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AFFIDAVIT OF NO ESTATE TAX DUE

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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 ALLEN H. MEYER, ATTORNEY FOR ESTATE OF ROSE E. VARHOLIK,
(name and capacity) DECEASED, AND FOR SURVIVING JOINT TENANTS,
and reside at 533 W. ROSCOE, CHICAGO, ILLINOIS

(2) I am personally acquainted with the affairs of the Estate of ROSE E. VARHOLIK, who died on SEPTEMBER 29, 1987

(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)

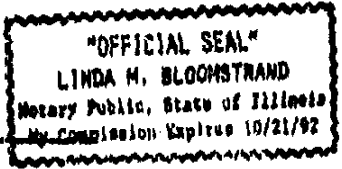
- X 1) that no Tax is due; or _____
- _____ 2) that if any Tax due, there are sufficient other assets to pay such Tax; or _____
- _____ 3) that any Tax due has been paid. _____

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.

Allen H. Meyer

Subscribed and sworn to before me this 5th day of OCTOBER, 1987.

Linda M. Bloomstrand
Notary Public



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REGISTRATION DISTRICT NO. 16.10 REGISTERED NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

DATE 6/19/87

October 9, 1987

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

SS

1. NAME (LAST, FIRST, MIDDLE) **Rose E. Varholik** SEX **Female** DATE OF BIRTH **3 Sept. 29 1987** COUNTY OF BIRTH **Cook**

2. RACE **White** ETHNIC OR NATURALIZATION **Polish** CITY, TOWN, VILL. OR BOARD OF HEALTH DISTRICT **Chicago** HOSPITAL OR OTHER INSTITUTION **St. Elizabeth Hospital** DATE OF DEATH **June 14, 1987** CITY, TOWN, VILL. OR BOARD OF HEALTH DISTRICT **Chicago** COUNTY OF DEATH **Cook**

3. PLACE OF BIRTH (COUNTRY) **USA** CITIZENSHIP **USA** SOCIAL SECURITY NUMBER **2504 14 4057** USUAL OCCUPATION **Knitting Mfg** NAME OF SURVIVING SPOUSE (GIVEN NAME, DATE OF BIRTH) **John S. Edwards M.D. M.P.A.**

4. RESIDENCE **1827 N. Paulina Chicago** CITY, TOWN, VILL. OR BOARD OF HEALTH DISTRICT **Chicago** COUNTY **Cook** STATE **Illinois**

5. FATHER-NAME **John S. Sigmiller** MOTHER-MARDEN NAME **Angelia Ginkowski**

6. INFORMANT NAME (TYPE OR PRINT) **Ronald Varholik** RELATIONSHIP **Son** ADDRESS (STREET AND NO., OR R.F.D., CITY, TOWN, STATE, ZIP) **176 S. 1827 N. Paulina, Chicago, Ill.**

7. DEATH WAS CAUSED BY: **LIVER CIRRHOSIS**

8. (a) DUE TO OR AS A CONSEQUENCE OF: **UNKNOWN**

9. (b) DUE TO OR AS A CONSEQUENCE OF:

10. (c) DUE TO OR AS A CONSEQUENCE OF:

11. (d) OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH:

12. DATE OF OPERATION, IF ANY **September 26, 1987** MAJOR FINDINGS OF OPERATION **LIVER CIRRHOSIS**

13. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

14. DATE OF BIRTH **September 26, 1987** HOUR OF DEATH **8:00 A**

15. SIGNATURE **John S. Edwards** DATE SIGNED (M., D., Y.) **Oct. 1, 1987**

16. NAME AND ADDRESS OF CERTIFIER **John S. Edwards, M.D., M.P.A.** ILLINOIS LICENSE NUMBER **34372**

17. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) **Ludwig Kaminski, M.D.** ADDRESS **4811 N. Milwaukee Ave., Chicago, Ill.**

18. CEMETERY OF CREATION **Burial** CITY AND STATE **Chicago, Illinois** DATE **24 Oct. 2, 1987**

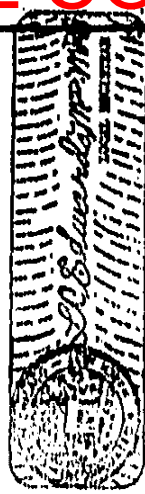
19. FUNERAL HOME **Burial** CITY AND STATE **Chicago, Illinois** DATE **24 Oct. 2, 1987**

20. Petzko Funeral Home, 1845 N. Hermitage, Chicago, Illinois 60622

21. LOCAL REGISTAR'S SIGNATURE **Basil B. Muzyka** DATE REC'D. BY LOCAL REGISTRAR (M., D., Y.) **OCT 9 1987**

22. LOCAL REGISTAR'S SIGNATURE **James C. Edwards, M.D., M.P.A.** DATE REC'D. BY LOCAL REGISTRAR (M., D., Y.) **OCT 9 1987**

I, LORNE C. EDWARDS M.D. M.P.A., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS OF THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE PROVISIONS OF THE CITY OF CHICAGO. THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

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3831546

(FORM 302)

Affidavit by Surviving Joint Tenant

L. R. 5901 Doc. No. 2845362 Certificate No. 1238048

State of ILLINOIS } ss.
County of COOK }

ALLEN HILMEYER, ATTORNEY AND AGENT FOR SURVIVING JOINT TENANTS AND FAMILIAR WITH MATTERS HEREIN being first

duly sworn, upon oath deposes and says:

That he represents RONALD G. VARHOLIK AND JOSEPH J. VARHOLIK
That he resides at in the City of

and that they are 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. 1238048 situated in said Cook County, Illinois, described as follows:

Lot 31 in Block 23 in Sheffield's Addition to Chicago, in Section 31, Township 40 North, Range 14, east of the Third Principal Meridian, in Cook County, Illinois, Commonly known as: 1825 North Paulina Street, Chicago, Illinois.

14-31-919-019 1825 N. Paulina, Chicago, Ill.

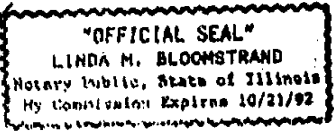
Affiant states that ROSE E. VARHOLIK one of the said owners in joint tenancy, died intestate, in the city (village) of CHICAGO in the State of ILLINOIS as is confirmed by a Certificate of the health department of said municipality hereto attached.

Affiant states that the remaining joint tenants have not changed their marital status since the issuance of Certificate of Title Number 1238048 (except NONE who has been married but once since acquiring said real estate and then to N/A).

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.

Subscribed and sworn to before me this 5th day of October 1989

Linda M. Bloomstrand
NOTARY PUBLIC.



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CAROL MOSELEY BRAUN
REGISTRAR OF TITLES

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IDENTIFIED NO.
Office of Internal Affairs CAROL MOSELEY BRAUN Sanchez

ALLEN H. MEYER
III WASHINGTON