

# UNOFFICIAL COPY

## 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 LINDA KIELBASE  
(name and capacity)

and reside at 10241 Avenue N, Chicago, Illinois

(2) I am personally acquainted with the affairs of the Estate of MARGARET KIELBASE, who died on 5/13/88 *Elmer*

(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.

X Linda Kielbase

Subscribed and sworn to before me this 30th day of June, 1988.

[Signature]  
Notary Public

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Property of Cook County Clerk's Office

# UNOFFICIAL COPY

INDIANA STATE BOARD OF HEALTH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

MAY 4 7 1988

Franklin D. Remuda, M.D.  
Hammond Health Commissioner

Local No. 441

## CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

PRONOUNCING PHYSICIAN ONLY

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

SEE INSTRUCTIONS

CAUSE OF DEATH

SEE INSTRUCTIONS

CERTIFIER

HEALTH OFFICER

CORONER OR MEDICAL EXAMINER USE ONLY

1. DECEASED—NAME FIRST MIDDLE LAST <b>MARGARET KIELBASE</b>				2. SEX <b>Female</b>	3. DATE OF DEATH (Month, Day, Year) <b>May 13, 1988</b>
4. SOCIAL SECURITY NUMBER <b>336-46-6831</b>	5a. AGE—Last Birthday (Year) <b>77</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Month, Day, Year) <b>September 1, 1910</b>	7. BIRTHPLACE (City and State or Foreign Country) <b>Chicago, Illinois</b>
8. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>None</b>		9a. PLACE OF DEATH (Check only one. See instructions.) <b>HOSPITAL</b> <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <b>OTHER</b> <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) <b>St. Margaret Hospital</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Hammond</b>		9d. COUNTY OF DEATH <b>Lake</b>	
10. MARITAL STATUS—Married Never Married, Widowed, Divorced (Specify) <b>Widowed</b>	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Home Maker</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Own Home</b>	
13a. RESIDENCE—STATE <b>Illinois</b>	13b. COUNTY <b>Cook</b>	13c. CITY, TOWN, OR LOCATION <b>Chicago</b>		13d. STREET AND NUMBER <b>10241 S. Avenue N</b>	
13e. INSIDE CITY LIMITS? (Yes or no) <b>Yes</b>	13f. FARM <b>No</b>	13g. ZIP CODE <b>60617</b>	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify	15. RACE—American Indian, Black, White, etc. (Specify) <b>White</b>	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary 10-12 <input type="checkbox"/> College 13-4 or 5+ <input type="checkbox"/> <b>8</b>
17. FATHER'S NAME (First, Middle, Last) <b>Fred Schlorf</b>			18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Helena Hintz</b>		
19a. INFORMANT'S NAME (Type/Print) <b>Linda Kielbase</b>		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>10241 S. Avenue N. Chicago, IL 60617</b>		19c. Relationship <b>Daughter</b>	
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>May 16, 1988 Concordia Cemetery</b>		20c. LOCATION—City or Town, State <b>Hammond, Indiana</b>	
21a. SIGNATURE OF FUNERAL DIRECTOR <i>Thomas J. Burns</i>		21b. LICENSE NUMBER (of Licensee) <b>1045481</b>	22. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Burns-Kish Funeral Homes, Inc. Hammond, IN 3002819</b>		
23a. To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title <i>[Signature]</i>		23b. LICENSE NUMBER <b>02000958</b>	23c. DATE SIGNED (Month, Day, Year) <b>May 13, 1988</b>		
24. TIME OF DEATH <b>7:40 p.m.</b>		25. DATE PRONOUNCED DEAD (Month, Day, Year) <b>May 13 1988</b>		26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no)	
27. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of injury such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death					
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Respiratory Failure</b>					
Sequently list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that preceded events resulting in death) LAST					
DUE TO (OR AS A CONSEQUENCE OF) <b>Angiomyocardial Infarction 2 years</b>					
DUE TO (OR AS A CONSEQUENCE OF)					
DUE TO (OR AS A CONSEQUENCE OF)					
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I					
28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>			28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)		
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23). To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death). To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.					
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Thomas Bacevich</i>			29c. LICENSE NUMBER <b>01035070</b>	29d. DATE SIGNED (Month, Day, Year) <b>5/16/88</b>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print) <b>7905 Calumet Ave. Munster, Indiana 46321</b>					
31. HEALTH OFFICER'S SIGNATURE <i>Franklin D. Remuda, M.D.</i>				32. DATE FILED (Month, Day, Year) <b>MAY 17 1988</b>	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED (If at work)
34a. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)			34d. LOCATION (Street and Number or Rural Route Number, City or Town, State)		

(FORM 302)

Affidavit by Surviving Joint Tenant

L. R. .... Doc. No. .... Certificate No. 1241561

State of Illinois }
County of Cook } ss.

[Handwritten signature]

LINDA KIELBASE ..... being first
duly sworn, upon oath deposes and says:

That she resides at 3041 Avenue N. in the City of Chicago
and that she 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. 1241561
26-08-201-016
described as follows:
LOT TWENTY ONE - - - (21)

In Block Nine (9), in the subdivision of the North 462 feet of
Blocks Four (4), Five (5), Six (6) and Eight (8) and the North
495 feet of the East Half (1/2) of Block Nine (9), in Ironworker's
Addition to South Chicago, being a Subdivision of the South Frac-
tional Half (1/2) of Section 8, Township 37 North, Range 15, East
of the Third Principal Meridian.

Affiant states that MARGARET KIELBASE 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.s. have not changed their marital status since
the issuance of Certificate of Title Number (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.

X Linda Kielbase

Subscribed and sworn to before me
this 30th day of June 1991

[Handwritten signature of Notary Public]

NOTARY PUBLIC.

3720412

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OFFICIAL

3720412

124561  
1954  
N/A

3720412

3720412

3720442

REGISTER OF DEEDS  
HARRY (BUS) YOURRELL  
1800 JUL - 1 AM 10:02

Property of Cook County Clerk's Office

IDENTIFIED  
No.  
Register of Deeds Title  
HARRY (BUS) YOURRELL  
KELLY

EDWARD E. BLOOM  
ATTORNEY-AT-LAW  
10511 EWING AVE  
CHICAGO, IL 60610  
BB 1-8244

RECORDED