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Form 668 (Z)
(Rev. 5-84)

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Department of the Treasury - Internal Revenue Service

Certificate of Release of Federal Tax Lien

District Chicago	Serial Number 369508629	For Use by Recording Office
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I certify that as to the following-name taxpayer, the requirements of section 6325 (a) of the Internal Revenue Code have been satisfied for the taxes listed below and for all statutory additions. Therefore, the lien provided by Code section 6321 for these taxes and additions has been released. The proper officer in the office where the notice of internal revenue tax lien was filed on July 13 1995, is authorized to note the books to show the release of this lien for these taxes and additions

96412605

Name of Taxpayer **MATHAN & LOU EDNA HALIBURTON**

Residence **9353 FOREST VIEW RD
EVANSTON, IL 60201**

DEPT-02 FILING **\$5.00**
T00012 TRAN 0794 05/31/96 09106100
40476 CG # - 96-412605
COOK COUNTY RECORDER

COURT RECORDING INFORMATION:

Liber Page UCC No. Serial No.
n/a n/a n/a 95453311

Kind of Tax (a)	Tax Period Ended (b)	Identifying Number (c)	Date of Assessment (d)	Last Day for Refiling (e)	Unpaid Balance of Assessment (f)
1040	12/31/93	[REDACTED]	1/28/94	12/28/04	4726.31

Place of Filing Recorder of Deeds Cook County Chicago, IL 60602	Total \$	4726.31
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This notice was prepared and signed at Chicago, IL, on this, the 15th day of May, 1996.

Signature  Title **For**
Chief, SPB

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RECEIVED

COOK COUNTY RECORDER
#0284 CG *28-41500
DEPT-03 ET LING
#8.00

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AFFIDAVIT OF HEIRSHIP

ESTATE OF: Jerry Svoboda

Thomas Edward Svoboda, being duly sworn upon oath, states as follows:

I am a son of decedent Jerry Svoboda, who departed this life on January 30, 1996, a resident of the City of Chicago, County of Cook, State of Illinois, leaving a Last Will and Testament dated March 17, 1990.

Decedent Jerry Svoboda was married twice. Decedent's first marriage was to Mildred Svoboda (Mayer) who predeceased decedent. One child was born as a result of the decedent's first marriage, namely: MARLENE DOMELE. Decedent's second marriage was to Lillian Svoboda, who predeceased decedent on August 29, 1989. One child was born as a result of decedent's second marriage, namely: Thomas Edward Svoboda, the affiant herein.

Both of decedent's 2 children have survived decedent and are mentally competent adults. No other child or children were born to or adopted by decedent and he is survived by no other child or children or descendant or descendants of any deceased child or children.

Decedent Jerry Svoboda left him surviving as his heirs at law his 2 children hereinafter named:

- Marlene Domele;
- Thomas Edward Svoboda.

All decedent's heirs are mentally competent adults.

Thomas Edward Svoboda
Thomas Edward Svoboda

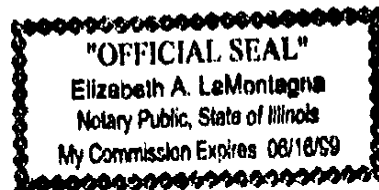
Subscribed and Sworn to

Before me this 22nd

Day of April, 1996.

Elizabeth A. LaMontagna
Notary Public

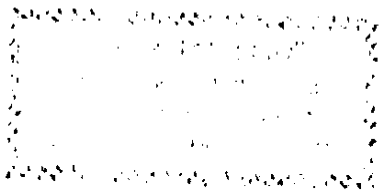
State of: Illinois
County of: Du Page
Commission # 243142



96402376

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REGISTRATION DISTRICT NO. 16.10 REGISTERED NUMBER

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

601990

96402376

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

FEB. 1 1996

DEPARTMENT OF HEALTH - CITY OF CHICAGO

1. DECEASED NAME: JERRY SVOBODA
 2. SEX: MALE
 3. DATE OF DEATH: JANUARY 30, 1996
 4. COUNTY OF DEATH: COOK
 5. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: CHICAGO
 6. HOLY CROSS HOSPITAL
 7. CHICAGO, ILL. (CITY AND STATE OR FOREIGN COUNTRY)
 8. SOCIAL SECURITY NUMBER: 341-10-2147
 9. MARITAL STATUS: WIDOWED
 10. RESIDENCE (STREET AND NUMBER): 5814 S. MASSASOIT
 11. CITY, TOWN, OR ROAD DISTRICT NO.: CHICAGO
 12. EDUCATION: NONE
 13. STATE: ILLINOIS
 14. ZIP CODE: 60638
 15. RACE: WHITE
 16. HUSBAND OR WIFE: NONE
 17. BUSINESS OR INDUSTRY: WESTERN ELEC.
 18. CITY, TOWN, OR ROAD DISTRICT NO.: CHICAGO
 19. INSIDE CITY (YES/NO): YES
 20. COUNTY: COOK
 21. FATHER NAME: BEN SVOBODA
 22. MOTHER NAME: JULIA VOLRAB
 23. RELATIONSHIP: SON
 24. DUAL RESIDENCE ADDRESS: 176111 W. 64th PLACE CHICAGO, ILL.
 25. IMMEDIATE CAUSE OF DEATH: *ribon dem body dis*
 26. UNDERLYING CAUSE OF DEATH: *ribon dem body dis*
 27. DATE OF OPERATION: 1-25-96
 28. SURVIVAL: NO
 29. HOUR OF DEATH: 2:45 A.M.
 30. DATE SIGNED: 1-30-96
 31. ILLINOIS LICENSE NUMBER: 036 035720
 32. SIGNATURE: *Francisco J. Randin*
 33. NAME AND ADDRESS OF CERTIFIER: FRANCISCO J. RANDIN, M.D., 7101 West Archer, Chicago, Illinois 60638
 34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: *Francisco J. Randin*
 35. CEMETERY OR CREMATORY NAME: MIDWAY FUNERAL HOME 5749 ARCHER AV. CHICAGO, ILL. 60638
 36. CREMATORY: MIDWAY FUNERAL HOME 5749 ARCHER AV. CHICAGO, ILL. 60638
 37. LOCAL REGISTRAR SIGNATURE: *Sheila L. RSW*
 38. DATE: FEB 1 1996

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THIS CERTIFIED COPY VALID WHEN MULTICOLOR SKINATURE SEAL IS APPLIED.

I, SHEILA LYNE, RSW, 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 PURSUANCE OF SAID LAWS AND ORDINANCES.

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