

UNOFFICIAL COPY

0 3 5 9 2 5 6 3
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 ROBERT A. STUBER, A BACHELOR
(name and capacity)
and reside at 1083 W. GRANT.

(2) I am personally acquainted with the affairs of the Estate of ELLA C. STUBER, who died on SEPT 13, 1986.

(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.

x Robert A. Stuber

Subscribed and sworn to before me

on this 17 day of FEB,
1987.

Clifford Palmer
Notary Public

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

UNOFFICIAL COPY

O 3 6 3 6 3

STATE FILE
NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

| | | | | | |
|---|----------------------|--------|--|---|--------------------|
| REGISTRATION | 16-0 | | DATE OF DEATH | September 12, 1986 | |
| DISTRICT NO. | FIRST | MIDDLE | LAST | SEX | DATE OF DEATH |
| REGISTERED NUMBER | | | | | (MONTH, DAY, YEAR) |
| DECEASED NAME: | | | | | |
| 1. PLACE OF BIRTH (NOT U.S.A.) NAME, CITY, STATE/PROV. | ELLA CAROLINE STUBER | | 2. CITIZEN OF WHAT COUNTRY | 3. DATE OF BIRTH (MONTH, DAY, YEAR) | |
| STATE OF BIRTH (NOT U.S.A.) NAME, CITY, STATE/PROV. | U.S.A. | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) | 4. DATE OF DEATH (MONTH, DAY, YEAR) | |
| 2. Social Security Number | 88 | | 10. WIDOWED | 5. July 29, 1898 | |
| 3. Father's name | Robert | | KIND OF BUSINESS OR INDUSTRY | 6. County of Birth | |
| 4. Mother's name | Sarah | | 7c. HOLY FAMILY HOSPITAL | 7a. COOK | |
| 5. Residence STREET AND NUMBER | 361-40-3165 | | CITY, TOWN, TOWNSHIP OR ROAD SECTION NO. | 7b. FOR INSTANT, MEDICAL HOSPITAL, INSTITUTION, ETC. NAME, ADDRESS, CITY, STATE | |
| 6. Residence STREET AND NUMBER | 1083 W. Grant Drive | | 11. VES | 7c. INDENT | |
| 7. Father's name | Robert | | 12. AT HOME | 7d. SURVIVING SPOUSE (MATERIAL, MISTRESS, WIFE) | |
| 8. Death was caused by: | Heart attack | | 13. CITIES, TOWNS, TOWNSHIPS OR ROAD SECTION NO. | 7e. DECEASED EVER IN U.S. OR CANADA DATES OF SERVICE ARMED FORCES SPECIFY YES OR NO | |
| PART I. | | | 14. VES | 15. MOTHER—MAIDEN NAME | |
| HEART ATTACK | | | 15. INFORMANT NAME (TYPE OR PRINT) | 16. MARITAL STATUS | |
| | | | 17a. Robert | 17b. SON | |
| | | | 17c. 1083 W. Grant Drive, Des Plaines, Illinois | 17d. ADDRESS | |
| | | | 18. DEATH WAS CAUSED BY: | 18. DECEASED ONE ENDURE PER LINE (U.U., D.O.D.) | |
| | | | 19. FATHER—NAME | | |
| | | | 20. MOTHER—NAME | | |
| | | | 21. MAJOR FINDINGS OF OPERATION | | |
| | | | 22. SIGNATURE ▲ | | |
| | | | 23. FUNERAL DIRECTOR'S SIGNATURE | | |
| | | | 24. LOCAL REGISTRAR'S SIGNATURE | | |
| | | | 25. ATTENDING PHYSICIAN'S SIGNATURE | | |

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 September 15, 1986
at Cook County Department of Public Health

Signed Angela Austin
Official Title, Chief Deputy
Registrar

UNOFFICIAL COPY

0 3 5 9 2 5 6 3

3592563

GS-184 (Form 30-2)

Affidavit by Surviving Joint Tenant

I. R. Doc. No. Certificate No.

State of ILL.
County of Cook } ss.

Property of Cook County Clerk's Office
ROBERT A. STUBER, being first
duly sworn, upon oath deposes and says:

That he.... resides at.....1023 W. GRANT.....in the City of.....OES PLAINES.....
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.....1315481.....situated in said Cook County, Illinois,
described as follows:

ALL OF LOT 17 THAT PART OF LOT 16, LYING NORTHWESTERLY OF A LINE RUNNING
FROM A POINT ON THE EASTERLY LINE THEREOF, A DISTANCE OF 7.85 FEET
SOUTHEASTERLY OF THE NORTHEASTERLY CORNER OF LOT 16 TO A POINT ON THE WESTERLY
LINE OF SAID LOT 16, A DISTANCE OF 10.99 FEET SOUTHEASTERLY OF THE
NORTHWESTERLY CORNER, OF SAID LOT 16 IN BLOCK 17 IN HOMERICAN VILLAS BEING A
SUBDIVISION OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 20, (EXCEPT THE
EASTERLY 503.0 FEET MEASURED AT RIGHT ANGLES TO THE EAST LINE THEREOF); ALSO
THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 19 (EXCEPT THE WEST 173 FEET
THEREOF) IN TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN,
AS PER PLAT RECORDED NOVEMBER 10, 1927 AS DOCUMENT NUMBER 9838446.
tenancy, died intestate, in the city (Village) of.....
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.....1315481.....(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 Registry 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 A. Stuber*

Subscribed and sworn to before me

this.....17.....day of.....FEB.....1987

Melvin A. James
NOTARY PUBLIC.

THIS INSTRUMENT WAS PREPARED BY
MELVIN A. JAMES
1318 MARIARD RD.
MT PROSPECT III

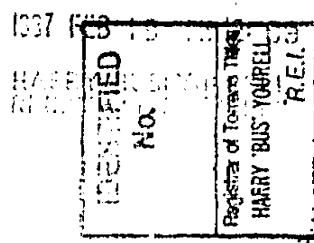
3592563

UNOFFICIAL COPY

Property of Cook County Clerk's Office

1
1316481
N.D.

3592563



3592563
RECORDED
Agency ORDER # C-22574

UNOFFICIAL COPY

THIS INSTRUMENT WAS PREPARED BY
THE CLERK'S OFFICE

3 9 5 2

NOTARY PUBLIC
This day of July, 1967
Subscribed and sworn to before me
Frank J. Forni

the truth of the statements herein contained.
dearly held premises, relying on this statement as true, and in consideration thereof affiant guarantees
of Cook County, Illinois, to issue a certificate of title to the surviving joint Tenant to said above
Further, that the affiant makes the affidavit for the purpose of inducing the Register of Titles
of Cook County, Illinois, to issue a certificate of title to the surviving joint Tenant to said above
Affiant states that the remaining joint tenant has not engaged, for a marital alliance
the issuance of Certificate of Title Number 135481. (see attached affidavit)
as is confirmed by a Certificate of valid consanguinity hereto attached.
Affiant states that the remaining joint tenant has not engaged, for a marital alliance
to him, died intestate, in the city (village) of Des Plaines in the State of Illinois
Affiant states that the surviving joint tenant is a male of the said owner-in-join
and is confirmed by a Certificate of valid consanguinity hereto attached.

Affiant states that the surviving joint tenant is a male of the said owner-in-join
and is confirmed by a Certificate of valid consanguinity hereto attached.

Affiant states that the surviving joint tenant is a male of the said owner-in-join

09-19-21-0363A0

Mr. Edward

3592563

Le., R., Doc. No. Certificate No.
State of Illinois County of Cook }
} ss.
Affidavit by Surviving Joint Tenant

665 164 (Form 302)

3592563

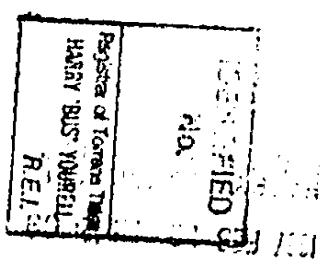
0 3 5 9 2 5 6 3

W

UNOFFICIAL COPY

3592563

1
15481
A.D.



Property of Cook County Clerk's Office

3592563

EMERGENCY ORDER # C-21374