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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 RONALD NAGEL, 2630 PARK DRIVE, FLOSSMOOR, IL. SURVIVING SOLE TENANT
(name and capacity)

and reside at _____

(2) I am personally acquainted with the affairs of the Estate of _____

MARY H. NAGEL, who died on 10/8/87

(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.

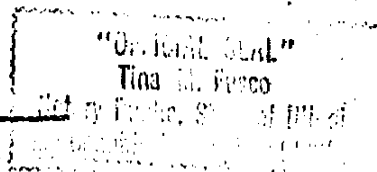
Ronald B. Nagel

Subscribed and sworn to before

me this 23 day of Jan

19 89.

Eric M. Suss
Notary Public



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

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THIS CERTIFIES THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HARMOND HEALTH DEPT. OCT 13 1987 *Frank S. Remade* HARMON HEALTH COMMISSIONER

TYPE ON PRINT
PLAINT WITH
UPDATING INK
THIS IS A
PERMANENT
RECORD

EMBALMER'S NAME N/A LICENSE No. N/A
 FUNERAL DIRECTOR'S SIGNATURE Frank S. Remade FUNERAL DIRECTOR'S LICENSE No. 1011911 FUNERAL HOME No. 3002835

BURIAL: 10/12/1987
 CHAPEL HILL CHURCH
 WORTH, ILLINOIS

767

INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

State No. 10-8-87

1. DECEASED NAME WHITE, HARRY H.	2. SEX H.	3. RACE WHITE	4. AGE 43	5. DATE OF BIRTH 1/21/1934	6. SEX Female	7. DATE OF DEATH 10-8-87
8. CITY/TOWN/LOCATION OF DEATH HARMOND, ILLINOIS	9. COUNTY COOK	10. STATE ILLINOIS	11. COUNTRY USA	12. HOSPITAL OR OTHER INSTITUTION ST. MARGARET HOSPITAL	13. COUNTY OF DEATH LAKE	14. PLACE OF DEATH INPATIENT
15. SOCIAL SECURITY NUMBER 325-36-7579	16. RESIDENCE STATE ILLINOIS	17. STREET AND NUMBER 14336 KIMBARK AVENUE	18. CITY/TOWN/LOCATION OF DEATH DOLTON, ILLINOIS	19. HOSPITAL OR OTHER INSTITUTION RONALD NAGEL	20. COUNTY OF DEATH ST. JOHNS	21. PLACE OF DEATH NO
22. IS DECEASED OF SPANISH DESCENT? NO	23. PARTIAL NAME EDWARD	24. PARTIAL NAME OLAH	25. PARTIAL NAME ANN	26. PARTIAL NAME CANNON	27. PARTIAL NAME ANN	28. PARTIAL NAME CANNON
29. DECEASED NAME RONALD NAGEL - HUSBAND	30. DECEASED NAME OLAH	31. DECEASED NAME ANN	32. DECEASED NAME CANNON	33. DECEASED NAME ANN	34. DECEASED NAME CANNON	35. DECEASED NAME CANNON
36. DATE OF DEATH OCTOBER 9, 1987	37. TIME OF DEATH 10-11-87	38. TIME OF DEATH 10-11-87	39. TIME OF DEATH 10-11-87	40. TIME OF DEATH 10-11-87	41. TIME OF DEATH 10-11-87	42. TIME OF DEATH 10-11-87
43. NAME OF PHYSICIAN H. Vishouham, M.D.	44. ADDRESS 7905 Calumet Avenue, Munster, Indiana 46321	45. NAME OF FUNERAL HOME DRUM-BLANK-LAMB FUNERAL HOME	46. ADDRESS SOUTH HOLLAND, ILLINOIS	47. NAME OF FUNERAL HOME ANTHONY & DZIANOWICZ	48. ADDRESS 4404 CAMERON, HARMOND, INDIANA 46327	49. NAME OF FUNERAL HOME SOUTH HOLLAND, ILLINOIS
50. SIGNATURE OF PHYSICIAN <i>H. Vishouham</i>	51. SIGNATURE OF FUNERAL DIRECTOR <i>Frank S. Remade</i>	52. SIGNATURE OF FUNERAL DIRECTOR <i>Frank S. Remade</i>	53. SIGNATURE OF FUNERAL DIRECTOR <i>Frank S. Remade</i>	54. SIGNATURE OF FUNERAL DIRECTOR <i>Frank S. Remade</i>	55. SIGNATURE OF FUNERAL DIRECTOR <i>Frank S. Remade</i>	56. SIGNATURE OF FUNERAL DIRECTOR <i>Frank S. Remade</i>
57. CAUSE WETA Stab. Breast Cancer	58. CAUSE WETA Stab. Breast Cancer	59. CAUSE WETA Stab. Breast Cancer	60. CAUSE WETA Stab. Breast Cancer	61. CAUSE WETA Stab. Breast Cancer	62. CAUSE WETA Stab. Breast Cancer	63. CAUSE WETA Stab. Breast Cancer

SD-14 (08-003) STATE FORM 35483 REV 10/77

MISSING FINGERPRINTS
 AND NOT RECORDED
 IN THE STATE OF INDIANA

DATE RECORDED BY LOCAL HEALTH OFFICER
OCT 13 1987

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3769068

(FORM 507)

Affidavit by Surviving Joint Tenant

L. R. 1954 Doc. No. 2219522-F Certificate No. 973285

State of Indiana }
County of Clark } ss.

[Handwritten signature]

RONALD G. NAGEL being first
duly sworn, upon oath deposes and says:

That he resides at 2630 Park Dr in the City of Hammond
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. 973295 situated in said Cook County, Illinois,
described as follows:

LOT 19 IN BLOCK 7 IN SHEPARD'S MICHIGAN AVENUE NO., 3, A SUBDIVISION IN THE
SOUTHEAST 1/4 OF SECTION 2, AND IN THE NORTHEAST 1/4 OF SECTION 11, ALL IN
TOWNSHIP 36 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING
TO PLAT THEREOF REGISTERED AS DOCUMENT NUMBER 35972, IN COOK COUNTY, ILLINOIS.
PIN# 29-02-409-027 C/K/A 14336 REMARK: DOLTON, IL

Affiant states that Mary Helen Nagel one of the said owners in joint
tenancy, died intestate, in the city (Village) of Hammond in the State of Indiana
as is confirmed by a Certificate of the health department of said municipality hereto attached.

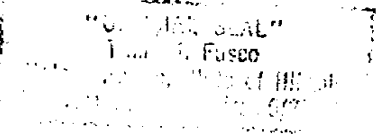
Affiant states that the remaining joint tenant has not changed his marital status since
the issuance of Certificate of Title Number 973285 (except Ronald G. Nagel who
has been married but once since acquiring said real estate and then to SARAH B. NAGEL).

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.

Ronald G. Nagel

Subscribed and sworn to before me
this 23 day of Jan 1989

Susan M. Fusco
NOTARY PUBLIC.



3769068

[Handwritten signature]

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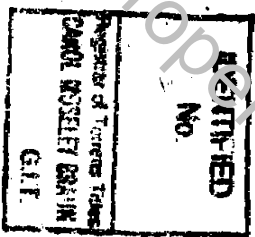
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/ 673285
NTD

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89 JAN 25 AM 10:16

CAROL MCELROY BRAUN
REGISTRAR OF TITLES



GREATER ILLINOIS
TITLE COMPANY

BOX 116

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