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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 Peter A. P. Sweders, Sr., Attorney at Law
(name and capacity)
~~and reside at~~ with offices at 489 Taft Avenue, Suite 203, Glen Ellyn, IL 60137

(2) I am personally acquainted with the affairs of the Estate of Joseph J. Hering, who died on March 5, 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.

Peter A. P. Sweders, Sr., Attorney at Law
Peter A. P. Sweders, Sr., Attorney

Subscribed and sworn to before

me this 19th day of May

1989

Eric M. [Signature]

Notary Public

My Comm. expires: 10-30-89

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

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CERTIFIED COPY OF A DEATH RECORD

REGISTRATION DISTRICT NO. **16.92**
 REGISTERED NUMBER **376**

STATE OF ILLINOIS

INDEX FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

DECEASED—NAME Joseph Jerome Hering		SEX Male	DATE OF BIRTH March 13, 1895		DATE OF DEATH March 5, 1987
RACE White		CITIZENSHIP American	AGE 91	CITY OF DEATH COOK	
CITY, TOWN, VILL. OR WARD PROVIDO TOWNSHIP		HOSPITAL OR OTHER INSTITUTION VETERANS ADM. HINES IL 60141		IF DEPT. OF JUST. INDIC. MED. OR OP. DEPT. IND. INSTITUTION	
STATE OF BIRTH Illinois	CITIZEN OF WHAT COUNTRY U. S. A.	MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	NAME OF SURVIVING SPOUSE (MARRIED) Rose Friedl		
SOCIAL SECURITY NO. 338-16-2547	USUAL OCCUPATION Vice President	KIND OF BUSINESS OR INDUSTRY Bank	WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) Yes	WAR OR DATES OF SERVICE WWII	
RESIDENCE STREET AND NUMBER 1915 S. Maple Ave		CITY, TOWN, VILL. OR WARD DISTRICT NO. Berwyn	INSURE CITY (YES/NO) Yes	COUNTY Cook	STATE Il.
FATHER—NAME John Hering		MOTHER—MAIDEN NAME Sophie Hoffmann			
INFORMANT NAME (TYPE OR PRINT) Kathryn Brown Detella		RELATIONSHIP Cher	MAILING ADDRESS (STREET AND NO. OR P. O., CITY OR TOWN, STATE, ZIP) VETERANS ADM. HINES, IL 60141		
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) Bilateral Bronchopneumonia.					Unknown
DO NOT USE AS A CO-SEQUENCE OF:					
(b) _____					
DO NOT USE AS A CO-SEQUENCE OF:					
(c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS: (CONDITIONS CONTRIBUTING TO DEATH BUT NOT CAUSING IT TO CAUSE DEATH IN PART I OR AUTOPSY (YES/NO))					IF FEMALE, WAS THERE A PREGNANCY IN THE PAST THREE MONTHS? NO
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION			
WHO (ID) HAD MORE THAN ONE ATTENDANT THE DECEASED AND LAST SAW HIM/HER ALIVE ON		MONTH, DAY, YEAR March 5, 1987	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES/NO) NO	HOUR OF DEATH 12:15P	
SIGNATURE AND ADDRESS OF CERTIFIER Thomas S. Schnell		NAME AND ADDRESS OF PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) THOMAS SCHNELL M.D.		DATE March 6, 1987	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) VETERANS ADM. HINES, IL 60141		NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		ILLINOIS LICENSE NUMBER 036-056174	
EMERAL, CREMATION, REMOVAL (INITIALS) BURIAL	CEMETERY OF CREMATORY—NAME WOODLAWN	LOCATION FOREST PARK, ILLINOIS	CITY OR TOWN ILLINOIS	STATE ILLINOIS	DATE (MONTH, DAY, YEAR) MARCH 9, 1987
FUNERAL HOME SVEC & SONS, 6227 W. CERMAK RD. BERWYN, ILL. 60402		FUNERAL DIRECTOR'S SIGNATURE Philip [Signature]			
LOCAL REGISTRAR'S SIGNATURE Charles [Signature]		DATE OF LOCAL REGISTRATION (MONTH, DAY, YEAR) March 6, 1987		LOCAL REGISTRAR'S ILLINOIS LICENSE NUMBER 8028	

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE **APR 27 1988** SIGNED **[Signature]**

AT **BROADVIEW, ILLINOIS 60153** Illinois OFFICIAL TITLE LOCAL REGISTRAR OF VITAL STATISTICS

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts therein stated.

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AFFIDAVIT BY SURVIVING JOINT TENANT

L. P. 9049

DOCUMENT NUMBER 372327

CERTIFICATE NUMBER 204150

STATE OF ILLINOIS)

) SS

COUNTY OF COOK)

ROSE HERING, being first duly sworn, upon oath deposes and says:

That she resides at 1915 South Maple Avenue in the City of Berwyn 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. 204150 situated in said Cook County, Illinois, described as follows:

Lot Four Hundred Forty-eight (448) (except the South 12 feet thereof) and the South 9 feet of Lot Four Hundred Forty-nine (449) in Berwyn Gardens, a Subdivision of the South 1221.3 feet of the Southwest Quarter of Section 19, Township 39 North, Range 13, East of the Third Principal Meridian in Cook County, Illinois.

Affiant states that Joseph J. Hering one of the said owners in Joint Tenancy, died intestate, in the City of Hines 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 her marital status since the issuance of Certificate of Title Number 204150.

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 hereof affiant guarantees the truth of the statements herein contained.

SUBSCRIBED and SWORN to before me this 21st day of March, 1989.

Rose Hering (SEAL)
Rose Hering

John A. [Signature]
Notary Public
Commission Expires: June 15th, 1990

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CAROL MOSELEY BRAUN
REGISTRAR OF TITLES

2009 JUL -3 AM 11:28

IDENTIFIED
No.
Miss State of Illinois Title
Carol MOSELEY BRAUN
C.I.T.

GREATER ILLINOIS
TITLE COMPANY
BOX 116

* 692783