

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 FRANCES R. SALATINO (WIFE) (SUCCEEDING JT. TEN) (name and capacity)

and reside at 3443 N. LOMBARD FRANKLIN Pk. IL

(2) I am personally acquainted with the affairs of the Estate of VITO SALATINO, who died on JULY 19, 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.

Frances R. Salatino

Subscribed and sworn to before me this 25th day of August; 1986.

John Elert
Notary Public

UNOFFICIAL COPY

REGISTRATION NO. 16.35
DISTRICT NO. 1659
STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
STATE FILE NUMBER

1. NAME (LAST, FIRST, MIDDLE OR DEFEAT) SALATINO
2. SEX MALE
3. DATE OF DEATH JULY 19, 1985
4. COUNTY OF DEATH COOK
5. DATE OF BIRTH (MO., DAY, YEAR) MAY 15, 1906
6. COUNTY OF BIRTH COOK
7. PLACE OF BIRTH (CITY, TOWNSHIP, COUNTY, STATE) MELROSE PARK, ILLINOIS
8. HOSPITAL OR OTHER INSTITUTION (NAME AND ADDRESS) GOTTLIEB MEMORIAL HOSPITAL, IN PATIENT

9. ITALY
10. HARRIED
11. FRANCES
12. COOK
13. ILLINOIS

14. 3443 LOMBARD
15. (4470) RAFFAEL SALATINO
16. MARRIED (MARR.) NINTONETTE GIANNONE
17. COOK
18. ILLINOIS

17a. BARBARA A. EVERETT
17b. PECOPISS
17c. MELROSE PARK, ILL.

18. DEATH WAS CAUSED BY:
18a. *acute endoplasmic reticulum*
18b. *acute tubular necrosis*
18c. *acute tubular necrosis*
18d. *acute tubular necrosis*
18e. *acute tubular necrosis*

19. *acute tubular necrosis*
20. *acute tubular necrosis*
21. *acute tubular necrosis*
22. *acute tubular necrosis*
23. *acute tubular necrosis*

24. *acute tubular necrosis*
25. *acute tubular necrosis*
26. *acute tubular necrosis*
27. *acute tubular necrosis*
28. *acute tubular necrosis*

29. *acute tubular necrosis*
30. *acute tubular necrosis*
31. *acute tubular necrosis*
32. *acute tubular necrosis*
33. *acute tubular necrosis*

34. *acute tubular necrosis*
35. *acute tubular necrosis*
36. *acute tubular necrosis*
37. *acute tubular necrosis*
38. *acute tubular necrosis*

39. *acute tubular necrosis*
40. *acute tubular necrosis*
41. *acute tubular necrosis*
42. *acute tubular necrosis*
43. *acute tubular necrosis*

44. *acute tubular necrosis*
45. *acute tubular necrosis*
46. *acute tubular necrosis*
47. *acute tubular necrosis*
48. *acute tubular necrosis*

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named as 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 July 24, 1985
AT Melrose Park
OFFICIAL TITLE Deputy 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.

RELEASE OF MORTGAGE DEED OR TRUST
BY CORPORATION (ILLINOIS)

UNOFFICIAL COPY

3 4 4 3 3 7

CAUTION: Consult a lawyer before using or acting under this form.
All warranties, including merchantability and fitness, are excluded.

Handwritten initials

3544337

Above Space For Recorder's Use Only

FOR THE PROTECTION OF THE OWNER, THIS RELEASE SHALL BE FILED WITH THE RECORDER OF DEEDS OR THE REGISTRAR OF TITLES IN WHOSE OFFICE THE MORTGAGE OR DEED OF TRUST WAS FILED.

KNOW ALL MEN BY THESE PRESENTS, That the COMMUNITY BANK OF HOMEWOOD-FLOSSMOOR

a corporation of the State of Illinois, for and in consideration of the payment of the indebtedness secured by the Mortgage hereinafter mentioned, and the cancellation of all the notes thereby secured, and of the sum of one dollar, the receipt whereof is hereby acknowledged, does hereby REMISE, RELEASE, CONVEY and QUIT CLAIM unto JOHN P. HUGHES, JR., a bachelor, of 3629 W. 192nd Street, Homewood, IL, 60430, h s (NAME AND ADDRESS)

3544337

heirs, legal representatives and assigns, all the right, title, interest, claim or demand whatsoever it may have acquired in, through or by a certain Mortgage, bearing date the 20th day of November 1970, and recorded in the Recorder's Office of Cook County, in the State of Illinois, in book _____ of records, on page _____, as document No. 2532235, to the premises therein described, situated in the County of Cook, State of Illinois, as follows, to wit:

Lot Four (4) in Block Four (4) in Grover C. Elmore and Company's Crawford Avenue Farms, being a Subdivision in the North Half (1/2) of the Northwest Quarter (1/4) of Section 11, Township 35 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois,

commonly known as 3629 W. 192nd Street, Homewood, IL, 60430, PIN # 31-11-105-009



Recorder's Office

together with all the appurtenances and privileges therunto belonging or appertaining.

IN TESTIMONY WHEREOF, the said COMMUNITY BANK OF HOMEWOOD-FLOSSMOOR has caused these presents to be signed by its Asst. Vice President, and attested by its Secretary, and its corporate seal to be hereto affixed, this 26th day of AUGUST, 1986.

COMMUNITY BANK OF HOMEWOOD-FLOSSMOOR
By Pamela N. Stefik Asst. Vice President
Attest Patricia Brankman Secretary

GREGORY PROSEN, Attorney at Law, 18141 Dixie Highway, Suite 100, P.O. Box 1609, Homewood, Illinois 60430 (NAME AND ADDRESS)

This instrument was prepared by _____

Also check 3435977
MORTGAGE PROHIBITED

UNOFFICIAL COPY

RELEASE DEED
By Corporation

TO

ADDRESS OF PROPERTY:

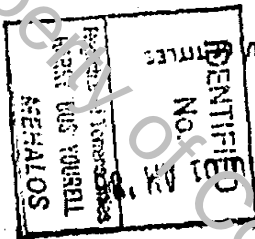
MAIL TO:

GEORGE E. COLE
LEGAL FORMS

3544337

3544337

AUG 28



Property Prosen
18141 Dixie Hwy
P.O. Box 1609
Homewood, IL
60436

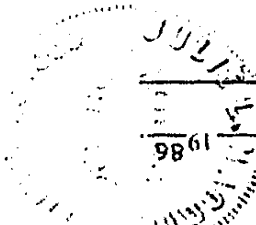
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IN DUPLICATES

I, Julie L. Maggio, a notary public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that PAMELA K. STEFIK, Vice President of the COMMUNITY BANK OF HOMEWOOD- personally known to me to be the Asst. Vice President of the COMMUNITY BANK OF HOMEWOOD- a corporation, and PATRICIA BRACKMAN, personally known to me to be the Secretary of said corporation, and personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person and severally acknowledged that as such Asst. Vice President and Secretary, they signed and delivered the said instrument and caused the corporate seal of said corporation to be affixed thereto, pursuant to authority given by the Board of Directors of said corporation, as their free and voluntary act, and as the free and voluntary act of said corporation, for the uses and purposes therein set forth, GIVEN under my hand and notarial seal this 26th day of August 1986

Commission expires March 12, 1990

NOTARY PUBLIC

Julie L. Maggio



STATE OF ILLINOIS }
COUNTY OF COOK }
SS