, MD.		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 031-008880		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. APR 0 5 1999		

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

Illinois Department of Public Health—Division of Vital Records

VR200 (Rev. 5/89)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statutes relating to the registrar of birth, stillbirth and death.

Date APR 0 5 1999

Signed *Madame McClellan*
 At Cook County Department of Public Health
 Official Title Deputy Registrar
 1010 Lake Street Suite 300 Oak Park, Illinois 60301