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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 LEANDRO L. PASTORELLI
(name and capacity)

and reside at 6739 NAVAJO AVENUE, LINCOLNWOOD, ILLINOIS 60645.

(2) I am personally acquainted with the affairs of the Estate of EMMA A. PASTORELLI, who died on APRIL 18, 1990.

(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)

- 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.

Leandro L. Pastorelli
LEANDRO L. PASTORELLI

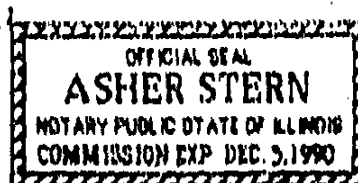
Subscribed and sworn to before

me this 29th day of May

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Asher Stern

ASHER STERN Notary Public



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DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <u>16.03</u>	STATE OF ILLINOIS	STATE FILE NUMBER
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH	
Type or Print in PERMANENT INK See General Director's Handbook for INSTRUCTIONS	DECEASED - NAME: FIRST MIDDLE LAST		SEX
	1. <u>Emma C. Pastorelli</u>		<u>Female</u>
A	COUNTY OF DEATH	AGE - LAST BIRTHDAY (YRS) MONTH DAY	DATE OF DEATH (MONTH DAY YEAR)
	<u>4 Cook</u>	<u>5a. 89</u>	<u>3 April 18, 1990</u>
B	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT WITHIN THE DISTRICT AND NUMBER)	DATE OF BIRTH (MONTH DAY YEAR)
	<u>8a. Morton Grove</u>	<u>8b. Bethany Terrace</u>	<u>6d. February 5, 1901</u>
C	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
	<u>7 Ironwood, MI</u>	<u>8a. Married</u>	<u>8b. Leandro Pastorelli</u>
D	SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY
	<u>10 331-46-3110</u>	<u>11a. Homemaker</u>	<u>11b. Own Home</u>
E	RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP, OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)
	<u>13a. 6739 N. Navajo</u>	<u>13b. Lincolnwood</u>	<u>13c. yes</u>
F	FATHER - NAME FIRST MIDDLE LAST	MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST	EDUCATION (SPECKIFY ONLY HIGHEST GRADE COMPLETED)
	<u>15. Albert Basso</u>	<u>16. Johanna Carli</u>	<u>12. 12</u>
G	INFORMANT (NAME AND TYPE OR PRINT)	RELATIONSHIP	MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP)
	<u>17a. Robert Pastorelli</u>	<u>17b. Son</u>	<u>17c. 6271 N. Leona, Chicago, IL 60646</u>
H	PART I. (Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.)		APPROXIMATE PERIOD BETWEEN ONSET AND DEATH
	Immediate Cause (Final disease or condition resulting in death) <u>(a) Subdural Hematoma</u> DUE TO, OR AS A CONSEQUENCE OF <u>(b) Cerebral Hemorrhage</u> DUE TO, OR AS A CONSEQUENCE OF <u>(c) Cerebral Vascular Accident</u>		<u>3 days</u>
I	PART II. (Enter significant conditions contributing to death but not resulting in the underlying cause given in PART I.)		AUTOPSY (YES/NO)
			<u>19a. no</u>
J	DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? (DO. YES? NO?)
	<u>20a.</u>	<u>20b.</u>	<u>20c. YES? NO?</u>
K	IF (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/LIVE ON (MONTH, DAY, YEAR)	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	HOUR OF DEATH
	<u>21a. I did April 16, 1990</u>	<u>21b. YES</u>	<u>21c. 8:30A M.</u>
L	TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR)
	<u>22a. SIGNATURE: <i>Eduardo Vargas</i></u>		<u>22b. 4/18/90</u>
M	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	ILLINOIS LICENSE NUMBER	NOTE: IF AN INJURY WAS INVOLVED IN THE DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
	<u>22c. Eduardo Vargas 1500 Waukegan, Glenview, Illinois 60025</u>	<u>22d. 036-51813</u>	
N	BURIAL CREMATION, REMOVAL (SPECIFY)	CREMATORIUM OR CREMATORY - NAME	LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
	<u>24a. Burial</u>	<u>24b. Mt. Carmel</u>	<u>24c. Hillside Illinois</u> <u>24d. Apr 20, 1990</u>
O	FUNERAL HOME	NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP	FUNERAL DIRECTOR'S LICENSE NUMBER
	<u>25a. Smith-Corcoran Funeral Home 6150 N. Cicero Ave, Chicago, IL 60646</u>		<u>25c. 8546</u>
P	LOCAL HEALTH DEPARTMENT'S SIGNATURE	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
	<u>26a. <i>[Signature]</i></u>	<u>26b. APR 18 1990</u>	

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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE April 19, 1990 SIGNED *[Signature]*
 AT Evansville, Illinois OFFICIAL TITLE Local Registrar

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statute provides that this certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

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(FORM 302)

Affidavit by Surviving Joint Tenant

L. R. 19294-22897 Doc. No. 1109581E Certificate No. 485817

State of ILLINOIS
County of COOK } ss.

LEANDRO L. PASTORELLI being first
duly sworn, upon oath deposes and says:

That he resides at 6730 NAVAJO AVENUE in the City of LINCOLNWOOD
and that he 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. 485817 situated in said Cook County, Illinois,
described as follows: SEE LEGAL DESCRIPTION ATTACHED.

Lot Six (6) and the vacated Sixteen (16) foot public alley North of and adjoining said Lot in Block Two (2), Gubbins and McDonnell's Second Edgebrook Golf Addition of Lots 7 and 8, Lot Nine (9) (except the South 8.53 acres and the West One (1) rod thereof) in the County Clerk's Division of Fractional Section 33, Town 41 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois, according to the Plat thereof, recorded May 31, 1928, as Document No. 10041003, in Book 259 of Plats, page 27.

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Permanent Index No: 10-33-402-039

Affiant states that the remaining joint tenant has not changed his marital status since the issuance of Certificate of Title Number 485817 ~~has been married but since requiring said real estate and then~~

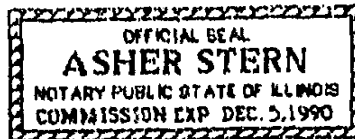
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Further, that the affiant makes this affidavit for the purpose of inducing the Registrar of Titles of Cook County, Illinois, to issue a certificate of title to the surviving Joint Tenant to said above described premises, relying on this statement as true, and in consideration thereof affiant guarantees the truth of the statements herein contained.

Leandro L. Pastorelli
LEANDRO L. PASTORELLI

Subscribed and sworn to before me
this 29 day of May 1990

Asher Stern
ASHER STERN NOTARY PUBLIC



Asher Stern
Notary Public
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701 Deserfeld Rd.
Deserfeld, Ill. 60015

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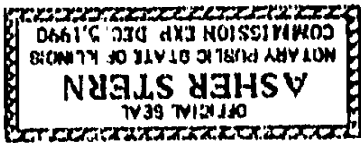
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POL. MOSLEY CLERK
REGISTRAR OF TITLES

3886516

Handwritten signature and date: 6/8/09

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ASHER STERN
NOTARY PUBLIC

This day of May 1990

Subscribed and sworn to before me

LEANDRO L. PASTORELLI

Leandro L. Pastorelli

the truth of the statements herein contained.

described premises, relying on this statement as true, and in consideration thereof affiant guarantees of Cook County, Illinois, to issue a certificate of title to the surviving joint Tenant, to said above. Further, that the affiant makes this affidavit for the purpose of inducing the Registrar of Titles back to issue a certificate of title to the surviving joint Tenant.

the issuance of Certificate of Title Number 485817. Affiant states that the remaining joint tenant has, not changed marital status since as is confirmed by a Certificate of the health department of said municipality hereto attached.

tenancy, died intestate, in the city (Village) of in the State of ILLINOIS. Affiant states that EMMA A. PASTORELLI one of the said owners in joint

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Affidavit by Surviving Joint Tenant

L. R. 19294-22897 Doc. No. 1109581E Certificate No. 485817

State of ILLINOIS }
County of Cook } ss.

(FORM 302)

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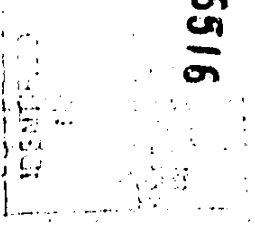
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COL. MOSELEY BRADY
REGISTRAR OF TITLES

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Abbe Siedel
701 Dearfield Rd.
Dearfield, Ill. 60015

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Handwritten initials/signature