

UNOFFICIAL COPY

AFFIDAVIT OF NO ESTATE TAX DUE

0 3 5 1 2 2 1 6

The Affiant, regarding the possible liability for State Inheritance Tax for the Estate of decedent herein, being first duly sworn upon oath, deposes and states as follows:

(1) I am JOHN J. SCOTILLO AS ATTORNEY
(name and capacity)

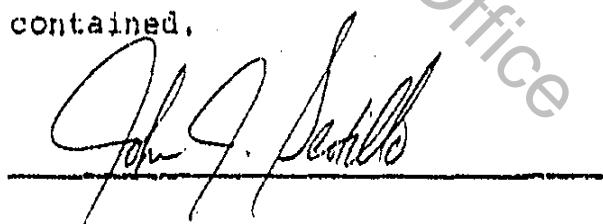
and reside at 601 W. GOLF Rd., MT. PROSPECT, ILL.

(2) I am personally acquainted with the affairs of the Estate of MAGDALENA GATES, who died on JAN. 2, 1984.

(3) That as a consequence, I represent to the Registrar of Titles that regarding Federal Estate Tax or State Inheritance Tax;
(elect one - initial choice)

- X 1) that no Tax is due; or _____
____ 2) that if any Tax due, there are sufficient other assets to pay such Tax; or _____
____ 3) that any Tax due has been paid. _____

and I make this affidavit for the purpose of inducing the Registrar of Titles of Cook County, Illinois, to issue a Certificate of Title without additional evidence of non-liability, relying on this statement as true, and in consideration thereof affiant guarantees the truth of the statements herein contained.



Subscribed and sworn to before

me this 1st day of May,

1984.



Notary Public

N. A. 82-1021

ILLINOIS STATE ARCHIVES

UNOFFICIAL COPY

Case Out Jan. 86

STATE PILE NUMBER	STATE OF ILLINOIS
REGISTRATION DISTRICT NO	16, 0
REGISTERED NUMBER	

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

DECEASED - NAME <i>Magoceri, Walter</i>	DATE OF DEATH <i>Jan. 2, 1986</i>										
PLACE - (NAME, STREET, CITY, STATE, ZIP CODE)	ADDRESS - (NAME, STREET, CITY, STATE, ZIP CODE)	AGE - (NAME, STREET, CITY, STATE, ZIP CODE)	TIME - (NAME, STREET, CITY, STATE, ZIP CODE)	UNDER 1 YEAR MOS. DAY HRS. MIN.	UNDER 1 YEAR MOS. DAY HRS. MIN.	DATE OF BIRTH MOS. DAY YRS.	DATE OF DEATH MOS. DAY YRS.				
4a. White	4b. Polish	5a. 67	5b. Sko.	5c. 5c.	5d. 5c.	5e. 6 JULY 21, 1918	5f. 6 JULY 21, 1986				
CITY, TOWN, Twp., OR ROAD DISTRICT NUMBER	EXPLANATION OF WHAT COUNTRY	HOSPITAL OR OTHER INSTITUTION - NAME OF OTHER INSTITUTION AND ADDRESS	NAME OF SURVIVING CHILDREN	COUNTY OF DEATH							
7b. Arlington Heights, IL	8. Poland	7c. Northwest Community Hospital	7d. D.O.A.	COOK							
STATE OF BIRTH NAME OF COUNTRY	SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	11. Married	12. Walter	13. None	14. None				
12. 338-30-4501	13a. Housewife	13b. At home	13c. No	13d. No	13e. State	13f. None	13g. None				
RESIDENCE STREET AND NUMBER	FATHER - NAME MIDDLE INITIALS	14a. 1154 N Hickory	14b. Arlington Height	14c. Yes	14d. COOK	14e. None	14f. None				
INFORMANT'S NAME (TYPE OR PRINT)	FATHER - NAME MIDDLE INITIALS	RELATIONSHIP	MOTHER - MAIDEN NAME	15. Joseph Gniszcz	16. Albie	17. Not Available	18. Not Available				
17a. Walter Gates	17b. Husband	17c. 1134 N Hickory Arlington	17d. 60004 11	MAILING ADDRESS CITY, TOWNSHIP, COUNTY, STATE							
18. DEATH WAS CAUSED BY IMMEDIATE CAUSE	(b) DUE TO, OR AS A CONSEQUENCE OF	(b) Diseases									
PART II. OTHER SIGNIFICANT CONDITIONS CONCERNING DECEASED RELATED TO DEATH											
ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED DEATH	DATE OF INJURY (MONTH, DAY, YEAR)	TIME	LOCATION (STREET, CITY, STATE, ZIP CODE)	DATE INJURY OCCURRED OR DISEASE CONTRACTED	AUTOPSY OR MEDICAL EXAMINATION	DATE	DATE				
20a. <i>Walter</i>	20b. 200	20c. M.	20d. 200.	20e. No	20f. No	20g. 1986	20h. 1986				
INJURY AT WORK FACTORY, OFFICE, ETC. (NAME, ADDRESS, CITY, STATE, ZIP CODE)	PLACE OF INJURY AT HOME, OFFICE, ETC. (NAME, ADDRESS, CITY, STATE, ZIP CODE)	20i. 200	20j. 200.	IF FEMALE WAS PREGNANT IN PAST THREE MONTHS AND IF SO, DATE							
21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND ON THE INFORMATION THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE STATED, A MURKAT	21b. THE DECEASED WAS PROFOUNDLY UNCONSCIOUS WHEN EXAMINED	21c. Signature	21d. Signature	21e. DATE SIGNED							
22. BURIAL Cremation REMOVAL SPECIFY 24a. Burial								CEMETERY OR CRYMATORY - NAME STREET AND NUMBER NAME	LOCATION STREET AND NUMBER NAME	DATE	DATE
25a. Malec & Sons Funeral Home, Inc. 6000 N Milwaukee Avenue Chicago, Illinois 60645 25b. LOCAL DIRECTOR'S SIGNATURE 26a. REGISTRAR'S SIGNATURE								Niles	Illinois	Jan. 6, 1986	7476
26b. DATE REC'D BY LOCAL DIRECTOR								26c. DATE REC'D BY OFFICE OF VITAL RECORDS			

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.

Date January 6, 1986

at Cook County Department of Public Health
1500 W. Bryn Mawr Drive, Maywood, IL 60153

Signed Angela Augustin
Official Title, Chief Deputy
Registrar

UNOFFICIAL COPY

03-20-86-16

3512216

Rec'd 104-26-86 Form 3021

Affidavit by Surviving Joint Tenant

L. R.

Doc. No. 2422281-F

Certificate No. 1060539

Vol. 2125-2

Page 270

State of Illinois
County of Cook

{ ss.

WALTER GATES, JR., A WIDOWER..... being first
duly sworn, upon oath deposes and says:

That he resides at 1144 North Hickory..... in the City of Arlington Heights
and that he is one of the parties who took title, not in tenancy in common, but in joint tenancy,
to real estate shown in Certificate of Title No. 1060539..... situated in said Cook County, Illinois,
described as follows:

03-20-411-043-0000 R

LOT THIRTY TWO (32) IN BLOCK ONE (1), IN ARLINGTON GREENS, BEING
A SUBDIVISION OF THE SOUTHWEST QUARTER (1/4) OF THE SOUTHEAST
QUARTER (1/4) OF SECTION 20, TOWN 42 NORTH, RANGE 11, EAST OF
THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, ACCORDING
TO PLAT THEREOF REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES
OF COOK COUNTY, ILLINOIS, AS DOCUMENT NUMBER 1408517

Affiant states that MAGGARENA GATES..... one of the said owners in joint
tenancy, died intestate, in the Village of Arlington..... in the State of Illinois.....
as is confirmed by a certificate of the health department of said municipality hereto attached.

Affiant states that the remaining joint tenant has not changed his marital status since
the issuance of Certificate of Title Number 1060539..... (except..... b/a..... who
has been married but once since acquiring said real estate and then to..... D/A.....).

Further, that the affiant makes this affidavit for the purpose of inducing the Registrar of Titles
of Cook County, Illinois, to issue a certificate of title to the surviving Joint Tenant to said above
described premises, relying on this statement as true, and in consideration thereof affiant guarantees
the truth of the statements herein contained.

WALTER GATES, JR.

Subscribed and sworn to before me
this 3rd day of April 1986

John J. Schillo
NOTARY PUBLIC

PIN # 03-20-411-043-0800

Property Address: 1144 N. Hickory
Arlington Hgts.

UNOFFICIAL COPY

Property of Cook County Clerk's Office

CO REC'D PH '86
MAR 12 1986

CO REC'D MAR 12 1986

LIBERTY TYPE INC., CO.
3D & Normandie
Printers