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0 3 8 9 0 7 4 5  
AFFIDAVIT OF NO ESTATE TAX DUE

OK  
OK

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 Thomas Fitzgerald, attorney  
(name and capacity)

and reside at 1240 W. Dundee, Buffalo Grove.

(2) I am personally acquainted with the affairs of the Estate of Michael Fureber, who died on Mar 14, 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)

- 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.

Thomas P. Fitzgerald

Subscribed and sworn to before me this 19<sup>th</sup> day of June 19 87.

John J. O'Connell  
Notary Public (2-8-91)

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STATE OF FLORIDA  
OFFICE of VITAL STATISTICS

CERTIFICATE OF DEATH  
FLORIDA

1. DECEASED—NAME FIRST MIDDLE LAST: MICHAEL FISCHLER  
SEX: MALE DATE OF DEATH (Mo., Day, Yr.): MARCH 14, 1987

2. RACE—(e.g., White, Black, Am. Indian, etc. (Specify)): WHITE AGE—Last Birthday (Yrs.): 65  
3. UNDER 1 YEAR: MOS. 56 DAYS UNDER 1 DAY: HOURS 5c MINS. 6 DATE OF BIRTH (Mo., Day, Yr.): APRIL 14, 1921  
COUNTY OF DEATH: BROWARD

7b. CITY, TOWN OR LOCATION OF DEATH: POMPANO BEACH  
7c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number): HUMANA HOSPITAL CYPRESS  
7d. IF HOSP OR INST. (Indicate DOA, OP, Emer. Rm., Inpatient (Spec.)) 7e. INPATIENT

8. STATE OF BIRTH (If not in U.S.A., name country): JUGOSLAVIA  
9. CITIZEN OF WHAT COUNTRY: JUGOSLAVIA  
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED  
11. SURVIVING SPOUSE (If wife, give maiden name): KATHARINE PREM

12. SOCIAL SECURITY NUMBER: 395 - 32 - 0290  
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CUSTODIAL ENGINEER  
13b. KIND OF BUSINESS OR INDUSTRY: APARTMENT COMPLEX

14a. RESIDENCE—STATE: ILLINOIS COUNTY: COOK  
14c. CITY, TOWN OR LOCATION: ARLINGTON HEIGHTS  
14d. STREET AND NUMBER: 110 S. DUNTON AVE. #2A  
14e. INSIDE CITY LIMITS (Specify Yes or No): YES

15. FATHER—NAME FIRST MIDDLE LAST: MICHAEL FISCHLER  
16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST: MARIA MANNES

17a. INFORMANT—NAME (Type or Print): KATHARINE P. FISCHLER  
17b. MAILING ADDRESS: 110 S. DUNTON AVE. # 2-A ARLINGTON HGTS. IL. 60605  
17c. STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): REMOVAL  
18b. CEMETERY OR CREMATORY—NAME: HOLY HILL CEMETERY  
18c. LOCATION: NILES, ILLINOIS

19a. FUNERAL DIRECTOR—(Signature): [Signature]  
19b. FUNERAL HOME: BECKER FUNERAL HOME DEERFIELD BEACH, FLORIDA 33441  
ADDRESS: 1444 S. FED. HIGHWAY

20a. To be Completed by CERTIFYING PHYSICIAN: 20b. To be Completed by MEDICAL EXAMINER:  
20a. DATE SIGNED (Mo., Day, Yr.): MARCH 16, 1987  
20c. HOUR OF DEATH: 11:06A M  
20d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):  
20e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print): PAVLINEC M.D., 1162 SOUTHEAST 22 AVENUE, POMPANO BEACH FLORIDA 33064

21a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.  
21b. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.

22. REGISTRAR: [Signature] MAR. 16, 1987 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): MAR 19 1987  
(SUB REGISTRAR)

23. IMMEDIATE CAUSE: (a) CORONARY HEART DISEASE  
DUE TO, OR AS A CONSEQUENCE OF: (Conditions which gave rise to cause (a) — List underlying cause last)  
(b) CONGESTIVE HEART FAILURE  
DUE TO, OR AS A CONSEQUENCE OF:  
(c) PNEUMONIA

24. PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)  
PART III IF FEMALE WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? Yes [ ] No [ ]  
AUTOPSY (Yes or No) 25. NO  
CASE REFERRED TO MEDICAL EXAMINER (Specify yes or no) 26. NO

27a. (Probably) ACCIDENT, SUICIDE or HOMICIDE, or UNDETERMINED (Specify):  
27b. DATE OF INJURY (Mo., Day, Yr.):  
27c. HOUR OF INJURY: M  
27d. DESCRIBE HOW INJURY OCCURRED:  
27e. INJURY AT WORK (Specify Yes or No):  
27f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):  
27g. LOCATION: STREET OR R.F.D. NO. CITY OR TOWN STATE

CERTIFIED COPY

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

MAR 20 1987

*Oliver H. Boorde, Chief Deputy Registrar*

OLIVER H. BOORDE  
State Registrar  
Office of Vital Statistics



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CERTIFICATION OF VITAL RECORD

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Property of Cook County Clerk's Office

413942

3890745

P.M. 03-32-101-042 No. 1  
Address: 1105 Dunton  
Arl. Ill. 60410

(FORM 302)

Affidavit by Surviving Joint Tenant

L. R. 94 Doc. No. 3522318-17 Certificate No. 1407597

State of Illinois  
County of Cook } ss.

KATHARINA FISCHLER being first  
duly sworn, upon oath deposes and says:

That s.he... resides at 10 S. Dunton in the City of Arlington Heights  
and that s.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. 1407597 situated in said Cook County, Illinois,  
described as follows:

Affiant states that Michael Fischler one of the said owners in joint  
tenancy, died intestate, in the city (Village) of Pompano Beach, the State of Florida  
as is confirmed by a Certificate of the health department of said municipality hereto attached.

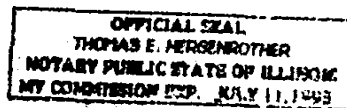
Affiant states that the remaining joint tenant... has not changed her... marital status since  
the issuance of Certificate of Title Number 1407597 (except ..... who  
has been married but once since acquiring said real estate and then to.....).

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

Katharina Fischler

Subscribed and sworn to before me  
this 7th day of June 19 90

Thomas E. Hergenrother  
NOTARY PUBLIC.



3890745

THIS INSTRUMENT WAS PREPARED BY

Thomas E. Hergenrother

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ITEM 1.

UNIT 2A as described in survey delineated on and attached to and a part of a Declaration of Condominium Ownership recorded on the 12th day of October, 19 71 as Document Number 2586499

ITEM 2.

**3890745**

An Undivided 2.9% interest (except the Units delineated and described in said survey) in and to the following Described Premises:

LOTS TWO (2) and THREE (3) in Sigwalt's Subdivision of the North Half (1/2) of the West Fifteen (15) Acres of the North Thirty (30) Acres of the West Half (1/2) of the Northwest Quarter (1/4) of Section 32, Town (2) North, Range 11, East of the Third Principal Meridian.

2 N15  
1407597

3890745

3890745

REGISTRAR OF TITLES  
CAROL HOEHLER BRANK  
JUN 21 9 37 AM '71

*Hyatt Legal Services*  
*11240 Dimple*  
*Buffalo Grove, IL*  
*60089*