

DOCUMENT NO.

STATUTORY FEDERAL TAX LIEN SEARCH

1451957

PRESENT PARTIES IN INTEREST:

DATE OF SEARCH:

80007390 AUG 20 AM 9:23

DEAN MOSELEY BRAUN
CLERK OF DEPT OF TREAS

RESULT OF SEARCH

None
None

8-20-90
ep

INTENDED GRANTEES OR ASSIGNEES:

RESULT OF SEARCH:

Property of Cook County Clerk's Office

UNOFFICIAL COPY

Grandle & Smock
Filing Date State

Torrens _____ Filing Date _____
Clt. # 1451957 L.F. Date _____
Grantor WILLIAM RUSSETTI JR
S.S.# _____
WILLIAM M. RUSSETTI
S.S.# _____
Grantee _____
S.S.# _____
Grantee _____
S.S.# _____
PIN.# 15-18-454026 Tax # 12600
Fed Lien Search 800073 up
Title Officer FP
Title Company _____
Trust Dept. _____ Survey Dept. _____
Approval _____ Approval _____
Refused _____

| Type of Document | Number |
|------------------|--------|
| <u>RELEASE</u> | |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Total No. Docs. _____
Logged _____ Microfilm _____
To Tax Dept. _____ Ret'd _____
Previewer _____ Date _____
Typist _____ Date _____
Revisor _____ Date _____
New Clt. # _____ Date _____
Delivery _____ Date _____

Customer Signature _____

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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 CAROL A. SADOWSKI, NIKIA CAROL A. MAYNARD
(name and capacity)
and reside at 17130 S. LAWLEY, SOUTH HOLLAND, ILLINOIS

(2) I am personally acquainted with the affairs of the Estate of FRED S. SADOWSKI, who died on JANUARY 25, 1986

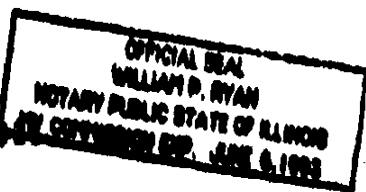
(3) That, based on the total value of the Estate of the deceased, I know that no Federal Estate Tax Return has been filed, is contemplated or is necessary.

(4) That, as a consequence, I represent to the Registrar of Titles that no Federal Estate Tax or State Inheritance Tax is due*, 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.

Carol A. Sadowski, Nikia Carol A. Maynard

Subscribed and sworn to before me this 15th day of August, 1990.

William P. Ryan
Notary Public



*Pursuant to H.B. 93, P.A. 82-10

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THE COMMISSION FOR THE STATE OF ILLINOIS
NOTARY PUBLIC STATE OF ILLINOIS
MAY 19 12 00 PM '03

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CERTIFICATE OF DEATH
FLORIDA 9 0 5 30 0

TYPE OR PRINT PERMANENT BLACK INK OR HANDBOOK FOR INSTRUCTIONS

603-30

| | | | | | | | |
|--|----------------------------|--|--|------------------------------|--|---|--|
| LOCAL FILE NO. | | DECEDENT - NAME | | | SEX | DATE OF DEATH (Mo Day Yr.) | |
| | | FIRST | MIDDLE | LAST | male | Jan. 25, 1986 | |
| | | Fred C. Sadowski | | | | | |
| RACE - e.g. White, Black, Am. Indian, etc. (Specify) | AGE - Last Birthday (Yrs.) | UNDER 1 YEAR | UNDER 1 DAY | DATE OF BIRTH (Mo Day Yr.) | COUNTY OF DEATH | | |
| white | 47 | MOS | DAYS | August 8, 1938 | Polk | | |
| CITY, TOWN OR LOCATION OF DEATH | | HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number) | | | IF HOSP OR INST. (Indicate DOA OP, Emer. Rm., Inpatient) (Specify) | | |
| Winter Haven | | Winter Haven Hospital | | | Inpatient | | |
| STATE OF BIRTH (If not in U.S.A., name country) | CITIZEN OF WHAT COUNTRY | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | SURVIVING SPOUSE (If wife, give maiden name) | | | | |
| Illinois | U.S.A. | married | Carol A. Morrison | | | | |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | KIND OF BUSINESS OR INDUSTRY | | | |
| 340-30-3614 | | Industrial Engineer | | Steel | | | |
| RESIDENCE - STATE | COUNTY | CITY, TOWN OR LOCATION | STREET AND NUMBER | | INSIDE CITY LIMITS (Specify Yes or No) | | |
| Illinois | Cook | South Holland | 17130 Langley Avenue | | No | | |
| FATHER - NAME | | MOTHER - MAIDEN NAME | | | | | |
| Peter Sadowski | | Florence Iwinaki | | | | | |
| INFORMANT - Name (Type or Print) | | MAILING ADDRESS | | | | | |
| Carol A. Sadowski | | 17130 Langley Avenue South Holland, Illinois | | | | | |
| BURIAL, CREMATION, OR OTHER (Specify) | | CEMETERY OR CREMATORY - NAME | | LOCATION | | | |
| Burial | | Holy Cross Cemetery | | Calumet City, Illinois | | | |
| FUNERAL DIRECTOR - Name | | FUNERAL HOME ADDRESS | | | | | |
| Ott-Laughlin Funeral Home | | 645 West Central Ave. Winter Haven, Florida 33880 | | | | | |
| 208 In the best of my knowledge, death occurred at the time (date and place and due to the cause(s) stated (Signature and Title) | | 218 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 (Signature and Title) | | | | | |
| DATE SIGNED (Mo Day Yr.) | | HOUR OF DEATH | | DATE SIGNED (Mo Day Yr.) | | HOUR OF DEATH | |
| January 25, 1986 | | M | | January 26, 1986 | | 10:32 A | |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 218 | | PRONOUNCED DEAD (Mo Day Yr.) | | PRONOUNCED DEAD (Hour) | |
| Wilton M. Reavis, MD | | 219 | | January 25, 1986 | | 10:32 A | |
| NAME AND ADDRESS OF CERTIFIED PHYSICIAN, MEDICAL EXAMINER (Type or Print) | | 1635 LAKELAND HILLS BLVD. LAKELAND, FL 33806 | | | | | |
| REGISTRAR | | DATE RECEIVED BY REGISTRAR (Mo Day Yr.) | | | | | |
| Gerrit H. Powell | | January 26, 1986 | | | | | |
| 24 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) | | Interval between onset and death | | | | | |
| (a) Acute myocardial infarction | | | | | | | |
| DUE TO OR AS A CONSEQUENCE OF (Condition(s) which gave rise to cause (a) - List under (a) if cause (a) is due to or as a consequence of) | | Interval between onset and death | | | | | |
| (b) Acute thrombotic occlusion, circumflex branch of left coronary | | | | | | | |
| DUE TO OR AS A CONSEQUENCE OF | | Interval between onset and death | | | | | |
| (c) Severe occlusive coronary atherosclerosis, three vessel disease | | | | | | | |
| 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 PREVIOUSLY BORN PALESTINEAN? | | AUTOPSY | | CARE OF TIME (1 TO MEDICAL EXAMINER) (2 TO BURIAL) (3 TO OTHER) | |
| Prior myocardial infarction | | Yes | | Yes | | Yes | |
| (Probable) ACCIDENT, SUICIDE or HOMICIDE (If not determined, specify) | | DATE OF INJURY (Mo Day Yr.) | HOUR OF INJURY | DESCRIBE HOW INJURY OCCURRED | | | |
| None | | | | | | | |
| 21A INJURY AT WORK (Specify Yes or No) | | PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) | LOCATION | STREET OR R.F.D. NO. | CITY OR TOWN | STATE | |
| | | | | | | | |

I hereby certify the above to be a true and correct copy of the Local Registrar's record on file in the office of the DIVISION OF VITAL STATISTICS, at the POLK COUNTY HEALTH DEPARTMENT in WINTER HAVEN, FLORIDA.

G. A. Reich, M.D.
County Health Officer and Local Registrar

JAN 29 1986
Date Issued

Ann Palmer
Chief Deputy Registrar

WARNING: NOT VALID UNLESS RAISED SEAL OF THE DIVISION OF VITAL STATISTICS, POLK COUNTY HEALTH DEPARTMENT IS AFFIXED.

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(FORM 302)

Affidavit by Surviving Joint Tenant

L. R. 2427 Doc. No. 3210729-F Certificate No. 1361949

State of Illinois
County of Cook ss.

Carol A. Sadowski; n/k/a Carol A. Maynard being first
duly sworn, upon oath deposes and says:

That s.he resides at 17130 S. Langley in the City of South Holland
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. 1361949 situated in said Cook County, Illinois,
described as follows:

Lot 153 in Thornwood Estates first addition, being a subdivision of part of
the east 1/2 of the Northeast 1/4 of Section 27, Township 36 North, Range 14,
East of the third Principal Meridian, according to plat thereof registered in
the Office of the Registrar of Titles of Cook County, Illinois, of September
14, 1970, a document number 2521381, in Cook County, Illinois.

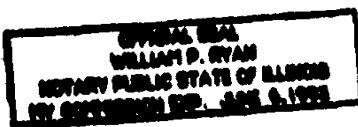
Affiant states that Fred C. Sadowski one of the said owners in joint
tenancy, died intestate, in the city (Village) of Winter Haven in the State of Florida
as is confirmed by a Certificate of the health department of said municipality hereto attached.

Affiant states that the remaining joint tenant has not changed her marital status since
the issuance of Certificate of Title Number 1361949 (except Carol A. Sadowski who
has been married but once since acquiring said real estate and then to Gilbert R. Maynard).

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.

Subscribed and sworn to before me
this 5th day of August 1990

William J. Ryan
NOTARY PUBLIC.



Carol A. Sadowski n/k/a
Carol A. Sadowski Maynard
Carol A. Maynard

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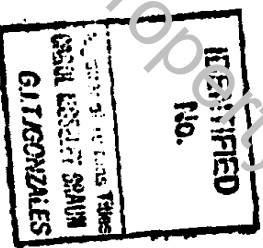
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1990 AUG 20 AM 9 31
CAROL MOSELEY GRAHAM
REGISTRAR OF TITLES

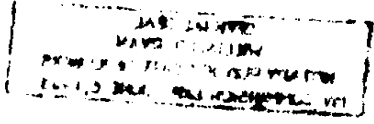
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GREATER ILLINOIS
TITLE COMPANY

BOX 116
492385

0835063



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