


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 Shirley Van Baren 
(name and capacity)

and reside at RR 1 Box 264 H, Lynwood.

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

Tunis Van Baren, who died on 1-25-88.

(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.

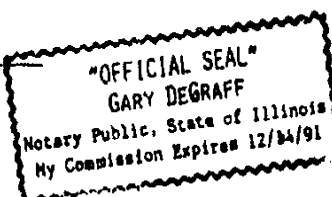
Shirley Van Baren

Subscribed and sworn to before

me this 11 day of Aug,

19 89.

Gary DeGraff
Notary Public



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

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19 CERTIFICATE OF DEATH 1 0 0 3 9 State No.

1 DECEASED—NAME FIRST: Tunis MIDDLE: Van BAREN LAST: Van Baren			2 SEX Male	3 DATE OF DEATH (Mon. Day, Yr) January 25, 1988		
4 SOCIAL SECURITY NUMBER 342-32-5437	5a AGE—Last Birthday 60 yrs.	5b UNDER 1 YEAR Months: Days:	5c UNDER 1 DAY Hours: Minutes:	6 DATE OF BIRTH (Month Day, Year) Mar. 16, 1927	7 BIRTHPLACE (City and State or Foreign Country) Illinois	
8 YEAR LAST SERVED IN U.S. ARMED FORCES? 1947	9a PLACE OF DEATH (Check only one. See instructions) Accident			9b HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify): I.#65-Scene		
9c FACILITY NAME (If not institution, give street and number) I. #65 160 Mile Marker S. Bound Lane			9d CITY/TOWN OR LOCATION OF DEATH Fickle, In.	9e COUNTY OF DEATH Clinton		
10 MARITAL STATUS—Married Never Married, Widowed, Divorced (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Shirley A. VanSchouwen	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life) Owner-Operator		12b KIND OF BUSINESS/INDUSTRY Trucking Co.		
13a RESIDENCE—STATE Indiana	13b COUNTY Cook	13c CITY/TOWN OR LOCATION Lynwood		13d STREET AND NUMBER R.R.#1-Box#264 H.		
13e INSIDE CITY LIMITS? (Yes or no) No	13f FARM No	13g ZIP CODE 60411	14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes specify Cuban, Mexican, Puerto Rican, etc.) No	15 RACE—American Indian, Black, White, etc. (Specify) White	16 DECEDENT'S EDUCATION (Specify only highest grade completed) 12 yrs. Grade 11 4 or 8 + 1 None	
17 FATHER'S NAME (First, Middle, Last) Arthur Van Baren			18 MOTHER'S NAME (First, Middle, Maiden Surname) Esther VanderAaa			
18a INFORMANT'S NAME (Type/Print) Arthur Van Baren		18b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) R.R.#1-Box#264 F.-Lynwood, Ill.-60411		18c Relationship Son		
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) January 28, 1988 Homewood Memorial Gardens		20c LOCATION—City or Town, State Homewood, Illinois		
21a SIGNATURE OF FUNERAL DIRECTOR <i>Allen D. Smith</i>		21b LICENSE NUMBER (of Licensee) F-7245	22 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME DeYoung-Vroegh Funeral Home -F-7245 649 E. 162 St.-So. Holland, Ill.-60473			
23a To the best of my knowledge, death occurred at the time, date, and place stated Signature and Title <		23b LICENSE NUMBER	23c DATE SIGNED (Month, Day, Year)			
24 TIME OF DEATH 7:55 A.M.	25 DATE PRONOUNCED DEAD (Month, Day, Year) January 25, 1988		26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no) yes			
27. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of death such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST				Approximate Interval Between Onset and Death None		
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) No		
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)						
29a CERTIFIER (Check only one) <input 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 checked="" 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>Larry D. Rothenberger D.D.S., Coroner</i>			29c LICENSE NUMBER 7174	29d DATE SIGNED (Month, Day, Year) February 2, 1988		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 27 (Type/Print) Larry D. Rothenberger D.D.S.-1253 S. Jackson St.- Frankfort, Indiana - 46041						
31. HEALTH OFFICER'S SIGNATURE <i>Richard H. ... M.D.</i>					32 DATE FILED (Month, Day, Year) February 3, 1988	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year) Jan. 25, 1988	34b TIME OF INJURY 7:55 AM	34c INJURY AT WORK? (Yes or no) No	34d DESCRIBE HOW INJURY OCCURRED Auto Accident (Truck)	
34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) I.#65			34f LOCATION (Street and Number or Rural Route Number, City or Town, State) I.#65 160 mile marker S. bound lane			

3816639

DCS 164 5/1 5.47 (FORM 302)

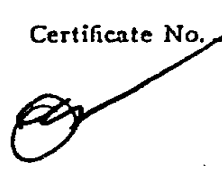
Affidavit by Surviving Joint Tenant

L. R. 9121

Doc. No. 2825109
2829363

Certificate No. 1336234

State of IL }
County of Cook } ss.



Shirley Van Baren being first
duly sworn, upon oath deposes and says:

That She... resides at KR 1 Box 264 H in the City of Lynwood
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. 1336234 situated in said Cook County, Illinois,
described as follows:

Affiant states that Tunis Van Baren one of the said owners in joint
tenancy, died intestate, in the city (Village) of Kickapoo in the State of Ind.
as is confirmed by a Certificate of the health department of said municipality hereto attached.

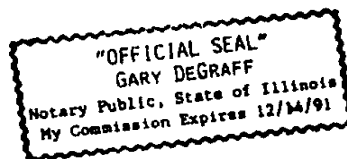
Affiant states that the remaining joint tenant... has not changed her marital status since
the issuance of Certificate of Title Number 1336234 (except... who
has been married but once since acquiring said real estate and then to...).

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.

Shirley Van Baren

Subscribed and sworn to before me
this 11th day of Aug 19 89

Gary DeGraff
NOTARY PUBLIC



Prepared by
G. De Graff
S. Holland IL

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REGISTRAR OF TITLES
CAROL MOSELEY BRAUN
AUG 11 PM 2 25

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IDENTIFIED NO.	Registrar of Titles CAROL MOSELEY BRAUN Kelly
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SOUTH HOLLAND TRUST & SAVINGS BANK
7870 SOUTH PARK AVENUE
SOUTH HOLLAND, ILLINOIS 60478

The South Half (4) (except the South 100 feet of the West 255 feet) of the South Half (4) of the Southwest Quarter (4) of the Northwest Quarter (4) of Section 12, Township 35 North, Range 14, East of the Third Principal Meridian, (excepting therefrom the North 134 feet of the West 200 feet thereof and also excepting therefrom the West 50 feet heretofore dedicated for Public Highway) as per Document registered in the Office of the Registrar of Titles of Cook County, Illinois, on September 15, 1975, as Document Number 2829361. **3816639**
KRI Box 264 H. Lynwood 32-12-102-003