89021139

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 Robert C Collins Jr Attorney for Estate
(name and capacity)

and reside at 850 Bucanan Ave Calumet City, Ill 60409.

(2) I am personally acquainted with the affairs of the Estate of Stephen S. Zbenk, who died on December 7, 1988.

(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)

RCC (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.

Robert C. Collins

Subscribed and sworn to before
me this 30th day of Aug;
19 89.

" OFFICIAL SEAL "
RANDY DeGRAFF
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 7/3/92

Notary Public

Local No. 996

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

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

DEC 0 8 1988 — Hammond Health Commissioner
Date Issued

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First / Middle / Last)	2. SEX	3. DATE OF DEATH (Month, Day, Yr.)
STEPHEN S. ZBENK	Male	December 7, 1988

4. SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR (Months / Days)	5c. UNDER 1 DAY (Hours / Minutes)	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
350-07-7225	72			SEPT. 6, 1916	CHICAGO, ILLINOIS

8. YEAR LAST SERVED IN U.S. ARMED FORCES? NO

9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL X Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Residence ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN OR LOCATION OF DEATH	9d. COUNTY OF DEATH
ST. MARGARET HOSPITAL.	HAMMOND	LAKE

10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)	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)	12b. KIND OF BUSINESS/INDUSTRY
MARRIED	VICTORIA IGIELSKI	STEEL WORKER	U.S. STEEL

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
ILLINOIS	COOK	CALUMET CITY	289 MARQUETTE AVE.

13e. INSIDE CITY LIMITS? (Yes or no)	13f. FARM	13g. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE—American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed)	
					Elementary/Secondary (0-12)	College (1-4 or 5+)
YES	NO	60409	XX No ☐ Yes Specify	WHITE	11	0

PARENTS

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
SYLVESTER ZBENK	BERNICE SKRZYPEK

INFORMANT

19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	19c. Relationship
VICTORIA ZBENK	289 MARQUETTE AVE. CALUMET CITY, IL 60409	WIFE

DISPOSITION

20a. METHOD OF DISPOSITION	20b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION—City or Town, State
X Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	DECEMBER 10, 1988 HOLY CROSS CEMETERY	CALUMET CITY, ILL

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER (of Licensee)	22. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
anthony Solan	1051840	3002893 SOLAN F.H. 7109 CALUMET, HAMMOND, INfor NOWAK F.H. CALUMET CITY, ILL 60409

PRONOUNCING PHYSICIAN ONLY

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

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death	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)
	A. LABADOR, M.D.	0102 9371	December 7, 1988

24. TIME OF DEATH	25. DATE PRONOUNCED DEAD (Month, Day, Yr.)	26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no)
4:30 AM	12-7-88 (December 7, 1988)	NO

CAUSE OF DEATH

SEE INSTRUCTIONS

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, 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)
a. Cardiopulmonary arrest (CARDIOPULMONARY ARREST)

DUE TO (OR AS A CONSEQUENCE OF)
b. lung cancer. (LUNG CANCER)

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
DUE TO (OR AS A CONSEQUENCE OF)
c.

DUE TO (OR AS A CONSEQUENCE OF)
d.

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)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
NO	

CERTIFIER

SEE INSTRUCTIONS

29a. CERTIFIER (Check only one)

X 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.

☐ 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.

☐ MEDICAL EXAMINER ☐ CORONER ☐ 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	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
F. Gailani	33342	December 7, 1988

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print)
F. Gailani, M.D. 7905 Calumet Avenue, Munster, Indiana 46321

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE	32. DATE FILED (Month, Day, Year)
Franklin D. Fremuth M.D.	DEC 0 8 1988

CORONER OR MEDICAL EXAMINER USE ONLY

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined				

34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

SBHM-004 State Form 10119 Rev. 10/87 DEATH/PO

3821139

(FORM 302)

Affidavit by Surviving Joint Tenant

L. R. 12398 Doc. No. 306837 Certificate No. 1318174

State of Illinois }
County of Cook } ss.

VICTORIA G. ZBENK being first duly sworn, upon oath deposes and says:

That she resides at 289 Marquette Avenue in the City of Calumet City 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. 1318174 situated in said Cook County, Illinois, described as follows:

Lot Fifteen (15) in Block Twenty-Two (22), in "Calumet City" Second Addition, being a subdivision of the North West Quarter (1/4) of the North West Quarter (1/4) of Section 7, Township 36 North, Range 15, East of the Third Principal Meridian.

PIN: 30-07-102-015-0000
Address 289 Marquette Ave Calumet City, IL 60409

3821139

Affiant states that Stephen S. Zbenk 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 her marital status since the issuance of Certificate of Title Number 1318174 (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.

Victoria G Zbenk

Subscribed and sworn to before me this 15th day of August 1988.

Marilyn I. Schultz
NOTARY PUBLIC.

" OFFICIAL SEAL "
MARILYN I. SCHULTZ
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 12/3/91

THIS INSTRUMENT WAS PREPARED BY
D Lem
550 Burnham Ave
Calumet City, IL 60409

1318174

3821139

1989 AUG 30 PM 12:03

CAROL MOSELEY BRAUN
REGISTRAR OF TITLES

IDENTIFIED
No.

Registrar of Torrens Titles
CAROL MOSELEY BRAUN
Clambrone

3821139

D. Lon
850 Burnham Ave
Calumet City, IL 60409