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UNOFFICIAL COPY

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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 WALTER KRUPKA, SURVIVING JOINT TENANT AND SON OF MARTHA KRUPKA
(name and capacity)
and reside at 6045 South 76th Avenue, Summit, Illinois 60501.

(2) I am personally acquainted with the affairs of the Estate of MARTHA KRUPKA
February 4, 1990.

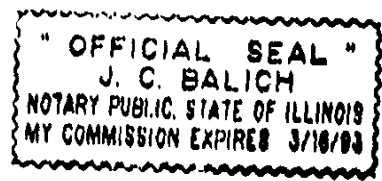
(3) That, based on the total value of the Estate of the deceased, I know that no Federal Estate Tax Return has been filed, is contemplated or is necessary.

(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.

Walter Krupka
Walter Krupka

Subscribed and sworn to before
me this 19th day of July,
19 90.

J. C. Balich
Notary Public



*Pursuant to H.B. 93, P.A. 82-1021

DECEDENT'S BIRTH NO

REGISTRATION DISTRICT NO
REGISTERED NUMBER

STATE OF ILLINOIS
UNOFFICIAL COPY
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

Type of Print in PERMANENT INK See Funeral Directors, Hospital, or Physician's Handbook for INSTRUCTIONS

UNCLASSIFIED NAME FIRST MIDDLE LAST SEX (DAY OF DEATH) (MONTH) (DAY) (YEAR)
1 NARTHA KRUPKA Female 3 February 4 1990

COUNTY OF DEATH AGE - LAST BIRTHDAY (YEAR) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH) (DAY) (YEAR)
4 Cook 5a 07 5b 5c 5d July 24 1892

CITY/TOWN/TWP OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION (NAME IF NOT IN EITHER GIVE STREET AND NUMBER) IF HOSP OR HET INPATIENT OR A OF NUMBER AND INPATIENT (SPECIFY)
6a LaGrange Park 6b Fairview Health Center 6c Inpatient

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) HAD UNCLE OR AUNT EVER KILLED OR ARMED FOR US? (YES/NO)
7 Lithuania 8a Widowed 8b None 8c No

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY TYPE & FROM ALL GRADES COMPLETED)
9 330-22-1037 10a Homemaker 10b Own Home 10c () 10d ()

RESIDENCE (STREET AND NUMBER) CITY/TOWN/TWP OR ROAD DISTRICT NO INSIDE CITY (YES/NO) COUNTY
11a 6045 S. 76TH Ave 11b Summit 11c No 11d Cook

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN OR ALASKA NATIVE) OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, OR OTHER)
12a Ill. 12b 60501 12c White 12d No 12e YES SPECIFY

FATHER NAME FIRST MIDDLE LAST MOTHER NAME FIRST MIDDLE (MAIDEN) LAST
13a Not Available 13b Not Available

INFORMAL TYPE (TYPE OR PRINT) RELATIONSHIP MARITAL ADDRESS (STREET AND NO) OR P.O. CITY/TOWN STATE ZIP
14a Walter Krupka 14b Son 14c 6045 S 76th Ave Summit Il 60501

15 PARTY Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. (Enter the date, or heart failure. List only one cause on each line.)
16a Immediate Cause (Final disease or condition resulting in death) 16b (a) Acute pulmonary edema & pneumonia 16c Hours
16b (b) Ischemic Coronaryopathy 16c Years
16b (c) Hypertension 16c Years

17a PART II. Other pertinent conditions contributing to death but not listed in the underlying cause given in PART I: Massive cerebral vascular accident, generalized atherosclerosis 17b Autopsy (YES/NO) 17c NO 17d MORE AUTOPTIES PERFORMED AT A LATER DATE TO COMPLETE CAUSE OF DEATH? (YES/NO) 17e NO

18a DATE OF OPERATION, IF ANY 18b MAJOR FINDINGS OF OPERATION 18c IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 18d YES NO

19a (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100) (101) (102) (103) (104) (105) (106) (107) (108) (109) (110) (111) (112) (113) (114) (115) (116) (117) (118) (119) (120) (121) (122) (123) (124) (125) (126) (127) (128) (129) (130) (131) (132) (133) (134) (135) (136) (137) (138) (139) (140) (141) (142) (143) (144) (145) (146) (147) (148) (149) (150) (151) (152) (153) (154) (155) (156) (157) (158) (159) (160) (161) (162) (163) (164) (165) (166) (167) (168) (169) (170) (171) (172) (173) (174) (175) (176) (177) (178) (179) (180) (181) (182) (183) (184) 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20a SIGNATURE 20b NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 20c ILLINOIS LICENSE NUMBER
20a Dilip M. Shah MD 20b 6124 S. Hardens, Summit 20c 036-0572-72

21a TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE NO DUE TO THE CAUSE(S) STATED. DATE MOINED (MONTH DAY YEAR)
21a 2/3/90 21b NO 21c 1:15 A.M. 21d 2/4/90

22a BURIAL CREMATION REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY/TOWN STATE DATE (MONTH DAY YEAR)
22a Burial 22b Willow Hills 22c Willow Springs Ill 22d Feb 7 1990

23a FUNERAL HOME NAME STREET AND NUMBER OR P.O. CITY OR T/W STATE ZIP
23a Ridge-Sobiesk Funeral Home 6039 S Archer Rd Summit Illinois 60501

24a FUNERAL DIRECTOR'S SIGNATURE 24b FUNERAL HOME'S ILLINOIS LICENSE NUMBER
24a Kenneth J. Oarsvedek 24b 7134

25a LOCAL REGISTRAR'S SIGNATURE 25b DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)
25a Elaine M. Rowinsky 25b FEB 5 1990

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 with the local Registrar of Registrations District No. 16. OF in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths, and deaths.

DATE: FEB 5 1990

SIGNED Elaine M Rowinsky

AT LA GRANGE, ILLINOIS

OFFICIAL TITLE: SUB REGISTRAR

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

VR500 (Rev. 8-88)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1988 U.S. STANDARD CERTIFICATE)

OK
with

3906347

FORM 1071

Affidavit by Surviving Joint Tenant

L. R. LR 21001 Doc No. 2151374 Certificate No. 942546

State of Illinois }
County of Cook } ss.

WALTER KRUPKA being first

duly sworn, upon oath deposes and says:

That he resides at 6045 South 76th Avenue in the ~~XXXXXX~~ Village of Summit 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. 942546 situated in said Cook County, Illinois, described as follows:

Lot Sixteen (16) in ARGO HOMES ADDITION, a Subdivision of that part of the North Three-Quarters (3/4) of the Northwest Quarter (1/4) of the Southeast Quarter (1/4) of Section 13, Town 38 North, Range 12, East of the Third Principal Meridian, lying South of the Right-Of-Way of the Terminal Railroad Company, in Cook County, Illinois.

P.I.N. 18-13-403-003-0000
Address of Property: 6045 South 76th Avenue, Summit, IL 60501

Affiant states that MARTHA KRUPKA one of the said owners in joint tenancy, died/ ~~was~~ leaving a purported Last Will & Testament which was duly filed on February 23, 1990 but not probated in the city (Village) of LaGrange Park in the State of Illinois as is confirmed by a Certificate of the health department of said municipality hereto attached

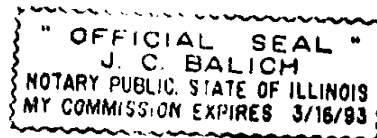
Affiant states that the remaining joint tenant has ~~not~~ changed his marital status since the issuance of Certificate of Title Number 942546 (except WALTER KRUPKA who has been married but once since acquiring said real estate and then to LILA LURINE KRUPKA)

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.

Walter Krupka

Subscribed and sworn to before me this 14th day of July 19 90

J. C. Balich
NOTARY PUBLIC



3906347

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94

COOK COUNTY CLERK
REGISTRAR OF TITLES
AUG 23 AM 9 35

3906347

IDENTIFIED
No.
REGISTER OF TITLES, TOLSON
COOK COUNTY CLERK
HUNTER

Josephine Eastlake
1336 W 63rd St
Hammer, WI 53050

Property of Cook County Clerk's Office

3906347