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 Magdalene Kutscher
(name and capacity)

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

(2) I am personally acquainted with the affairs of the Estate of Joseph Kutscher, who died on October 16, 1989.

(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.

Magdalene Kutscher

Magdalene Kutscher

Subscribed and sworn to before me this 30th day of April; 19 90

Notary Public

OFFICIAL SEAL
WILLIAM I. CARTEEL
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXP. OCT. 17, 1993

*Pursuant to H. B. 93 P. A. 87-[illegible]

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 160

REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

1. DECEASED-NAME FIRST: Joseph MIDDLE: Kutscher ~~Kutszher~~ LAST:
2. SEX: Male
3. DATE OF DEATH (MONTH, DAY, YEAR): October 16, 1989
4. COUNTY OF DEATH: Cook
5a. AGE-LAST BIRTHDAY (YRS): 89
5b. UNDER 1 YEAR MOS DAYS:
5c. UNDER 1 DAY HOURS MIN:
5d. DATE OF BIRTH (MONTH, DAY, YEAR): September 23, 1900
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: Arlington Heights
6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Northwest Community Hospital
6c. IF HOSP. OR INST. INDICATE D.O.A. OF EMER. RM, INPATIENT (SPECIFY): Inpatient
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Austria/Hungar
8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): Magdalena Audi
9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO): No
10. SOCIAL SECURITY NUMBER: 357-28-2473
11a. USUAL OCCUPATION: Farmer
11b. KIND OF BUSINESS OR INDUSTRY: Farm
12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary-Secondary (0-12): 6 College (1-4 or 5+):
13a. RESIDENCE (STREET AND NUMBER): 37 South Ridge
13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO.: Arlington Heights
13c. INSIDE CITY (YES, NO): Yes
13d. COUNTY: Cook
13e. STATE: Illinois
13f. ZIP CODE: 60005
14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): White
14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) ☒ NO ☐ YES SPECIFY:
15. FATHER-NAME FIRST: Kasper MIDDLE: LAST: Kutszher
16. MOTHER-NAME FIRST: Katharina MIDDLE: (MAIDEN) LAST: N/A
17a. INFORMANT'S NAME (TYPE OR PRINT): Susan Leiher
17b. RELATIONSHIP: Cousin
17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 418 W. Campbell, Arlington Hts., Il 60005

18. PART I. Enter the diseases, or conditions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Enter only one cause on each line.

Immediate Cause (Final disease or condition resulting in death) → (a) Acute Cardiac Arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 5 min

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

(b) DUE TO, OR AS A CONSEQUENCE OF

(c) DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic Heart Disease

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: Nephrotic Syndrome

AUTOPSY (YES, NO): 19a. No

19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES, NO):

20a. DATE OF OPERATION, IF ANY:

20b. MAJOR FINDINGS OF OPERATION:

20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES ☐ NO ☐

21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR): Oct 16 1986

21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES, NO): No

21c. HOUR OF DEATH: 1:55 P.M. A.M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE ▶ Kenneth J. Horowitz

22b. DATE SIGNED (MONTH, DAY, YEAR): 10/18/89

22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): Dr. Horowitz 1614 W. Central Arlington Heights, Ill.

22d. ILLINOIS LICENSE NUMBER: 036-072508

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

24b. CEMETERY OR CREMATORY-NAME: Memory Gardens Cem.

24c. LOCATION CITY OR TOWN STATE: Arlington Heights, Ill.

24d. DATE (MONTH, DAY, YEAR): Oct. 19, 1989

25a. FUNERAL HOME NAME: Lauterburg & Oehler STREET AND NUMBER OR R.F.D.: Funeral HOme 2000 E. Northwest Highway CITY OR TOWN: Arlington Heights STATE: Illinois ZIP: 60004

25b. FUNERAL DIRECTOR'S SIGNATURE ▶ William Lauterburg

25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 7111

LOCAL REGISTRAR'S SIGNATURE: Kent. SCOTT, MD REGISTRAR

26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): October 19, 1989

VR200 (Rev. 5-89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

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 [signature]

Official Title, Chief Deputy Registrar.

WARRANTY DEED

Joint Tenancy Illinois Statutory

(Individual to Individual)

38977256

(The Above Space For Recorder's Use Only)

THE GRANTOR Magdalene Kutscher, a widow and not since remarried

of the Village of Arlington Heights County of Cook State of Illinois

for and in consideration of Ten ($10.00) - DOLLARS.

and other good and valuable considerations - and paid,

CONVEY and **WARRANT** to Robert E. Collins and Judith H. Collins, his wife

of the Village of Roselle County of Du Page State of Illinois

not in Tenancy in Common, but in JOINT TENANCY, the following described Real Estate situated in the County of Cook in the State of Illinois, to wit:

Lot Ten----------(10)
In Ridgelawn, being a Subdivision of that part lying South of the center line of Campbell Street of the East 157 feet of the West Half (½) of the Southeast Quarter (¼) and the West 198 feet of the East Half (½) of the Southeast Quarter (¼) of Section 30, Town 42 North, Range 11, East of the Third Principal Meridian, in Cook County, Illinois.

SUBJECT TO: General taxes levied in the years 1989 and 1990; Building line, easement for public utilities, all as contained in Plat Document 10384264.

Permanent Index No. 03-30-423-010
37 S. Ridge, Arlington Heights, Il. 60005

This instrument was prepared by
WILLIAM I. CASTEEL, Attorney at Law
200 N. Dunton, Arlington Hts., Ill. 60004

hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois. TO HAVE AND TO HOLD said premises not in tenancy in common, but in joint tenancy forever.

DATED this 30th **day of** April **19** 90

PLEASE PRINT OR TYPE NAME(S) BELOW SIGNATURE(S)

Magdalene Kutscher (Seal) _____ (Seal)
Magdalene Kutscher

_____ (Seal) _____ (Seal)

State of Illinois, County of Cook ss. I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that Magdalene Kutscher, a widow, who is not since remarried personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

IMPRESS SEAL HERE

Given under my hand and official seal, this 30th day of April 19 90

Commission expires _____ 19__

OFFICIAL SEAL
WILLIAM I. CASTEEL
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXP. OCT. 17, 1990

NOTARY PUBLIC

ADDRESS OF PROPERTY: 37 S. Ridge
Arlington Heights, Il. 60005

THE ABOVE ADDRESS IS FOR STATISTICAL PURPOSES ONLY AND IS NOT A PART OF THIS DEED.

AND GRANTEES:

SEND SUBSEQUENT TAX BILLS TO:
Robert E. Collins (Name)
37 S. Ridge (Address)
Arlington Heights, Il. 60005 (City, State and Zip)

MAIL TO: Timothy M. Bopp (Name)
800 E. Northwest Highway (Address)
Mt. Prospect, Il. 60056 (City, State and Zip)

OR RECORDER'S OFFICE BOX NO. _____

AFFIX "RIDERS" OR REVENUE STAMPS HERE

DOCUMENT NUMBER

38977256

2/765810

3877256

3877256

Age of Grantee

Address

3877256

Hi

W

S

Address

Drive

Remain

Sig. Card

REGISTRAR OF TITLES

REPUBLIC TITLE COMPANY
1500 W. SHURE
ARLINGTON HEIGHTS, IL 60004