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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 James C. Scott surviving joint tenants
(name and capacity)

and reside at 9755 S. Michigan Chicago, Illinois 60628

(2) I am personally acquainted with the affairs of the Estate of
Leola R. Scott, who died on October 11, 1987

(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.

James C. Scott
James C. Scott.

Subscribed and sworn to before

me this 22nd day of October;

19 87.

Barbara Young
Notary Public

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STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
STATE FILE NUMBER
619892

October 15, 1987.

STATE OF ILLINOIS
COUNTY OF COOK SS
CITY OF CHICAGO

I, DONNIE E. 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 (MONTH, DAY, YEAR) 3. OCT. 11, 1987
REGISTERED NUMBER	SEX 2. FEMALE	DATE OF BIRTH (MONTH, DAY, YEAR) 8. NOV. 2, 1919	COUNTY OF DEATH 7b. COOK
DECEASED - NAME FIRST MIDDLE LAST LEOLA R. SCOTT	CITY, TOWN, V.P. OR ROAD DISTRICT NUMBER 7c. CHICAGO	HOSPITAL OR OTHER INSTITUTION - NAME & ADDRESS (GIVE FULL ADDRESS) 7d. ROSELAND	IF DECEASED IN A HOSPITAL OR OTHER INSTITUTION, GIVE DATE OF ADMISSION AND DATE OF DEPARTURE FROM INSTITUTION (MONTH, DAY, YEAR) 7e. N/A
RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) 3a. BLACK	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 11. JAMES SCOTT
USUAL OCCUPATION 4a. HOUSEWIFE	RESIDENCE (STREET AND NUMBER) 12a. 9755 SO. MICHIGAN	KIND OF BUSINESS OR INDUSTRY 13a. AT HOME	WAR OR DATE OF SERVICE (SPECIFY THE OR NO) 13d. 13d.
FATHER - NAME FIRST MIDDLE LAST JOHN ROTHER	CITY, TOWN, V.P. OR ROAD DISTRICT NO. 12b. CHICAGO	USUAL OCCUPATION 13b. HOUSEWIFE	STATE 14. ILLINOIS
MOTHER - MAIDEN NAME FIRST MIDDLE LAST BESSIE WALKER	CITY, TOWN, V.P. OR ROAD DISTRICT NO. 14b. CHICAGO	RELATIONSHIP 15. HUSBAND	CITY OR TOWN, STATE, ZIP 17c. 9755 SO. MICHIGAN CHICGO, ILL.
DEATH WAS CAUSED BY, IMMEDIATE CAUSE ALZHEIMER'S DISEASE	10a. DUE TO OR AS A CONSEQUENCE OF:	10b. DUE TO OR AS A CONSEQUENCE OF:	APPROPRIATE INTERVAL BETWEEN CHECKS AND BEING 18. N/A
10c. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE (SPECIFY IN FULL)	PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE (SPECIFY IN FULL) 0 R.C. ARIC ISRAIN & YNADOME, AZHEMO SCOTT, 25-18-87, HEART DISEASE		
DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION NONE	19a. YES, WITH ANATOMICAL BASIS AS STATED	19b. NO	20b. HOUR OF DEATH 8:40a
19c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. DATE SIGNED (MONTH, DAY, YEAR) 10-12-1987	20c. ILLINOIS LICENSE NUMBER 036057910	DATE SIGNED (MONTH, DAY, YEAR) 10-12-1987
21. NAME AND ADDRESS OF CERTIFIER J. B. ARTA MD 45 W. 116th ST. CHICAGO IL	21a. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) J. B. ARTA MD	21b. TYPE OR PRINT J. B. ARTA MD	21c. ILLINOIS LICENSE NUMBER 036057910
22. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) J. B. ARTA MD	22a. CITY OF DEATH CHICAGO, ILLINOIS	22b. STATE CHICAGO, ILLINOIS	22c. DATE (MONTH, DAY, YEAR) OCT. 14, 1987
23. FUNERAL CREMATION, REMOVAL BURIAL BURIAL	23a. CEMETERY OF CREMATION - NAME OAK WOODS	23b. CITY OF HOME CHICAGO, ILLINOIS	23c. STATE CHICAGO, ILLINOIS
24a. FUNERAL HOME NAME A-R. LEAK FUNERAL HOME 7838 SO. COTTAGE GR. CHICAGO, ILLINOIS 60619	24b. CITY OR TOWN CHICAGO, ILLINOIS	24c. STATE CHICAGO, ILLINOIS	24d. DATE (MONTH, DAY, YEAR) OCT. 14, 1987
25. FUNERAL DIRECTOR'S SIGNATURE Donnie E. Edwards	25a. LOCAL REGISTRAR'S SIGNATURE Donnie E. Edwards, M.D., M.P.A.	25b. LOCAL REGISTRAR'S SIGNATURE Donnie E. Edwards, M.D., M.P.A.	25c. LOCAL REGISTRAR'S SIGNATURE Donnie E. Edwards, M.D., M.P.A.
26. LOCAL REGISTRAR'S SIGNATURE Donnie E. Edwards, M.D., M.P.A.	26a. DATE (MONTH, DAY, YEAR) OCT 14 1987	26b. DATE (MONTH, DAY, YEAR) OCT 14 1987	26c. DATE (MONTH, DAY, YEAR) OCT 14 1987

3666203

(FORM 302)

Affidavit by Surviving Joint Tenant

L. R. 8225 Doc. No. 2061050 Certificate No. 908135

State of Illinois }
County of Cook } ss.

James C. Scott being first
duly sworn, upon oath deposes and says:

That he resides at 9755 S. Michigan Ave. in the City of Chicago
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. 908135 situated in said Cook County, Illinois,
described as follows:

The North Eight feet of Lot 22 all of Lot 23 in Block 15 in Second
Roseland Heights Subdivision of East two thirds of the Northwest
Quarter of Section 10, Town 37 North, Range 14, East of the Third
Principal Meridian, in Cook County, Illinois.

Permanent Index NO. CCO-25-12-114-098 ACC
Property Address: 9755 S. Michigan Ave. Chicago, Illinois
Affiant states that Leola R. Scott 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 his marital status since
the issuance of Certificate of Title Number 908135 (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.

James C. Scott
James C. Scott

Subscribed and sworn to before me
this 22nd day of October 1987

Barbara Young
NOTARY PUBLIC

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9108135
DIN
N/A

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HARRIS COUNTY JAIL
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IDENTIFIED NOV 10 11 13 24	NOV 10 11 13 24 HARRIS COUNTY JAIL RECEIVED
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Property of Cook County Clerk's Office

CLERK OF COURT
1800 W. WASHINGTON ST.
CHICAGO, ILL. 60604