

UNOFFICIAL COPY

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:

OK
07/11

(1) I am Carolina Cumella, surviving spouse,
(name and capacity)

and reside at 4122 N. McVicker, Chicago, IL

(2) I am personally acquainted with the affairs of the Estate of Bartolomeo Cumella, who died on March 22, 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. _____

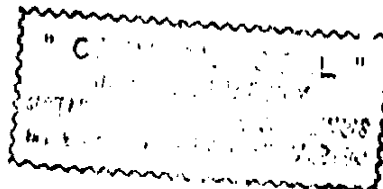
and I make this affidavit for the purpose of inducing the Registrar of Titles of Cook County, Illinois, to issue a Certificate of Title without additional evidence of non-liability, relying on this statement as true, and in consideration thereof affiant guarantees the truth of the statements herein contained.

03-864086

Carolina Cumella

Subscribed and sworn to before me this 14 day of March, 19 90.

Jay B. Stutzky
Notary Public



UNOFFICIAL COPY

Property of Cook County Clerk's Office

320122-008

REGISTRATION NO. **16-10** STATE OF ILLINOIS STATE CASE NUMBER
 REGISTERED NUMBER
 RECEIVED - NAME **BARTOLOMEO** CUMELLA
 SEX **MALE** DATE OF BIRTH **MARCH 22, 1924** COUNTY OF DEATH **COOK**
 MEDICAL CERTIFICATE OF DEATH **605604**

1. RACE (WRITE IN FULL) **White** ETHNIC OR RACIAL ORIGIN OR DESCENT **Italian** AGE **63** SEX **MALE** DATE OF BIRTH **MARCH 22, 1924** COUNTY OF BIRTH **COOK**
 2. CITY, TOWN, VILLAGE, OR AREA DISTRICT NUMBER **Chicago** HOSPITAL OR OTHER INSTITUTION **JOHN F. KENNEDY MEDICAL CENTER** CITY, TOWN, VILLAGE, OR AREA DISTRICT NUMBER **Chicago** COUNTY OF BIRTH **COOK**
 3. STATE OF RESIDENCY (WRITE IN FULL) **U.S.A.** NAME OF SURVIVING SPOUSE (LAST NAME, FIRST NAME, INITIALS) **Caroline Catalano**
 4. MARITAL STATUS (SEE INSTRUCTIONS) **Married** NAME OF SURVIVING SPOUSE (LAST NAME, FIRST NAME, INITIALS) **Caroline Catalano**
 5. USUAL OCCUPATION **Barber** KIND OF BUSINESS OR INDUSTRY **Self Employed** NAME OF SURVIVING SPOUSE (LAST NAME, FIRST NAME, INITIALS) **Caroline Catalano**
 6. RESIDENCE STREET AND NUMBER **4122 N. McVicker** CITY, TOWN, VILLAGE, OR AREA DISTRICT NUMBER **Chicago** COUNTY OF RESIDENCE **Illinois** NAME OF SURVIVING SPOUSE (LAST NAME, FIRST NAME, INITIALS) **Caroline Catalano**
 7. FATHER - NAME **Georgio** CUMELLA MOTHER - MARRIEN NAME **Antonino** COOK COUNTY **Illinois** STATE **Illinois**

8. DEATH WAS CAUSED BY: **Cardiovascular artery disease**
 9. DEATH WAS CAUSED BY: **After infectious cardiovascular disease**
 10. DATE OF OPERATION, IF ANY **None** MAJOR FINDINGS OF OPERATION
 11. DATE OF OPERATION, IF ANY **None** MAJOR FINDINGS OF OPERATION
 12. DATE OF OPERATION, IF ANY **None** MAJOR FINDINGS OF OPERATION

13. I DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON **3-23-87**
 14. I DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON **3-23-87**
 15. I DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON **3-23-87**

16. SIGNATURE OF CERTIFIER **[Signature]** DATE SIGNED (MO., DAY, YEAR) **3-23-87**
 17. NAME AND ADDRESS OF CERTIFIER **[Address]** ILLINOIS LICENSE NUMBER **36-36413**

18. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (FIRST OR FIRST?) **[Name]** DATE SIGNED (MO., DAY, YEAR) **3-23-87**
 19. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (FIRST OR FIRST?) **[Name]** DATE SIGNED (MO., DAY, YEAR) **3-23-87**

20. BURIAL, CREMATION, REMOVAL (SPECIFY) **Entombment** CEMETERY OR CREMATOR NAME **All Saints** LOCATION **Des Plaines, Illinois** DATE **March 25, 1987**
 21. FUNERAL HOME NAME **The Mortelair-Lycania Guardian Chapel** CITY OR TOWN **Chicago, IL** STATE **Illinois** DATE **March 25, 1987**

22. FUNERAL DIRECTOR'S SIGNATURE **[Signature]** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **1443**
 23. LOCAL REGISTRAR'S SIGNATURE **[Signature]** DATE RECD. BY LOCAL REGISTRAR (MO., DAY, YEAR) **MAR 23 1987**

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO
 SS
 I, **LOUISE 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 ORDINANCES 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.
 MAR 23 1987



DEPARTMENT OF HEALTH CITY OF CHICAGO

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

00-864086

UNOFFICIAL COPY

Property of Cook County Clerk's Office

2010-001

3864086

(FORM 302)

RECORDED
INDEXED
MAY 21 1990
CLERK'S OFFICE

Affidavit by Surviving Joint Tenant

L. R. ... 4200 Doc. No. ... 2579372 Certificate No. ... 1126412

State of ... ILLINOIS }
County of ... COOK } ss.

CAROLINA CUMELLA

being first

duly sworn, upon oath deposes and says:

That she resides at 4122 McVicker 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. 1126512 situated in said Cook County, Illinois, described as follows:

Lot Thirteen (13) in Lavinia Eldred's Subdivision being a Subdivision of the West Half (1/2) of the East Half (1/2) of the South East Quarter (1/4) of Section 17, Town 40 North, Range 13, East of the Third Principal Meridian. T&B.

4122 N. McVicker, Chicago, IL 60634
PIN 13-17-315-049

Affiant states that BARTOLOMEO CUMELLA 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.

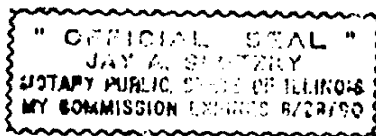
Affiant states that the remaining joint tenant has not changed her marital status since the issuance of Certificate of Title Number (except who has been married but once since acquiring said real estate and then to).

Further, that the affiant makes this affidavit for the purpose of inducing the Register 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.

Carolina Cumella

Subscribed and sworn to before me this 1st day of May 1990

Jay A. Slutzky
NOTARY PUBLIC



3864086

UNOFFICIAL COPY

1126412
NID

3864086

ISSD MAR -8 AM 9 46
CAROL MOSELEY BRAUN
REGISTRAR OF TITLES

IDENTIFIED No.	Registrar of Torts and Tides CAROL MOSELEY BRAUN BONSKY
-------------------	---

3864086

JW A. SLITZKY #70362
 ATTORNEY AT LAW
 7749 N. Milwaukee
 NILES, IL. 60648
 (812) 967-1976
 7th

Property of Cook County Clerk's Office