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AFFIDAVIT OF NO ESTATE TAX DUE

0 3 5 7 9 6 6 0

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 ROBERT KOKOSKA, GUARDIAN OF THE ESTATE OF LILLIAN EICHINGER, a Disabled Person and nephew of the decedent, SYLVIA SPIRK, (name and capacity)

and reside at 2806 South Hamlin, Chicago, Illinois 60623

(2) I am personally acquainted with the affairs of the Estate of SYLVIA SPIRK, who died on October 3, 1985

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

- 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.

Robert Kokoska
Robert Kokoska

Subscribed and sworn to before me this 14 day of May 1986

Notary Public

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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 2 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.

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

YEAR 2011, DEPARTMENT OF PUBLIC HEALTH—Bureau of Statistics. Printed by the Authority of the State of Illinois.

AT BERYN, Illinois

OFFICIAL TITLE DEPUTY REGISTRAR

SIGNED *A. Thomas* 1985

DATE: OCTOBER 7 1985

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 76-21	REGISTERED NUMBER 820	DECEASED—NAME FIRST MIDDLE LAST Sylvia Spirk	SEX Female	DATE OF DEATH (MONTH, DAY, YEAR) 3 October 3, 1985
RACE (WHITE, BLACK, AMERICAN ORIGIN OR DESCENT, INDIAN, ETC.) (SPECIFY) White		AGE (MONTHS, YEARS) 45 75		COUNTY OF DEATH 78. Cook
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 78. Berwyn		HOSPITAL OR OTHER INSTITUTION—NAME AND NUMBER. GIVE STREET AND NUMBER. 7c. Mac neal Hospital		IF HOSP OR INST. INDICATED, DO NOT ENTER RM. IN PATIENT'S NAME 76. EMI
CITIZEN OF WHAT COUNTRY United States		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Never Married		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) None
SOCIAL SECURITY NUMBER 348-20-1602		KIND OF BUSINESS OR INDUSTRY 13b. Own Home		WAR OR DATES OF SERVICE (GIVE NOS OR NO) 13d. None
RESIDENCE STREET AND NUMBER 1430 S. Lombard ave.		CITY, TOWN, TWP. OR ROAD DISTRICT NO. (YES/NO) 14b. Berwyn	INSIDE CITY (YES/NO) 14c. Yes	STATE 14d. Illinois
FATHER—NAME FIRST MIDDLE LAST Peter Spirk		MOTHER—MAIDEN NAME FIRST MIDDLE LAST Marie Skarda		
INFORMANT NAME (TYPE OR PRINT) Bob Kokoska		RELATIONSHIP 17b. Nephew		STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP Chicago, Ill.
DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE 10. MALIGNANT METASTASIZING MELANOMA W/MTX DOE TO OR AS A CONSEQUENCE OF: 1b) METASTASIS -				
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) 20b. DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION				
20a. DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION Sept 29-1985		20c. IF FEMALE, WAS THERE A PREG. NANCY IN PAST THREE MONTHS? NO		AUTOPSY (YES/NO) 19b. NO
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. Sept 29-1985		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED (SPECIFY YES/NO) YES		21c. HOUR OF DEATH 11:40 P. M.
22a. SIGNATURE AND ADDRESS OF CERTIFIER Dr. Gregole 6144 Roosevelt rd. Oak Park, Illinois		22b. DATE SIGNED (MO., DAY, YR.) Oct 6 1985		22c. ILLINOIS LICENSE NUMBER 36-23787
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Dr. Gregole		23a. CITY OF TOWN Chicago, Illinois		23b. DATE (MONTH, DAY, YEAR) 24 Oct. 7, 1985
24a. BUIAL CEMETERY, NAME AND ADDRESS OF R. F. D. Bohemian National		24b. CITY OF TOWN Chicago, Illinois		24c. STATE Illinois
25a. H. Marik Sons Funeral Home 6507w. Cermak rd. Berwyn, Illinois 60402		25b. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 5006
26a. <i>[Signature]</i>		26b. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) Oct. 7 1985		26c. (BASED ON 1978 U.S. STANDARD CERTIFICATE)

DO NOT PRINT INK
INFLUENT INK
OR PHYSICIAN
INSTRUCTIONS

DECEASED

PARENTS

CAUSE

CERTIFIER

DISPOSITION

DCS 164 SM 5.47 (FORM 302)

Affidavit by Surviving Joint Tenant

L. R. Doc. No. Certificate No. 1253205.....

State of ...Illinois... } ss.
County of ...Cook..... }

ROBERT KOKOSKA being first

Duly sworn, upon oath deposes and says:

That ...he... resides at ...2806 S. Hamlin Avenue... in the City of ...Chicago...
and that ...he... is ^{acquainted with} 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. ...1253205... situated in said Cook County, Illinois,
described as follows:

LOT TWENTY-ONE (except North half (1/2) thereof---(21)
LOT TWENTY-TWO---(22)

In Block One (1) in Walleck's Subdivision of the East Quarter (1/4) of the North-west Quarter (1/4) of the North-west Quarter (1/4) of Section 20, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois

P.I.N. #16-20-103-032-0000 Au of 1230 S. Lombard Ave, Berwyn, IL 60402

Affiant states that SYLVIA SPIRK one of the said owners in joint tenancy, died (intestate) in the city (Berwyn) of ...BERWYN... 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... marital status since the issuance of Certificate of Title Number...1253205... (except... who has been married but since acquiring said real estate and then to...).

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.

Robert Kokoska
ROBERT KOKOSKA

Subscribed and sworn to before me
this... 6 ... day of ...January... 19-86

[Signature]
NOTARY PUBLIC.

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M. Hon. Assoc. Asso.
6504 W. Cermak
Kenwyn, IL 60462

of Cook County Clerk's Office

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