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AFFIDAVIT OF NO ESTATE TAX DUE

0 0 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 SUSAN M. REYNOLDS f/k/a SUSAN M. LENS
(name and capacity)

and reside at 19501 LAKE LYNWOOD DR., LYNWOOD, ILLINOIS

(2) I am personally acquainted with the affairs of the Estate of JAMES P. LENS, who died on MAY 13, 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)

- 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.

Susan M. Reynolds (Lens)
SUSAN M. REYNOLDS f/k/a SUSAN M. LENS

Subscribed and sworn to before me this 14th day of NOVEMBER; 1986.

[Signature]
My Commission Expires July 24, 1987
Notary Public

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

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SEE ALSO

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STATE FILE NUMBER

609762

MEDICAL CERTIFICATE OF DEATH

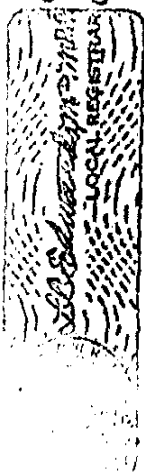
STATE OF ILLINOIS

May 16, 1984

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

SS

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

REGISTRATION DISTRICT NO. 16.10	STATE OF ILLINOIS	DATE OF DEATH 3. May 13, 1984	COUNTY OF DEATH Cook
DECEASED - NAME James P. Lens	SEX 2. Male	DATE OF BIRTH (MO., DAY, YEAR) 2-16-1950	IF DECEASED IN INSTITUTION (HOSPITAL, NURSING HOME, ETC.) 7a. Inpatient
1. RACE (WHITE, NEGRO, ORIGIN OR DESCENT) White	2. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married	3. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Susan Dybowski	7b. IF DECEASED IN INSTITUTION (HOSPITAL, NURSING HOME, ETC.) 7c. Inpatient
4. CITY, TOWN, VLG. OR ROAD DISTRICT NUMBER Chicago	5. CITIZEN OF WHAT COUNTRY 9. U.S.A.	6. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Susan Dybowski	7d. IF DECEASED IN INSTITUTION (HOSPITAL, NURSING HOME, ETC.) 7e. Inpatient
7. SOCIAL SECURITY NUMBER 343-40-7141	8. USUAL OCCUPATION Asst. Manger	11. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Susan Dybowski	7f. IF DECEASED IN INSTITUTION (HOSPITAL, NURSING HOME, ETC.) 7g. Inpatient
12. RESIDENCE STREET AND NUMBER 19501 Lakewood Drive	13. CITY, TOWN, VLG. OR ROAD DISTRICT NO. 14. Lynwood	12. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Susan Dybowski	7h. IF DECEASED IN INSTITUTION (HOSPITAL, NURSING HOME, ETC.) 7i. Inpatient
15. FATHER - NAME Gene Lens	16. MOTHER - MAIDEN NAME Loretta Markonski	13. CITY, TOWN, VLG. OR ROAD DISTRICT NO. 14. Cook	7j. IF DECEASED IN INSTITUTION (HOSPITAL, NURSING HOME, ETC.) 7k. Inpatient
17. RELATIONSHIP 176 Clerk	17. MAILING ADDRESS 176 1753 W. Congress Pkwy Chgo Ill 60612	15. COUNTY Cook	7l. IF DECEASED IN INSTITUTION (HOSPITAL, NURSING HOME, ETC.) 7m. Inpatient
18. DEATH WAS CAUSED BY 1a. Hodgson's Disease	18. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))	16. STATE Illinois	7n. IF DECEASED IN INSTITUTION (HOSPITAL, NURSING HOME, ETC.) 7o. Inpatient
19. IMMEDIATE CAUSE 1b. DUE TO OR AS A CONSEQUENCE OF	19. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))	17. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 34 Years	7p. IF DECEASED IN INSTITUTION (HOSPITAL, NURSING HOME, ETC.) 7q. Inpatient
20. DATE OF OPERATION, IF ANY 20b. None	20. MAJOR FINDINGS OF OPERATION	18. AUTOPSY (YES/NO) 19. No	7r. IF DECEASED IN INSTITUTION (HOSPITAL, NURSING HOME, ETC.) 7s. Inpatient
21. NAME AND ADDRESS OF FERTILIZER	21. DATE AND PLACE AND TIME WHEN THE CAUSE(S) STATED. May 11, 1984	20. IF FEMALE WAS THERE A PREG. MANCY IN PAST THREE MONTHS? 20a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	7t. IF DECEASED IN INSTITUTION (HOSPITAL, NURSING HOME, ETC.) 7u. Inpatient
22. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Dr. Philip Bonomi, 1753 W. Congress Hwy Chg. IL 60612	22. DATE SIGNED (MO., DAY, YEAR) May 13, 1984	21. HOUR OF DEATH 12:44 P. M.	7v. IF DECEASED IN INSTITUTION (HOSPITAL, NURSING HOME, ETC.) 7w. Inpatient
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Dr. Philip Bonomi, 1753 W. Congress Hwy Chg. IL 60612	23. ILLINOIS LICENSE NUMBER 224. 36-52056	22. IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	7x. IF DECEASED IN INSTITUTION (HOSPITAL, NURSING HOME, ETC.) 7y. Inpatient
24. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Dr. Philip Bonomi, 1753 W. Congress Hwy Chg. IL 60612	24. CITY OR TOWN Calumet City, Ill.	23. FUNERAL CREMATION, CEMETERY OR CREMATORY - (NAME) Holy Cross	7z. IF DECEASED IN INSTITUTION (HOSPITAL, NURSING HOME, ETC.) 7aa. Inpatient
25. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Dr. Philip Bonomi, 1753 W. Congress Hwy Chg. IL 60612	25. CITY OR TOWN Calumet City, Ill.	24. NAME OF FUNERAL HOME DRUMM FUNERAL HOME	7ab. IF DECEASED IN INSTITUTION (HOSPITAL, NURSING HOME, ETC.) 7ac. Inpatient
26. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Dr. Philip Bonomi, 1753 W. Congress Hwy Chg. IL 60612	26. CITY OR TOWN Calumet City, Ill.	25. NAME OF FUNERAL DIRECTOR'S SIGNATURE L. Edwards, M.D., M.P.A.	7ad. IF DECEASED IN INSTITUTION (HOSPITAL, NURSING HOME, ETC.) 7ae. Inpatient
27. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Dr. Philip Bonomi, 1753 W. Congress Hwy Chg. IL 60612	27. CITY OR TOWN Calumet City, Ill.	26. NAME OF FUNERAL DIRECTOR'S SIGNATURE L. Edwards, M.D., M.P.A.	7af. IF DECEASED IN INSTITUTION (HOSPITAL, NURSING HOME, ETC.) 7ag. Inpatient
28. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Dr. Philip Bonomi, 1753 W. Congress Hwy Chg. IL 60612	28. CITY OR TOWN Calumet City, Ill.	27. NAME OF FUNERAL DIRECTOR'S SIGNATURE L. Edwards, M.D., M.P.A.	7ah. IF DECEASED IN INSTITUTION (HOSPITAL, NURSING HOME, ETC.) 7ai. Inpatient
29. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Dr. Philip Bonomi, 1753 W. Congress Hwy Chg. IL 60612	29. CITY OR TOWN Calumet City, Ill.	28. NAME OF FUNERAL DIRECTOR'S SIGNATURE L. Edwards, M.D., M.P.A.	7aj. IF DECEASED IN INSTITUTION (HOSPITAL, NURSING HOME, ETC.) 7ak. Inpatient
30. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Dr. Philip Bonomi, 1753 W. Congress Hwy Chg. IL 60612	30. CITY OR TOWN Calumet City, Ill.	29. NAME OF FUNERAL DIRECTOR'S SIGNATURE L. Edwards, M.D., M.P.A.	7al. IF DECEASED IN INSTITUTION (HOSPITAL, NURSING HOME, ETC.) 7am. Inpatient

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Property of Cook County Clerk's Office

3568500

(FORM 302)

Affidavit by Surviving Joint Tenant

L. R. 24842, 24843 Doc. No. 3017223 Certificate No. 1331024

State of ILLINOIS }
County of COOK } ss.

[Handwritten signature]

SUSAN M. REYNOLDS, f/k/a SUSAN M. LENS being first
duly sworn, upon oath deposes and says:

That s/he... resides at 19507 LAKE LYNWOOD DR... in the City of LYNWOOD, ILLINOIS...
and that s/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. 1331024 situated in said Cook County, Illinois,

described as follows: THAT PART OF LOT THIRTY SIX IN LAKE LYNWOOD UNIT 2 (HEREINAFTER
DESCRIBED) FALLING WITHIN THE WEST HALF (1/2) OF THE EAST HALF (1/2) OF THE
NORTHWEST QUARTER (1/4) OF SECTION 7, TOWNSHIP 35 NORTH, RANGE 15, EAST OF THE
THIRD PRINCIPAL MERIDIAN----(36) IN LAKE LYNWOOD UNIT 2 BEING A SUBDIVISION OF
PART OF SECTION 7, TOWNSHIP 35 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL
MERIDIAN, ACCORDING TO PLAT THEREOF REGISTERED IN THE OFFICE OF THE
REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS, ON SEPTEMBER 5, 1973, AS
DOCUMENT NUMBER 2715096.

33-07-105-013 19501 Lake Lynwood Dr
Lynwood, Ill

Affiant states that JAMES P. LENS one of the said owners in joint
tenancy, died intestate, in the city (Village) of LYNWOOD 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 her marital status since
the issuance of Certificate of Title Number 1331024 (except SUSAN M. LENS who
has been married but once since acquiring said real estate and then to JAMES REYNOLDS).

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.

Susan M. Reynolds (Lens)
SUSAN M. REYNOLDS f/k/a SUSAN M. LENS

Subscribed and sworn to before me
this 14th day of NOVEMBER 19 86

[Handwritten signature]
My Commission Expires July 24, 1987
NOTARY PUBLIC.

3568500

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Property of Cook County Clerk's Office

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HARRIS COUNTY CLERK
COUNTY CLERK'S OFFICE



2568600
Office

CHICAGO TITLE INS. CO.
07078463