

UNOFFICIAL COPY

" OFFICIAL SEAL "
J. CLAYTON MACDONALD
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 9/8/93

*Pursuant to H. B. 957, P. A. 82-1027
140204
NOTARY PUBLIC
[Signature]

19 89

me this 15th day of NOVEMBER

Subscribed and sworn to before

[Signature]
DOROTHY G. UGEL

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.

- 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.
- (select one - initial choice)

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

(2) I am personally acquainted with the affairs of the Estate of Edward A. Ugel, who died on July 1, 1988

and reside at 6028 N. Oriole, Chicago, Illinois

(1) I am DOROTHY G. UGEL, surviving spouse and surviving joint tenant (name and capacity)

oath, deposes and states as follows:

The Affiant, regarding the possible liability for State Inheritance Tax for the Estate of decedent herein, being first duly sworn upon

AFFIDAVIT OF NO ESTATE TAX DUE

[Signature]

DATE

JUL 08 1988

SIGNED

Maria McCann

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.

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

(Signature)

REGISTRATION DISTRICT NO. **16.0**
REGISTERED NUMBER

EDWARD UGEL

AGE - LAST BIRTHDAY **75**

SEX **MALE**

DATE OF BIRTH - MONTH, DAY, YEAR **JULY 1, 1988**

DATE OF DEATH - MONTH, DAY, YEAR **JULY 5, 1988**

CITY OF DEATH **CHICAGO**

RACE - WHITE

CITIZEN OR DESCENT **AMER.**

HOSPITAL OR OTHER INSTITUTION - NAME OF HOSPITAL, STREET AND NUMBER **LUTHERAN GENERAL HOSPITAL**

DATE OF BIRTH - MONTH, DAY, YEAR **OCTOBER 17, 1912**

CITY OF DEATH **CHICAGO**

DATE OF DEATH - MONTH, DAY, YEAR **JULY 5, 1988**

CITY OF DEATH **CHICAGO**

STATE OF BIRTH - ILLINOIS

CITIZEN OF BIRTH COUNTRY **UNITED STATES**

HOSPITAL OR OTHER INSTITUTION - NAME OF HOSPITAL, STREET AND NUMBER **LUTHERAN GENERAL HOSPITAL**

DATE OF BIRTH - MONTH, DAY, YEAR **OCTOBER 17, 1912**

CITY OF DEATH **CHICAGO**

DATE OF DEATH - MONTH, DAY, YEAR **JULY 5, 1988**

CITY OF DEATH **CHICAGO**

SOCIAL SECURITY NUMBER **318 05 5073**

CHIEF SUPERVISOR **ILL. BELL**

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DATE OF DEATH - MONTH, DAY, YEAR **JULY 5, 1988**

CITY OF DEATH **CHICAGO**

RESIDENCE STREET AND NUMBER **6028 N ORIOLE**

CITY OF BIRTH **CHICAGO**

HOSPITAL OR OTHER INSTITUTION - NAME OF HOSPITAL, STREET AND NUMBER **LUTHERAN GENERAL HOSPITAL**

DATE OF BIRTH - MONTH, DAY, YEAR **OCTOBER 17, 1912**

CITY OF DEATH **CHICAGO**

DATE OF DEATH - MONTH, DAY, YEAR **JULY 5, 1988**

CITY OF DEATH **CHICAGO**

FATHER - NAME **WILLIAM UGEL**

MOTHER - NAME **ELLEN COOK**

HOSPITAL OR OTHER INSTITUTION - NAME OF HOSPITAL, STREET AND NUMBER **LUTHERAN GENERAL HOSPITAL**

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REGISTRAR **M. MARKOVICH**

HOSPITAL OR OTHER INSTITUTION - NAME OF HOSPITAL, STREET AND NUMBER **LUTHERAN GENERAL HOSPITAL**

DATE OF BIRTH - MONTH, DAY, YEAR **OCTOBER 17, 1912**

CITY OF DEATH **CHICAGO**

DATE OF DEATH - MONTH, DAY, YEAR **JULY 5, 1988**

CITY OF DEATH **CHICAGO**

RELATIVE **WILLIAM UGEL**

HOSPITAL OR OTHER INSTITUTION - NAME OF HOSPITAL, STREET AND NUMBER **LUTHERAN GENERAL HOSPITAL**

DATE OF BIRTH - MONTH, DAY, YEAR **OCTOBER 17, 1912**

CITY OF DEATH **CHICAGO**

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CITY OF DEATH **CHICAGO**

RELATIVE **ELLEN COOK**

HOSPITAL OR OTHER INSTITUTION - NAME OF HOSPITAL, STREET AND NUMBER **LUTHERAN GENERAL HOSPITAL**

DATE OF BIRTH - MONTH, DAY, YEAR **OCTOBER 17, 1912**

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DATE OF DEATH - MONTH, DAY, YEAR **JULY 5, 1988**

CITY OF DEATH **CHICAGO**

CAUSE OF DEATH

RESPIRATORY ARREST

HOSPITAL OR OTHER INSTITUTION - NAME OF HOSPITAL, STREET AND NUMBER **LUTHERAN GENERAL HOSPITAL**

DATE OF BIRTH - MONTH, DAY, YEAR **OCTOBER 17, 1912**

CITY OF DEATH **CHICAGO**

DATE OF DEATH - MONTH, DAY, YEAR **JULY 5, 1988**

CITY OF DEATH **CHICAGO**

DATE OF OPERATION, IF ANY

DATE OF BIRTH - MONTH, DAY, YEAR **OCTOBER 17, 1912**

CITY OF DEATH **CHICAGO**

DATE OF DEATH - MONTH, DAY, YEAR **JULY 5, 1988**

CITY OF DEATH **CHICAGO**

OPERATIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH

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TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES, STATED

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CITY OF DEATH **CHICAGO**

LOCAL REGISTRATION OFFICE: CHICAGO, ILLINOIS 60631
FURNISHED BY LOCAL REGISTRAR: *(Signature)*
DATE RECEIVED BY LOCAL REGISTRAR: *(Signature)*
OFFICIAL TITLE: Deputy Registrar

3842041

DCS 161 SM 5-47 (FORM 302)

Affidavit by Surviving Joint Tenant

L. R. 3998-6990 Doc. No. 1510200 Certificate No. 606380

State of ILLINOIS ss. County of COOK

[Handwritten signature]

DOROTHY G. UGEL

being first

duly sworn, upon oath deposes and says:

That she resides at 6028 N Oriole in the City of Chicago 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. 606380 situated in said Cook County, Illinois, described as follows:

Lot Seventeen (17) in Second Addition to George C. Yost's Canfield Talcott Ridge Addition to Chicago, being a Subdivision of part of the Northwest Quarter (1/4) of Section 1, Town 40 North, Range 12, East of the Third Principal Meridian.

12-01-125-023 6028 N Oriole Chicago

3842041

Affiant states that Edward A. Ugel 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 tenant has not changed her marital status since the issuance of Certificate of Title Number 606380 (except [redacted] who has been married but once since acquiring said real estate and then to [redacted]).

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.

[Signature of Dorothy G. Ugel] DOROTHY G. UGEL

Subscribed and sworn to before me this 15th day of NOV 1989

[Signature of J. Clayton MacDONALD] NOTARY PUBLIC

OFFICIAL SEAL J. CLAYTON MacDONALD NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 3/8/93

DEPARTMENT OF REVENUE

UNOFFICIAL COPY

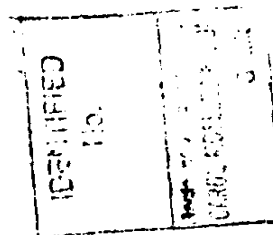
Property of Cook County Clerk's Office

1/20/18
3842041

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NOV 22 AM 9:18
CAROL MOSELEY BRAUN
REGISTRAR OF TITLES

3842041



MacDONALD and MacDONALD
LAW OFFICES
770 Lee Street
Des Plaines, IL 60018