

UNOFFICIAL COPY

0 3 5 6 2 7 8 6
AFFIDAVIT OF NO ESTATE TAX DUE

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 Elmer Scott
(name and capacity)
and reside at 11247 Vincennes Avenue

(2) I am personally acquainted with the affairs of the Estate of _____
William Winn, who died on August 5th 1967.

(3) That, based on the total value of the Estate of the deceased, I know that no Federal Estate Tax Return has been filed, is contemplated or is necessary.

(4) That, as a consequence, I represent to the Registrar of Titles that no Federal Estate Tax or State Inheritance Tax is due*, 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.

Elmer Scott

Subscribed and sworn to before _____

me this 2nd day of January

19 86

[Signature]
Notary Public

NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXPIRES JUNE 4, 1989
ISSUED THRU ILLINOIS NOTARY ASSOC.

*Pursuant to H.B. 93, P.A. 82-1021

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Property of Cook County Clerk's Office

COOK COUNTY CLERK'S OFFICE
100 N. LAUREL STREET, CHICAGO, IL 60602
TEL: (773) 304-3000 FAX: (773) 304-3001

ORIGINAL 371

STATE OF ILLINOIS

STATE FILE NUMBER 56562

CORONER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH
 a. STATE ILLINOIS b. COUNTY COOK c. INSIDE corporate limits and in City, Village, or Incorporated Town Chicago d. OUTSIDE corporate limits and in Township name: Life e. LENGTH OF STAY IN IC OR ID Life f. NAME OF HOSPITAL OR INSTITUTION Roseland Community g. LENGTH OF STAY IN IC OR ID D.O.A. h. If not in hospital or institution, give Street & No. or R.F.D. and Post Office

2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission.)
 a. STATE ILLINOIS b. COUNTY COOK c. INSIDE corporate limits and in City, Village, or Incorporated Town Chicago d. OUTSIDE corporate limits and in Township name: Life e. LENGTH OF RESIDENCE AT IC OR ID Life f. RESIDENCE ADDRESS (Street & No. or R.F.D. and Post Office) 11772 South Ashland Avenue

3. NAME OF DECEASED a. (FIRST) WILLIAM b. (MIDDLE) T c. (LAST) WILSON
 4. DATE OF DEATH August 5th 1967
 5. SEX Male 6. RACE Negro 7. NEVER MARRIED MARRIED (Specify) never married
 8. DATE OF BIRTH August 11, 1924 9. AGE (in years last birthday) 42 10. KIND OF BUSINESS OR INDUSTRY General 11. BIRTHPLACE (City and state or foreign country) Chicago, Illinois 12. Citizen of what country? U.S.A.
 13. FATHER'S FULL NAME William T. Winn Sr. 14. MOTHER'S FULL MAIDEN NAME Ida Belle Pitts
 15. Was deceased ever in U.S. Armed Forces? (Yes, no, or unknown) (Give war or dates of service) No 16. SOCIAL SECURITY NUMBER 345-18-0333
 17. INFORMANT NAME Norman Wilson 18. ADDRESS 836 East 100th St. Chicago, Ill. 19. MEDICAL CAUSE OF DEATH PART I: DEATH WAS CAUSED BY (Enter only one cause per line for (A), (B) and (C).) IMMEDIATE CAUSE (A) CORONARY ARTERY DISEASE (B) due to (B) (C) due to (C)
 PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION *
 20. AUTOPSY? YES NO
 21a. ACCIDENT SUICIDE 21b. PLACE OF INJURY (e.g., in automobile, home, farm, factory, street, office building, etc.)
 21c. INJURED AT CITY, TOWNSHIP, OR LOCATION (COUNTY) (STATE)
 21d. TIME OF INJURY (MORNING, DAY, EVENING, NIGHT, WHILE WORKING) 21e. HOW DID INJURY OCCUR?
 22a. Upon medical investigation I find this death was caused as stated above. SIGNED: [Signature] 22b. Upon official investigation I find the person described died as stated above. SIGNED: [Signature]

23. DISPOSITION: BURIAL OR CREMATION BY [Signature] M.D. CORONER'S PHYSICIAN. THE SHELBY CHAPEL CEMETERY B.H.R.R. O.A.K. LOCATION Worth Township, Illinois. ADDRESS 11053 So. Vincennes Avenue Chicago, Illinois. Number 4514
 24. FUNERAL DIRECTOR THE SHELBY CHAPEL SIGNATURE [Signature] ADDRESS 11053 So. Vincennes Avenue Chicago, Illinois. Number 4514
 25. Received for filing on AUG - 8 1967 (Signed) [Signature] LOCAL REGISTRAR

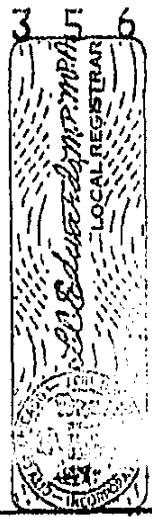
U.S. Standard Certificate of Death. BUREAU OF STATISTICS—ILLINOIS DEPARTMENT OF PUBLIC HEALTH

UNOFFICIAL COPY

December 11, 1985
STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

LONNIE C. EDWARDS M.D. M.P.A., 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 OF 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 AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

Handwritten initials/signature



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

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AFFIDAVIT OF NO ESTATE TAX DUE

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 Elmer Scott
(name and capacity)
and reside at 11247 Vincennes Avenue

(2) I am personally acquainted with the affairs of the Estate of _____
Murtie Winn, who died on July 4th 1984.

(3) That, based on the total value of the Estate of the deceased, I know that no Federal Estate Tax Return has been filed, is contemplated or is necessary.

(4) That, as a consequence, I represent to the Registrar of Titles that no Federal Estate Tax or State Inheritance Tax is due*, 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.

Elmer Scott

Subscribed and sworn to before me

me this 2nd day of January

19 86

[Signature]
Notary Public

NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXPIRES JUNE 4, 1989
ISSUED THRU ILLINOIS NOTARY ASSOC.

*Pursuant to H.B. 93, P.A. 82-1021

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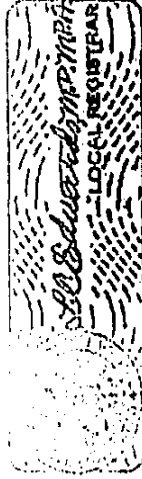
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXPIRES FEBRUARY 28, 2012
I, _____, BEING THE NOTARY PUBLIC

UNOFFICIAL COPY

July 9, 1984

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

LONNIE C. EDWARDS M.D. M.P.A.,
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 OF 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 AS A
RECORD KEPT BY ME IN PURSUANCE OF
SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID
WHEN MULTICOLOR SEAL AND
BLUE SIGNATURE ARE AFFIXED

613401

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10

REGISTERED NUMBER

REGISTRATION DISTRICT NO. 16.10 REGISTERED NUMBER

DECEASED - NAME FIRST MIDDLE LAST MURTIE U N N SEX 2 Female DATE OF DEATH 3 July 4 1984 (MONTH, DAY, YEAR)

RACE (SPECIFY IF OTHER THAN CAUCASIAN) 4a. Black 4b. American 5a. 84 5b. 1000 6. February 15, 1900 (MONTH, DAY, YEAR) COUNTY OF DEATH Cook

HOSPITAL OR OTHER INSTITUTION - 7a. Roseland Hospital 7b. D.O.A. (IF DEATH OCCURRED IN HOSPITAL OR OTHER INSTITUTION, GIVE CITY, TOWN, VILLAGE OR ROAD DISTRICT NO.)

CITIZEN OF WHAT COUNTRY 9. U.S.A. 10. Widowed 11. NAME OF SURVIVING SPOUSE (MARRIED, WIDOWED, DIVORCED (SPECIFY))

USUAL OCCUPATION 12a. Housekeeper 12b. At Home 13a. YES 13b. NO 14. Cook (SPECIFY YES OR NO)

RESIDENCE STREET AND NUMBER 14a. Chicago 14b. Yes 14c. No 14d. Illinois (CITY, TOWN, VILLAGE OR ROAD DISTRICT NO.)

FATHER - NAME FIRST MIDDLE LAST Berry Sewell Genie Means (MOTHER - MAIDEN NAME)

INFORMANT NAME (TYPE OR PRINT) 15. MR. ELMER SCOTT 16. Nephew 17c. 11247 So. Vincennes Ave. Chicago, 11160643 (STREET AND NO. OR R. F. D., CITY OR VILLAGE, STATE, ZIP)

DEATH WAS CAUSED BY: 18. MYOCARDIAL INFARCTION (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) (b) (c) 19a. 19b. 19c. (SPECIFY YES OR NO)

PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH (PART I) 20a. 20b. 20c. (TYPE OR PRINT)

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION 21a. 21b. 21c. (MONTH, DAY, YEAR)

IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20a. YES 20b. NO 20c. NO

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION 21a. 21b. 21c. (MONTH, DAY, YEAR)

DATE SIGNED (MO., DAY, YEAR) 22a. July 6, 1984 22b. ILLINOIS LICENSE NUMBER 22c. 36-55488

NAME AND ADDRESS OF CERTIFIER 23a. Paul J. Conwell, M.D., M.P.A. 23b. 9101 S. Western Chicago, Ill. 60643 (TYPE OR PRINT)

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 24a. 24b. 24c. (MONTH, DAY, YEAR)

BURIAL CEMETERY, REMOVAL (SPECIFY) 24a. Lincoln 24b. North 24c. Illinois 24d. July 9, 1984 (CITY OR TOWN, STATE, DATE)

FUNERAL HOME 25a. The Williams Chapel 11053 So. Vincennes Chicago Illinois 60643 (STREET AND NUMBER OR R. F. D., CITY OR TOWN, STATE)

FUNERAL DIRECTOR'S SIGNATURE 25b. 25c. 4514 (FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER)

LOCAL REGISTRAR'S SIGNATURE 26a. Lonnie C. Edwards, M.D., M.P.A. 26b. JUL 7 1984 (DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR))

NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH, THE CORNER OR MEDICAL EXAMINER MUST BE NOTIFIED.

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Property of Cook County Clerk's Office

3562786

DCS 164 (FORM 302)

Affidavit by Surviving Joint Tenant

L. R. Doc. No. Certificate No. 1222161

State of Illinois } ss.
County of Cook }

PROPERTY INDEX NUMBERS

25 - 20 - 113 - 003 - 0000
A SA BLK PCL UNIT

Elmer Scott being first
duly sworn, upon oath deposes and says:

That he resides at 1217 Vincennes Avenue in the City of Chicago
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. 1222161 situated in said Cook County, Illinois,

described as follows:
Lot 12 in Block 62, of the Resubdivision by the Blue Island Land and Building
Company, known as Washington Heights, being a Resubdivision of Lots 1 and 2 in
Block 13, all of Block 14, Lots 7 to 65 inclusive in Block 20, Lots 1, 2 and 3
in Block 21, and all of Blocks 24, 25, 28 and 29 all in Sections 18 and 19 also
a Subdivision of the West 1/2 of the Northwest 1/4 of Section 20, and that
portion of the East 1/2 of the Southeast 1/4 of Section 19, East of the Prospect
Avenue, all in Township 37 North, Range 14, East of the Third Principal Meridian
in Cook County, Illinois, as per plat recorded June 27, 1872 as doc 39778 in Book
2 of Plats Pages 45, 46 and 47.

Affiant states that Murtie Winn AND WILLIAM W. WINN one of the said owners in joint
tenancy, died intestate, in the city (Village) of Chicago 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 1222161 (except who
has been married but once 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.

Elmer Scott
Elmer Scott

Subscribed and sworn to before me
this 2nd day of JANUARY, 1986

NOTARY PUBLIC

NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXPIRES JUNE 4, 1989
ISSUED THRU ILLINOIS NOTARY ASSOC.

TOM SZYMOSZYK
111 W WASHINGTON
CHgo IL 60602

3562786

UNOFFICIAL COPY

1222161
(+2) N/A
(1086266)
(1292077) MS

3562786

1900 OCT 20 PM 3 44
HARRY (RUS) YORRELL
REGISTRAR OF T.

IDENTIFIED No.	Registrar of Forfeited Titles HARRY (RUS) YORRELL REL
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3562786

Property of Cook County Clerk's Office

THE TITLE AGENCY ORDER # C-12544