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AFFIDAVIT OF NO ESTATE TAX DUE

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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 Flora Lee L. Lawson
(name and capacity)

and reside at 401 N. La Pl. Jacksonville, Ill.

(2) I am personally acquainted with the affairs of the Estate of Anna Peterson, who died on 4/15/54.

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

(select 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.

Flora Lee Lawson

Subscribed and sworn to before me this 25th day of August, 1957.

[Signature]
Notary Public

MEDICAL CERTIFICATE OF DEATH

At Cook County Department of Public Health, 1500 S. Maybuck Drive, Maywood, Illinois 60153

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.

APR 16 1984
M.D. McCreary
Official Public Health Deputy Registrar

REGISTRATION DISTRICT NO. **14.0**

REGISTERED NUMBER **14.0**

DECEASED - NAME **Amelia Hagner** SEX **Female** DATE OF BIRTH **April 15, 1984**

AGE **62** RACE **White** ETHNIC ORIGIN **German** COUNTY OF BIRTH **Cook**

CITY, TOWN, OR ROAD DISTRICT NUMBER **62** RESIDENTIAL OR OTHER INSTITUTION **Holy Family Hospital**

1. **Des Plaines** CITIZEN OF WHAT COUNTRY **U.S.A.** MARRIED, NEVER MARRIED, DIVORCED, SEPARATED, **Married**

2. **Wisconsin** SOCIAL SECURITY NUMBER **339-12-4757** USUAL OCCUPATION **Homemaker** EMPLOYED BY BUSINESS OR INDUSTRY **At Home**

3. **304 S. Wego Trail** RESIDENCE STREET AND NUMBER CITY, TOWN, OR ROAD DISTRICT NO. **Mt. Prospect** STATE **Illinois**

4. **Arthur Helbig** FATHER - NAME MOTHER - MARY **Bertha**

5. **Leroy W. Hagner** DECEASED NAME (TYPE OR PRINT) RELATIONSHIP **Husband** MAILING ADDRESS **304 S. Wego Trail, Mt. Prospect, Illinois**

6. **HEPATO RENAL SYNDROME** DEATH WAS CAUSED BY (TYPE OR PRINT) (SEE INSTRUCTIONS ON REVERSE) **HEPATO RENAL SYNDROME**

7. **HEPATO RENAL SYNDROME** MAJOR FINDINGS OF AUTOPSY **HEPATOCELLULAR DISEASE**

8. **CONGESTIVE HEART FAILURE** OTHER SIGNIFICANT CONDITIONS (CONDITIONS OCCURRING AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.) **ALCOHOLIC INTAKE**

9. **DATE OF OPERATION, IF ANY** MAJOR FINDINGS OF OPERATION **PRIMARY TRACT INFECTION BILATERAL PNEUMONIA**

10. **14.84** MONTHS, DAY, YEAR: WHEN DECEASED OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. HOUR OF DEATH **5:32 A.M.**

11. **R. J. PAJODYA** NAME AND ADDRESS OF CERTIFIER **484 LEE ST. DEPAWID GALE**

12. **HEPATO RENAL SYNDROME** NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) **HEPATO RENAL SYNDROME**

13. **FAIRVIEW MEMORIAL** CEMETERY OR CREMATORIUM NAME LOCATION **Northlake, Illinois**

14. **FRIEDRICH'S FUNERAL HOME** FUNERAL DIRECTOR'S SIGNATURE **Richard J. Friedrich**

15. **6367** FUNERAL DIRECTOR'S LICENSE NUMBER

16. **APRIL 17, 1984** DATE OF BURIAL

17. **6367** LOCAL REGISTRARS SIGNATURE **Richard J. Friedrich**

18. **APRIL 17, 1984** DATE REC'D BY LOCAL REGISTRAR

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3645864

(FORM 302)

Affidavit by Surviving Joint Tenant

L. R. 17494 Doc. No. 1426284-F Certificate No. 916269

State of ILLINOIS
County of COOK } ss.

LEROY W. HAGNER, A WIDOWER being first
duly sworn, upon oath deposes and says:

That he resides at 704 S. WE-GO in the City of MT. PROSPECT, ILLINOIS
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. 916269 situated in said Cook County, Illinois,
described as follows:

LOT SIX ----- (6)
IN ALFINI'S SECOND ADDITION TO MOUNT PROSPECT BEING A SUBDIVISION OF PART OF THE
SOUTH 990 FEET OF THE EAST HALF (1/2) OF THE NORTHWEST QUARTER (1/4) OF SECTION 11,
TOWNSHIP 41 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO
PLAT THEREOF REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY,
ILLINOIS, ON JANUARY 20, 1955 AS DOCUMENT NUMBER 1571480.

DBO 05-11-110-0130 MT Prospect
309 S WE-GO

Affiant states that AMELIA H. HAGNER, HIS WIFE one of the said owners in joint
X tenancy, died intestate, in the city (Village) of DESV. PLAINFIELD 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 his marital status since
the issuance of Certificate of Title Number 916269 (except who
has been married but once since acquiring said real estate and then to who).

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.

CHRISTINE M. DELLACECCA
Notary Public State of Illinois
My Commission Expires 6/13/90

X LEROY W. HAGNER

Subscribed and sworn to before me
this 24th day of AUGUST 1987

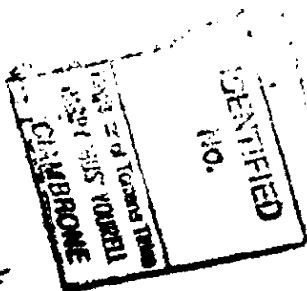
Christine M. Dellacecca
NOTARY PUBLIC.

THIS INSTRUMENT WAS PREPARED BY
F.P. ...
1644 COBAIN PL
LAVERGNE, IL 60067

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*3845864
KHA (Colborn's P/L)
Inventory 6006
Jen*

3845864

AUG 25 11 09 39
CLERK'S OFFICE