

Affidavit by Surviving Joint Tenant

L. R. Doc. No. Certificate No. 1164279.....

State of Illinois } ss.
County of Cook }

DOROTHY D. GOULD, A WIDOW

being first

duly sworn, upon oath deposes and says:

That s/he... resides at 5501 Lincoln... in the City of Morton Grove... IL 60653
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. 1164279... situated in said Cook County, Illinois,

described as follows: Item 1.) Unit 509 is described in survey delineated on and attached to
and a part of a Declaration of Condominium Ownership registered on the 30th day of December, 1974
as Document Number 2789407. Item 2.) An Undivided 2.45% interest (except the Units delineated
and described in said survey) in and to the following Described Premises: ALL of LOT EIGHT (8),
in Lincoln Terrace being a Resubdivision in the Northwest Quarter (1/4) of Section 21, Township
41 North, Range 13, East of the Third Principal Meridian, according to Plat of said Lincoln Terrace
registered in the Office of the Registrar of Titles of Cook County, Illinois, on February 4, 1974,
as Document Number 7738114.

Permanent Tax Number: 10-21-130-020-1042

Affiant states that Bernard S. Gould, her husband and one of the said owners in joint
tenancy, died intestate, in the city (Village) of Morton Grove 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 1164279... (except an exception... 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.

Dorothy D. Gould
DOROTHY D. GOULD, A WIDOW

Subscribed and sworn to before me
this 24th day of March 19 87

Notary Public
NOTARY PUBLIC.

3608866

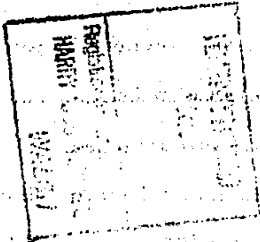
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Property of Cook County Clerk's Office

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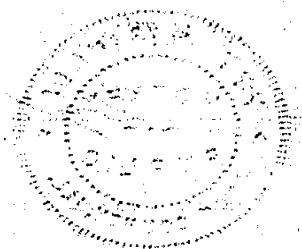
CHICAGO TITLE INS.



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HARRY JAMES YODER
REGISTER OF TITLES
1501 APR 20 PM 12:28



I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in accordance with the provisions of the Illinois Vital Records Act.

UNOFFICIAL COPY

DEC 12 1986

DATE

SIGNED *Louise H. Harkley*

AT Skokie, Illinois 60077

Illinois OFFICIAL TITLE Health Director

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.

REGISTRATION NO. 16.36		STATE OF ILLINOIS		MEDICAL CERTIFICATE OF DEATH		STATE FILE NUMBER	
REGISTERED NUMBER	DECEASED NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH	(MONTH, DAY, YEAR)
9649	Bernard Gould	S.	Gould	2 Male	3 December 10, 1986	10	1986
1. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. RESPECTIVELY)		2. AGE (MONTHS, YEARS)		3. DATE OF BIRTH (MO., DAY, YEAR)		4. COUNTY OF DEATH	
White		75		April 10, 1911		Cook	
5. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		6. HOSPITAL OR OTHER INSTITUTION (GIVE FULL NAME AND NUMBER)		7. CENOTAPH (GIVE FULL NAME AND NUMBER)		8. IF DECEASED IN U.S. INSTITUTION (GIVE FULL NAME AND NUMBER)	
Skokie		Skokie Valley Hospital		Inpatient			
9. U.S.A.		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		11. DOROTHY DUBIN		12. IF DECEASED IN U.S. INSTITUTION (GIVE FULL NAME AND NUMBER)	
13.335.03.6358		14. Real Estate		15. COOK		16. None	
17. 5501 Lincoln		18. Morton Grove		19. COOK		20. 1111111111	
21. FATHER NAME		22. MOTHER NAME		23. Maiden Name		24. 1111111111	
25. David Goldstein		26. Ida Finkelstein		27. 1111111111		28. 1111111111	
29. Informant Name (Type or Print)		30. Informant Address (Street and No. or R.F.D., City or Town, State, ZIP)		31. Informant Phone (Area Code, No.)		32. Informant Signature	
33. Joan Boomer		34. 9600 Gross Point Rd., Skokie, 111.60076		35. 111.60076		36. [Signature]	
37. DEATH WAS CAUSED BY:		38. IMMEDIATE CAUSE		39. INTERMEDIATE CAUSE		40. REMOTE CAUSE	
18. Acute Myocardial Infarction		19. Acute Myocardial Infarction		20. Acute Myocardial Infarction		21. Acute Myocardial Infarction	
22. CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (1st)		23. IMMEDIATE CAUSE (2nd)		24. IMMEDIATE CAUSE (3rd)		25. IMMEDIATE CAUSE (4th)	
26. Acute Myocardial Infarction		27. Acute Myocardial Infarction		28. Acute Myocardial Infarction		29. Acute Myocardial Infarction	
30. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (1)		31. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (2)		32. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (3)		33. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (4)	
34. DATE OF OPERATION, IF ANY		35. MAJOR FINDINGS OF OPERATION		36. DATE OF OPERATION, IF ANY		37. MAJOR FINDINGS OF OPERATION	
38. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 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1693. 1694. 1695. 1696. 1697. 1698. 1699. 1700. 1701. 1702. 1703. 1704. 1705. 1706. 1707. 1708. 1709. 1710. 1711. 1712. 1713. 1714. 1715. 1716. 1717. 1718. 1719. 1720. 1721. 1722. 1723. 1724. 1725. 1726. 1727. 1728. 1729. 1730. 1731. 1732. 1733. 1734. 1735. 1736. 1737. 1738. 1739. 1740. 1741. 1742. 1743. 1744. 1745. 1746. 1747. 1748. 1749. 1750. 1751. 1752. 1753. 1754. 1755. 1756. 1757. 1758. 1759. 1760. 1761. 1762. 1763. 1764. 1765. 1766. 1767. 1768. 1769. 1770. 1771. 1772. 1773. 1774. 1775. 1776. 1777. 1778. 1779. 1780. 1781. 1782. 1783. 1784. 1785. 1786. 1787. 1788. 1789. 1790. 1791. 1792. 1793. 1794. 1795. 1796. 1797. 1798. 1799. 1800. 1801. 1802. 1803. 1804. 1805. 1806. 1807. 1808. 1809. 1810. 1811. 1812. 1813. 1814. 1815. 1816. 1817. 1818. 1819. 1820. 1821. 1822. 1823. 1824. 1825. 1826. 1827. 1828. 1829. 1830. 1831. 1832. 1833. 1834. 1835. 1836. 1837. 1838. 1839. 1840. 1841. 1842. 1843. 1844. 1845. 1846. 1847. 1848. 1849. 1850. 1851. 1852. 1853. 1854. 1855. 1856. 1857. 1858. 1859. 1860. 1861. 1862. 1863. 1864. 1865. 1866. 1867. 1868. 1869. 1870. 1871. 1872. 1873. 1874. 1875. 1876. 1877. 1878. 1879. 1880. 1881. 1882. 1883. 1884. 1885. 1886. 1887. 1888. 1889. 1890. 1891. 1892. 1893. 1894. 1895. 1896. 1897. 1898. 1899. 1900. 1901. 1902. 1903. 1904. 1905. 1906. 1907. 1908. 1909. 1910. 1911. 1912. 1913. 1914. 1915. 1916. 1917. 1918. 1919. 1920. 1921. 1922. 1923. 1924. 1							

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AFFIDAVIT OF NO ESTATE TAX DUE 0 3 3 6 6

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 Dorothy D. Gould, widow of Bernard S. Gould
(name and capacity)

and reside at 5501 N. Lincoln, Morton Grove, IL 60053.

(2) I am personally acquainted with the affairs of the Estate of Bernard S. Gould, who died on December 10, 1986

(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.

Dorothy D. Gould
Dorothy D. Gould

Subscribed and sworn to before

me this 9 day of April;

19 87

[Signature]
Notary Public

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Property of Cook County Clerk's Office