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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 John M. Streeky
(name and capacity)

and reside at 1423 Cypress Drive, Mt Prospect, Il. 60056

(2) I am personally acquainted with the affairs of the Estate of Susanna Pfendt, who died on April 22, 1989

(3) That as a consequence, I represent to the Registrar of Titles that regarding Federal Estate Tax or State Inheritance Tax;

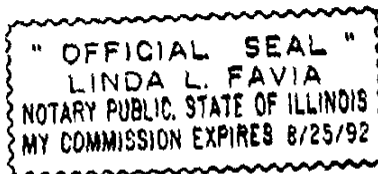
(elect one - initial choice)

- X 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.

John M. Streeky
John M. Streeky

Subscribed and sworn to before
me this 14th day of August,
1989.



Linda L. Favia
Notary Public

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Property of Cook County Clerk's Office

REGISTRATION DISTRICT NO. 16.0

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

DATE: AUG 08 1989

I HEREBY CERTIFY THAT the foregoing is true and correct copy of the death record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths and deaths.

SIGNED: *M. M. [Signature]*

DECEASED-NAME REGISTERED NUMBER

Susathia FIRST

pfendt LAST

SEX 2 Female

DATE OF DEATH April 22, 1989

MONTH DAY YEAR

COUNTY OF DEATH Cook

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Arlington Heights

AGE - LAST BIRTHDAY (MNS) 81

UNDER 1 YEAR UNDER 1 DAY UNDER 1 DAY

DATE OF BIRTH (MONTH DAY YEAR) Feb. 4, 1908

HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN ITEM 1, GIVE STREET AND NUMBER) Northwest Community Hospital

IF HOSP OR INST APPLICABLE (D.O.A. OR EMER. BY ATTEST (SPECIFY)) D.O.A.

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Yugoslavia

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) WIDOWED

NAME OF SURVIVING SPouse (MARRIAGE NAME IF WIDOW) None

KIND OF BUSINESS OR INDUSTRY None

EDUCATION (SPECIFY ONE, TWO, ST. GRADE, COLLEGE, ETC.) 8

RESIDE CITY (YES/NO) Yes

WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) NO

SOCIAL SECURITY NUMBER 256-62-7850

RESIDENCE (STREET AND NUMBER) 1423 Cypress

CITY, TOWN, OR ROAD DISTRICT NO. 112 Homemaker

KIND OF BUSINESS OR INDUSTRY None

EDUCATION (SPECIFY ONE, TWO, ST. GRADE, COLLEGE, ETC.) 12

RESIDE CITY (YES/NO) Yes

COUNTY Cook

STATE Illinois

ZIP CODE 60056

RACE (WHITE, BLACK, AMERICAN INDIAN, HISPANIC) White

CITY, TOWN, OR ROAD DISTRICT NO. 13b Mt. Prospect

OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) NO

INSIDE CITY (YES/NO) Yes

COUNTY Cook

FATHER-NAME FIRST MIDDLE LAST

BAUMANN

MOTHER-NAME FIRST MIDDLE LAST

BARBERA

PEIFER

INSURANCE

MAILING ADDRESS (STREET AND NO. OR P.O. BOX) Mrs. Heidi S. Genet, Granddaugherk, 408 College Crossing, Rolling Meadow

18. PART I. Immediate Cause (Fatal or non-fatal) (Specify if congenital or hereditary)

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST

(a) AT THE SCENE OF DEATH HEART DISEASE

(b) CHOLELITHIASIS

(c) CORONARY ARTERY DISEASE

(d) HYPERTENSION

(e) OTHER (SPECIFY) (Specify if congenital or hereditary)

DATE OF OPERATION, IF ANY

20a. H/O, D/O, M/O, A/T, END THE DECEASED AND LAST SAW WHETHER ALIVE ON

20b. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED

20c. HOUR OF DEATH 2:43 D.M.

20d. DATE SIGNED 4.24.89

20e. ILLINOIS LICENSE NUMBER 220 CRT100325

20f. SIGNATURE OF PHYSICIAN (IF OTHER THAN CERTIFIER) [Signature]

21a. SIGNATURE OF CERTIFIER [Signature]

21b. NAME AND ADDRESS OF CERTIFIER [Signature]

21c. NAME OF PHYSICIAN (IF OTHER THAN CERTIFIER) [Signature]

21d. NAME OF PHYSICIAN (IF OTHER THAN CERTIFIER) [Signature]

21e. NAME OF PHYSICIAN (IF OTHER THAN CERTIFIER) [Signature]

21f. NAME OF PHYSICIAN (IF OTHER THAN CERTIFIER) [Signature]

21g. NAME OF PHYSICIAN (IF OTHER THAN CERTIFIER) [Signature]

22a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Yugoslavia

22b. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) WIDOWED

22c. NAME OF SURVIVING SPouse (MARRIAGE NAME IF WIDOW) None

22d. KIND OF BUSINESS OR INDUSTRY None

22e. EDUCATION (SPECIFY ONE, TWO, ST. GRADE, COLLEGE, ETC.) 8

22f. RESIDE CITY (YES/NO) Yes

22g. COUNTY Cook

23. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Yugoslavia

23a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) WIDOWED

23b. NAME OF SURVIVING SPouse (MARRIAGE NAME IF WIDOW) None

23c. KIND OF BUSINESS OR INDUSTRY None

23d. EDUCATION (SPECIFY ONE, TWO, ST. GRADE, COLLEGE, ETC.) 8

23e. RESIDE CITY (YES/NO) Yes

23f. COUNTY Cook

24a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Yugoslavia

24b. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) WIDOWED

24c. NAME OF SURVIVING SPouse (MARRIAGE NAME IF WIDOW) None

24d. KIND OF BUSINESS OR INDUSTRY None

24e. EDUCATION (SPECIFY ONE, TWO, ST. GRADE, COLLEGE, ETC.) 8

24f. RESIDE CITY (YES/NO) Yes

24g. COUNTY Cook

25a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Yugoslavia

25b. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) WIDOWED

25c. NAME OF SURVIVING SPouse (MARRIAGE NAME IF WIDOW) None

25d. KIND OF BUSINESS OR INDUSTRY None

25e. EDUCATION (SPECIFY ONE, TWO, ST. GRADE, COLLEGE, ETC.) 8

25f. RESIDE CITY (YES/NO) Yes

25g. COUNTY Cook

3816997

(FORM 302)

Affidavit by Surviving Joint Tenant

L. R. Doc. No. 3231426 Certificate No. 1365820

State of Illinois }
County of Cook } ss.

I, John M. Streeky being first
duly sworn, upon oath deposes and says:

That he resides at 1423 Cypress Drive in the City of Mount Prospect
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. 1365820 situated in said Cook County, Illinois,
described as follows: Lot Two Hundred Eighty (280)

In Elk Ridge Villa Unit No. 5, being a Subdivision in the Southwest
Quarter (1/4) of Section 14, Township 61 North, Range 11, East of the
Third Principal Meridian, according to Plat thereof registered in the
Office of the Registrar of Titles of Cook County, Illinois on
January 22, 1964, as Document Number 2132412

Affiant states that Susanna Pfendt one of the said owners in joint
tenancy, died intestate, in the city (Village) of Mount Prospect in the State of Illinois
as is confirmed by a Certificate of the health department of said municipality hereto attached.

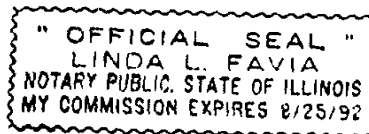
Affiant states that the remaining joint tenant has not changed marital status since
the issuance of Certificate of Title Number 1365820 (except John M. Streeky who
has been married but once since acquiring said real estate and then to Katherine Pfendt Streeky)

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.

John M. Streeky

Subscribed and sworn to before me
this 14th day of August 1989

Linda L. Favia
NOTARY PUBLIC.



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1865820
NA

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1989 AUG 14 PM 1:11
CAROL MOSELEY BRAUN
REGISTRAR OF TITLES

IDENTIFIED No.	Registrar of Torts and Titles CAROL MOSELEY BRAUN Kelly
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John M. STREEKY
1423 CYPRESS DR.
MT PROSPECT, IL 60056

Property of Cook County Clerk's Office