

# UNOFFICIAL COPY

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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 BERNICE M. VODVARKA  
(name and capacity)  
and reside at 9034 West 22nd Place, North Riverside, Illinois.

(2) I am personally acquainted with the affairs of the Estate of \_\_\_\_\_  
JACOB F. VODVARKA, who died on November 22, 1987

(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.

Bernice M. Vodvarka  
BERNICE M. VODVARKA

Subscribed and sworn to before

me this 2nd day of February,

19 88.

P/A 9034 West 22nd Place  
North Riverside, IL 60546

PIN: 15-27-202-025-0000

Adolene Para  
Notary Public

OFFICIAL SEAL  
DOLORES PARA  
NOTARY PUBLIC STATE OF ILLINOIS  
EXPIRES NOV. 10, 1991

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

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The official record of the death of a person is maintained by the Illinois Department of Health, Office of Vital Statistics, in the Illinois State Office Building, Springfield, Illinois. This record is maintained in accordance with the provisions of the Illinois Health Code, Chapter 100, Section 1-1.1. The Illinois Health Code, Chapter 100, Section 1-1.1, requires that the Illinois Department of Health, Office of Vital Statistics, shall be provided with a copy of the original record of the death of a person. The Illinois Department of Health, Office of Vital Statistics, shall be provided with a copy of the original record of the death of a person. The Illinois Department of Health, Office of Vital Statistics, shall be provided with a copy of the original record of the death of a person.

HENRY GENTRY THAT he foregoing is a true and correct copy of the death record for the decedent named at item 1 of this form and registered as such in my office in accordance with the provisions of the Illinois Health Code, Chapter 100, Section 1-1.1.

SIGNED: *[Signature]*  
 DEPT. OF HEALTH, ILLINOIS  
 CHICAGO, ILLINOIS

NOV 23 1987

## STATE OF ILLINOIS

### MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16-014  
 REGISTERED NUMBER 9166  
 RECEIVED - NAME JACOB F VODVARKA SEX MALE DATE OF BIRTH - MONTH DAY YEAR 1 NOVEMBER 22, 1987

1. RACE - WHITE RACE HENRY CROATIAN AGE - 15 73 DATE OF BIRTH - MONTH DAY YEAR AUGUST 16, 1912 COUNTY OF DEATH COOK  
 4. WHITE USA CITY, TOWN, VILLAGE OR ROAD DISTRICT NUMBER OAK PARK HOSPITAL HOSPITAL OR OTHER INSTITUTION - NAME IF NOT A CHURCH, THE STREET AND CITY, STATE AND ZIP CODE OAK PARK HOSPITAL

2. OAK PARK USA GENDER OR SEX MALE MARRIED YES BERNICE BOCHARTINE  
 3. ILLINOIS USA SOCIAL SECURITY NUMBER 343-01-7464 OCCUPATION SUPERVISOR WESTERN ELECTRIC NO NONE  
 RESIDENCE STREET AND NUMBER 9034 W 22nd PLACE CITY, TOWN, VILLAGE OR ROAD DISTRICT NO. NORTH RIVERSIDE YES NO COOK NO ILLINOIS

FATHER - NAME JACOB MOTHER - NAME VODVARKA JENNIE  
 2. MARY ANN KUSINSKI Medical 520 S MAPLE AVE OAK PARK IL 60304  
 DEATH WAS CAUSED BY: ACUTE PULMONARY EDEMA ACUTE PNEUMONIA  
 DOE TO OR AS A CONSEQUENCE OF: ACUTE PNEUMONIA  
 DOE TO OR AS A CONSEQUENCE OF:

2. CONGESTIVE HEART FAIL PRE: HEMOLYTIC ANEMIA  
 DATE OF OPERATION IF ANY NO

2. ILLINOIS DEATH CERTIFICATE NO. 2-05 A.M.  
 DATE SIGNED - MONTH DAY YEAR NOVEMBER 22, 1987  
 ILLINOIS LICENSE NUMBER 2236 43540

2. C. J. NOVOTNY, D.O. 8709 W CERRAR NORTH RIVERSIDE IL 60546  
 NAME AND ADDRESS OF PHYSICIAN ADOLF-BERYN FUNERAL HOME LTD. 2921 S. HARLEN AVE. BERYN IL. 60402

2. QUEEN OF HEAVEN HILLSIDE  
 NAME AND ADDRESS OF FUNERAL HOME ADOLF-BERYN FUNERAL HOME LTD. 2921 S. HARLEN AVE. BERYN IL. 60402

2. F-6772  
 FUNERAL DIRECTOR'S SIGNATURE NOV 23 1987  
 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

2. NOV 23 1987  
 DATE OF DEATH

2. NOV 23 1987  
 DATE OF DEATH

2. NOV 23 1987  
 DATE OF DEATH

2. NOV 23 1987  
 DATE OF DEATH

Affidavit by Surviving Joint Tenant

L. R. [Signature] Doc. No. Certificate No. 602006

State of Illinois ss. County of Cook

BERNICE M. VODVARKA being first duly sworn, upon oath deposes and says:

That s/he... resides at 9034 West 22nd Place in the City of North Riverside, Ill. 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. 602006 situated in said Cook County, Illinois, described as follows:

Lot 25 in Talman and Thole's West 22nd Street Addition to Edgewood, being a subdivision of the North 1665 feet of the West Half (1/2) of the North East Quarter (1/4) of Section 27, Town 39 North, Range 12, East of the Third Principal Meridian, (except the West 589.38 feet thereof) in Cook County, Illinois.

PTN: 15-27-202-025-0000 P/A 9034 W. 22nd Pl., North Riverside, IL 60546

Affiant states that JACOB F. VODVARKA one of the said owners in joint tenancy, died intestate, in the city (Village) of Oak Park 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 602006

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.

[Signature] BERNICE M. VODVARKA

Subscribed and sworn to before me this 2nd day of February, 19 88

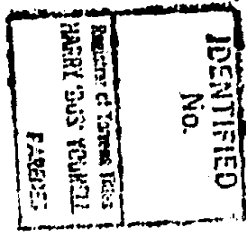
[Signature] NOTARY PUBLIC

OFFICIAL SEAL DOLORES PARA NOTARY PUBLIC STATE OF ILLINOIS MY COMMISSION EXP. NOV. 16, 1991

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