

UNOFFICIAL COPY

AFFIDAVIT OF NO ESTATE TAX DUE

0 2 8

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 Alma A. Thomas, surviving joint tenant
(name and capacity)

and reside at 4314 West Henderson, Chicago, Illinois 60641

(2) I am personally acquainted with the affairs of the Estate of Joseph J. Thomas, who died on June 6, 1985.

(3) That as a consequence, I represent to the Registrar of Titles that regarding Federal Estate Tax or State Inheritance Tax;

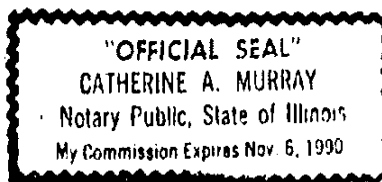
(elect one - initial choice)

- 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.

Alma A. Thomas

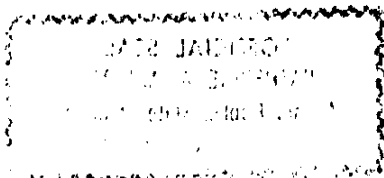
Subscribed and sworn to before me this 1st day of May; 19 87



Catherine A. Murray
Notary Public

UNOFFICIAL COPY

Property of Cook County Clerk's Office



UNOFFICIAL COPY

AFFIDAVIT OF NO ESTATE TAX DUE 2 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 Alma A. Thomas, surviving joint tenant
(name and capacity)

and reside at 4314 West Henderson Chicago, Illinois 60641

(2) I am personally acquainted with the affairs of the Estate of Lina Wechner, who died on September 19, 1977.

(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)

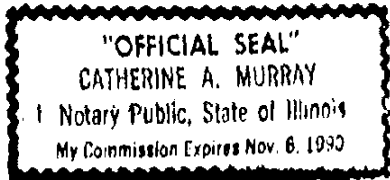
- 1) that no Tax is due; or _____
- 2) that if any Tax due, there are sufficient other assets to pay such Tax; or _____
- 3) that any Tax due has been paid. _____

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.

X Alma A. Thomas

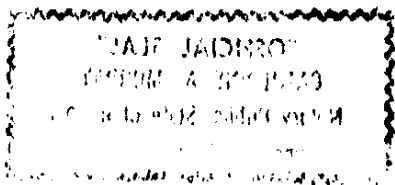
Subscribed and sworn to before me this 1st day of May; 19 87

Catherine A. Murray
Notary Public



UNOFFICIAL COPY

[Faint, mostly illegible text, possibly a letter or official document]



UNOFFICIAL COPY

REGISTRATION DISTRICT NO. 16.10 REGISTERED NUMBER 620823 STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

DECEASED-NAME LINA WECHNER SEX FEMALE DATE OF DEATH SEPTEMBER 19, 1977

AGE 50.06 UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH JULY 19, 1891 PLACE OF DEATH Cook

CITIZEN OF WHAT COUNTRY U.S.A. MARRIED NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED

SOCIAL SECURITY NUMBER 26 4254 USUAL OCCUPATION Housewife

RESIDENCE ILLINOIS COOK CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO I, Murray C. Brown, M.D. 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.

NAME OF SURVIVING SPOUSE NONE U.S. WAR VETERAN NO WAR OR DATES OF SERVICE NONE

RESIDENCE CHICAGO CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO

FATHER-NAME ALOIS TURNER MOTHER-MADEN NAME EMILY ERUPPBACHER

INFORMANT'S SIGNATURE HOSPITAL 176. RECD. 411 W. DICKENS AVE CHGO ILL 60614

CONDITIONAL, IF ANY, WHICH MAY BE TO IMMEDIATE CAUSE (A) STATED BY THE INFORMANT (B) STATED BY THE VERIFIER (C) STATED BY THE VERIFIER

18. DEATH WAS CAUSED BY: (a) CARCINOMATOSIS (b) CARCINOMA OF COLON (c) []

DATE OF OPERATION, IF ANY: MAJOR FINDINGS OF OPERATION: 20c. I ATTENDED THE DECEASED FROM OCT. 3, 1967 TO 21b. SEPT. 19, 1977

21c. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED

22a. SIGNATURE: Clement H. Moberg M.D. DATE SIGNED: SEPT. 19, 1977 ILLINOIS LICENSE NUMBER: 35149

23. MAILING ADDRESS - CERTIFIER: 2073 NORTH LINCOLN AVE CHICAGO ILLINOIS 60614

24a. BURIAL CEMETERY OR CREMATORY: 24b. St. Joseph's 24c. River Grove ILL. DATE: 9/21/77

25a. FUNERAL HOME: Sottile Westfall Funeral Home 3807 No. Lincoln, Chicago, Ill. 60613

25b. FUNERAL DIRECTOR'S SIGNATURE: Murray C. Brown

26. LOCAL REGISTRAR'S SIGNATURE: Murray C. Brown DATE RECORDED BY: SEP 20 1977



Murray C. Brown 2073 N. LINCOLN AVE CHICAGO, ILL. 60614

This Certified Copy VALID Only When Original BLUE SEAL And BLUE SIGNATURE Are Affixed

UNOFFICIAL COPY

Property of Cook County Clerk's Office

UNOFFICIAL COPY

JUN 7 1985

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, 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.

LOCAL REGISTRAR
L. C. Edwards M.D. M.P.A.

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

STATE FILE
NUMBER
611389

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. REGISTERED NUMBER	16.10	DATE OF DEATH	JUNE 6, 1985	COUNTY OF DEATH	COOK
DECEASED - NAME	JOSEPH J. THOMAS	SEX	MALE	DATE OF BIRTH (MO., DAY, YEAR)	Sept 7, 1913
1. RACE (WHITE, NEGRO, INDIAN, ETC.)	WHITE	2. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	Married	3. NAME OF SURVIVING SPOUSE (Maiden Name, if wife)	Alma Wechner
4. CITY, TOWN, VILLAGE OR ROAD DISTRICT	Chicago	5. HOSPITAL OR OTHER INSTITUTION - NAME, ADDRESS, CITY, STATE	NORTHWEST HOSPITAL	6. DATE OF INST. ADMISSION (MO., DAY, YEAR)	INPATIENT
7. STATE OF BIRTH (IF NOT U.S.A.)	Illinois	8. U.S.A. CITIZENSHIP	U.S.A.	9. NAME OF BUSINESS OR INDUSTRY	Printing
10. SOCIAL SECURITY NUMBER	319 05 9827	11. TYPE OF OCCUPATION	Pressman	12. DATE OF DEATH (MO., DAY, YEAR)	130 W. W. II
13. RESIDENCE STREET AND NUMBER	4314 W. HENDERSON	14. CITY, TOWN, VILLAGE OR ROAD DISTRICT	CHICAGO	15. STATE	ILLINOIS
16. FATHER - NAME	Joseph J. Thomas Sr.	17. MOTHER - MAIDEN NAME	CHICAGO	18. COUNTY	COOK
19. INFORMANT NAME (TYPE OR PRINT)	LINDA COVONE	20. RELATIONSHIP TO DECEASED	Address	21. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY, TOWN, STATE, ZIP)	5645 W. ADDISON CHGO., ILL. 60634
22. DEATH WAS CAUSED BY:	Bilateral terminal bronchopneumonia.	23. IMMEDIATE CAUSE	10a. Bilateral terminal bronchopneumonia.	10b. Conditions of any, which gave rise to immediate cause (in stating the order, list cause last).	10c. Conditions of any, which gave rise to immediate cause (in stating the order, list cause last).
24. DATE OF OPERATION, IF ANY		25. MAJOR FINDINGS OF OPERATION		26. DATE OF DEATH (MO., DAY, YEAR)	11:55PM
27. SIGNATURE	John Karis M.D.	28. NAME AND ADDRESS OF CERTIFIER	DR. JOHN KARIS 2715 N. CENTRAL CHGO., ILL. 60639	29. ILLINOIS LICENSE NUMBER	6-7-85
30. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		32. ILLINOIS LICENSE NUMBER	#36-42360
33. BIRTH PLACE AND DATE OF BIRTH		34. CEMETERY OR CREMATORY NAME	St. Joseph	35. LOCATION	24c River Grove, Illinois
36. REMOVAL (SPECIFY)	Burial	37. FUNERAL HOME	Krauspe Sottile Westfall Funeral Home	38. ADDRESS	3905 N Lincoln Ave Chgo Il
39. LOCAL REGISTRAR'S SIGNATURE	L. C. Edwards M.D. M.P.A.	40. LOCAL REGISTRAR'S SIGNATURE		41. DATE RECD BY LOCAL REGISTRAR (MO., DAY, YEAR)	JUN 7 1985

UNOFFICIAL COPY

Property of Cook County Clerk's Office

(FORM 302)

Affidavit by Surviving Joint Tenant

L. R. Doc. No. 1711298 Certificate No. 739950

State of Illinois } ss.
County of Cook

Alma A. Thomas being first
duly sworn, upon oath deposes and says:

That s.he... resides at 4314 West Henderson..... in the City of Chicago.....
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. 739950..... situated in said Cook County, Illinois,
described as follows:

LOT 11 IN BLOCK 1 IN WILLIAM A. BOND AND COMPANY'S SUBDIVISION OF THE
WEST 1/2 OF THE SOUTHWEST 1/4 OF THE SOUTHEAST 1/4 (EXCEPT RAILROAD) OF
SECTION 22, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL
MERIDIAN, IN COOK COUNTY, ILLINOIS.

CKA. 4314 W. HENDERSON, Chgo.
P.E.N. 13-22-419-027

Affiant states that..... Joseph J. Thomas..... 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..... 739950..... (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.

Alma A. Thomas

Subscribed and sworn to before me
this 15th day of May 1987

Catherine A. Murray
NOTARY PUBLIC.



3613028

UNOFFICIAL COPY

VIN
739937

3613028

1987 MAY -1 PM 3-38
HARRY (BUS) YOUNG
REGISTERAR OF TITLES

3613028



INTERCOUNTRY
INS. CO. 5143356
BOX 97