

UNOFFICIAL COPY

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 SANDRA JONES, DAUGHTER
(name and capacity)

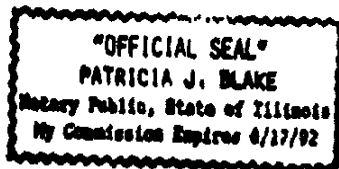
and reside at 1409 EAST 76th STREET, CHICAGO, ILLINOIS 60610.

(2) I am personally acquainted with the affairs of the Estate of LIONEL JONES, who died on OCTOBER 24, 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)

- 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.



Sandra L. Jones
SANDRA JONES

Subscribed and sworn to before
me this 13th day of JUNE;
19 90.

P. Blake
Notary Public

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

| | | | | |
|--|---------------------------------|--|--------------------|---|
| REGISTRATION DISTRICT NO 16:33 | REGISTERED NUMBER 810 | DECEASED-NAME LIONEL JONES, SR. | SEX MALE | DATE OF DEATH 30 OCTOBER 24, 1989 |
| COUNTY OF DEATH COOK | | AGE LAST BIRTHDAY (YRS; MONTH; DAYS) 58 06 50 | | DATE OF BIRTH (MONTH DAY YEAR) 5d DECEMBER 27, 1922 |
| CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a EVERGREEN | | HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) 6b LITTLE COMPANY OF MARY | | IF HOSP. OR INST. INDICATE D.O.A. OF EMER. RM. INPATIENT (SPECIFY) 6c EMER. 9 YES |
| BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 Burrville, Ia. | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a MARRIED | | WAS DECEASED EVER IN U.S. ARMY OR NAVAL RESERVE (YES, NO) 9 YES |
| SOCIAL SECURITY NUMBER 10 437-14-7461 | | NAME OF SURVIVING SPOUSE (MARRIAGE NAME IF N.E.) 8b Ophelia Williams | | WAS DECEASED EVER IN U.S. ARMY OR NAVAL RESERVE (YES, NO) 9 YES |
| RESIDENCE (STREET AND NUMBER) 13a 1409 East 76th Street | | CITY, TOWN, OR ROAD DISTRICT NO. 13b CHICAGO | | INSIDE CITY (YES, NO) 13c YES |
| STATE 13d ILLINOIS | | RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)) 14a BLACK | | COUNTY 13e COOK |
| FATHER-NAME FIRST MIDDLE LAST 13f EDDIE JONES | | MOTHER-NAME FIRST MIDDLE LAST 14b KATHERINE ANDERSON | | RELATIONSHIP 16 |
| Mailing Address (Street and No. or R.F.D. City or Town, State, Zip) 17a Ophelia K Jones 17b 1409 East 76th St. Chicago, Ill. | | Mailing Address (Street and No. or R.F.D. City or Town, State, Zip) 17c 1409 East 76th St. Chicago, Ill. | | |
| <p>Immediate Cause (Final disease or condition resulting in death)</p> <p>(a) <i>Fulminant liver failure</i></p> <p>(b) <i>Melanotic liver disease</i></p> <p>(c) <i>Spontaneous carcinoma</i></p> <p>CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.</p> <p>PART II. Other significant conditions contributing to death (do not include in the underlying cause given in PART I)</p> | | | | |
| DATE OF OPERATION, IF ANY 20 | | MANNER OF OPERATION 21 | | AUTOPSY (YES, NO) 19a |
| DID HE (SHE) NOT ATTEND THE DECEASED (S) (MONTH DAY YEAR) 20a | | WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES, NO) 21b | | IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c YES <input type="checkbox"/> NO <input type="checkbox"/> |
| TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED 22 | | HOUR OF DEATH 21c | | |
| SIGNATURE OF DECEASED (TYPE OR PRINT) 22a | | DATE SIGNED (MONTH DAY YEAR) 22b 10/26/89 | | |
| NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c | | ILLINOIS LICENSE NUMBER 22d 036-066089-1 | | |
| NOTE: IF AN INQUIRY WAS MADE, WEED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. | | | | |
| BURIAL, CREMATION, REMOVAL (SPECIFY) 24a | | CEMETERY OR CREMATORY-NAME 24b | | DATE (MONTH DAY YEAR) 24c |
| Funeral Home 24a | | Lincoln 24b | | Illinois 24c |
| Funeral Director's Signature 25a | | Funeral Director's Name 25b | | Funeral Director's Illinois License Number 25c |
| Local Registrar's Signature 26a | | Name 26b | | Date Filed by Local Registrar (Month Day Year) 26c |
| | | Annette T. Jones 26b | | October 27, 1989 26c |

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON 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 27, 1989
AT EVERGREEN PARK, ILLINOIS

REGISTRAR Annette T. Jones
DEPUTY REGISTRAR _____

3905980

(FORM 302)

Affidavit by Surviving Joint Tenant

L. R. Doc. No. 2742287 Certificate No. 1194775

State of ILLINOIS
County of COOK ss.

OPHELIA JONES being first

duly sworn, upon oath deposes and says:

That she resides at 1404 EAST 76th STREET 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. 1194775 situated in said Cook County, Illinois,

described as follows: THE WEST HALF OF LOT SEVEN (7) EIGHT (8) IN BLOCK
Sixty Six (66) in Cornell, being a Subdivision of the West Half (1/2)
of Section 26, the South East Quarter (1/4) of Section 26
(with the exception of the East Half (1/2) of the North East
Quarter (1/4) of said South East Quarter (1/4) the North half (1/2)
of the North West Quarter (1/4) the South Half (1/2) of the North
West Quarter (1/4) West of Illinois Central Railroad and North
West Quarter (1/4) of the North East Quarter (1/4) of Section 35,
Town 38 North, Range 14, East of the Third Principal Meridian.

Affiant states that Lionel Jones 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.

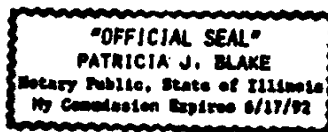
Affiant states that the remaining joint tenant has not changed her marital status since
the issuance of Certificate of Title Number 1194775 (except who
has been married but once since acquiring said real estate and then to LIONEL JONES).

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.

OPHELIA JONES (Signature)

Subscribed and sworn to before me
this 17th day of JUNE 1990

NOTARY PUBLIC (Signature)



3905980

UNOFFICIAL COPY

Property of Cook County Clerk's Office

1194775
N 3905980

1000 AUG 21 PM 4: 26
CAROL MOSELEY BRAUN
REGISTRAR
TITLES

3905980

IDENTIFIED
No. 3905980
CAROL MOSELEY BRAUN
CLARK

P. BLAKE
P.O. Box 288076
Ct60, Zl. 60628