

Notary Public
William I. Carter
19 90

Subscribed and sworn to before me this 30th day of April

Magdalene Kutscher
Magdalene Kutscher

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

Joseph Kutscher, who died on October 16, 1989.

(2) I am personally acquainted with the affairs of the Estate of

and reside at 37 S. Ridge, Arlington Heights, Illinois

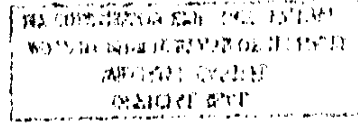
(1) I am Magdalene Kutscher (name and capacity)

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

[Handwritten mark]

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FILED TO STAGNATION JACOBIN

EXHIBIT 2002

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MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0
REGISTERED NUMBER

1. COUNTY OF DEATH: Cook
 2. SEX: Male
 3. DATE OF DEATH: October 16, 1989
 4. DECEASED-NAME: Joseph Kutschler
 5. AGE: 52.89
 6. PLACE OF BIRTH: Arlington Heights, Cook County, Ill.
 7. MARRIAGE STATUS: Married
 8. HOSPITAL OR OTHER INSTITUTION: Northwest Community Hospital
 9. INPATIENT STATUS: Inpatient
 10. RESIDENCE: 37 South Ridge, Arlington Heights, Ill. 60005
 11. OCCUPATION: Farmer
 12. EDUCATION: High School Graduate
 13. RACE: White
 14. ETHNICITY: N/A
 15. INFORMANT: Susan Leisher, Kinsler
 16. RELATIONSHIP: Cousin
 17. ADDRESS: 418 W. Campbell, Arlington Heights, Ill. 60015
 18. MOTHER-NAME: Katharina
 19. MAJOR FINDINGS OF OPERATION: Acute Myocardial Infarction
 20. DATE OF OPERATION: Oct 16 1989
 21. SIGNATURE: Edward J. Horowitz
 22. NAME AND ADDRESS OF CERTIFIER: Dr. Horowitz, 1614 W. Central, Arlington Heights, Ill.
 23. BUREAU OF VITAL RECORDS: Cook County, Ill.
 24. DATE OF REGISTRATION: Oct 19, 1989
 25. LOCAL REGISTRAR'S SIGNATURE: Clara Thibault
 26. DATE OF REGISTRATION: Oct 19, 1989

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I HEREBY CERTIFY THAT the foregoing is a 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.

Date: October 19, 1989
at Cook County Department of Public Health

Signed: Clara Thibault
Official Title: Chief Deputy Registrar.

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DOCUMENT NUMBER

3877256

AFFIX - RIDERS OR REVENUE STAMPS HERE

ADDRESSES OF PROPERTY AND GRANTEES: 37 S. RIDGE ARRLINGTON HEIGHTS, ILL. 60005

MAIL TO: Timothy M. Boop, 800 E. North St. Highway, Mt. Prospect, IL 60056

Main body of the deed form containing sections for 'THE GRANTOR', 'SUBJECT TO', 'DATED THIS', 'PERSONALLY KNOWN TO ME', and 'GIVEN UNDER MY HAND'. Includes a signature line for Magdalena Kutschner and a notary seal for William I. Casteel.

REAL ESTATE TAXES PAID STATE TAXES PAID

3877256

WARRANTY DEED Joint Tenancy Illinois Statute (Individual or Individuals)

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REPUBLIC TITLE COMPANY
1500 W. CHASE
MUNSTON HEIGHTS, ILL. 60004

Property of Cook County Clerk's Office

3877256

2/25/10
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REGISTRAR

3877256

Age of Grantor _____
Address _____
3877256
Hir _____
Wife _____
Sole _____
Attorney _____
Date of _____
Residence _____
Sig. Card _____

REPUBLIC TITLE COMPANY
1500 W. CHASE
MUNSTON HEIGHTS, ILL. 60004