

Notary Public

*Eleanor H. Kujala*

19 90

me this 2nd day of November

Subscribed and sworn to before

Franklin J. Doladee a/k/a Frank Doladee

*Franklin J. Doladee*

the truth of the statements herein contained.

relying on this statement as true, and in consideration thereof affiant guarantees

to issue a Certificate of Title without additional evidence of non-liability,

for the purpose of inducing the Registrar of Titles of Cook County, Illinois,

Federal Estate Tax or State Inheritance Tax is due\*, and I make this affidavit

(4) That, as a consequence, I represent to the Registrar of Titles that no

necessary.

that no Federal Estate Tax Return has been filed, is contemplated or is

(3) That, based on the total value of the Estate of the deceased, I know

Franklin J. Doladee, who died on 7-28-86

(2) I am personally acquainted with the affairs of the Estate of

and reside at 5629 N. MILWAUKEE AVE., CHICAGO IL 60646

(name and capacity)

(1) I am Franklin J. Doladee a/k/a Frank Doladee

deposes and states as follows:

for the Estate of decedent herein, being first duly sworn upon oath,

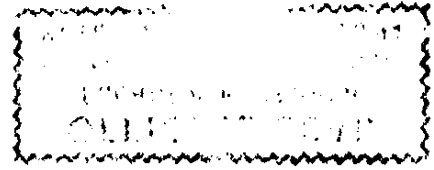
This Affiant, regarding the possible liability for State Inheritance Tax

AFFIDAVIT OF NO ESTATE TAX DUE

Loan # 214381550

12446494

UNOFFICIAL COPY



Property of Cook County Clerk's Office

STATE OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH**

FORM 1001  
 (REVISED 1-1-66)

REGISTRATION DISTRICT NO. **160**

REGISTERED NUMBER **160**

FIRST NAME **ELAINE** MIDDLE INITIAL **H.** LAST NAME **DOLADER** SEX **FEMALE** DATE OF BIRTH **JULY 28, 1986** COUNTY OF DEATH **COOK**

RESIDENCE **WHITE** CITY **CHICAGO** STATE **ILLINOIS** ZIP **60646** DATE OF DEATH **JULY 22, 1983** COUNTY OF DEATH **COOK**

PLACE OF DEATH **PARK RIDGE** CITY **CHICAGO** STATE **ILLINOIS** ZIP **60646** HOSPITAL OR OTHER INSTITUTION **RESURRECTION NURSING PAVILION**

CITIZENSHIP **U.S.A.** MARRIED **MARRIED** (CHECK ONE) **WIDOWED** **DIVORCED** **SEPARATED** **NEVER MARRIED**

RESIDENCE STREET AND NUMBER **349-26-2691** CITY, TOWN, OR VILLAGE **CHICAGO** STATE **ILLINOIS** ZIP **60629**

FATHER'S NAME **WILLIAM PERSKI** MOTHER'S MAIDEN NAME **VIOLLET** STATE **ILLINOIS**

DEPENDENT NAME (TYPE ON PRINT) **FRANKLIN J. DOADEE** RELATIONSHIP **HUSBAND** MAILING ADDRESS **5629 N. MILWAUKEE CHICAGO, ILLINOIS 60646**

DEATH CAUSED BY **RUPTURED CONGENITAL BERRY ANEURYSM OF THE LEFT POSTERIOR CEREBRAL ARTERY WITH HEMORRHAGE INTO THE PONS**

OTHER SIGNIFICANT CONDITIONS **(NONE)**

DATE OF OPERATION, IF ANY **200** MAJOR FINDINGS OF OPERATION **(NONE)**

NAME AND ADDRESS OF COFFINER **JONAS VALARTIS N.D.** CITY **CHICAGO** STATE **ILLINOIS**

BURIAL **240 ST. ADALBERT** CITY **CHICAGO** STATE **ILLINOIS** DATE **AUGUST 1, 1986**

Funeral Director's Signature **Jonas Valartis N.D.** License Number **30959**

Funeral Home **MAJIC & SONS FUNERAL HOME INC. 6000 N. MILWAUKEE AVENUE CHICAGO, ILLINOIS 60646**

Local Registrar's Signature **Carol Ann Smith** License Number **8437**

Date Rec'd by Local Registrar **July 30, 1986**

Illinois Department of Public Health - Office of Vital Records

VR 500 REV. 5/82

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named 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 deaths.

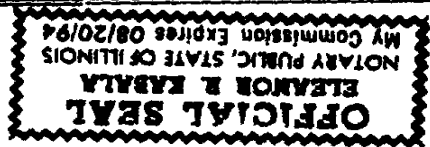
**UNOFFICIAL COPY**

Date July 30, 1986  
at Cook County Department of Public Health

Signed [Signature]  
Official Title, Chief Deputy  
Registrar

UNOFFICIAL COPY

Property of Cook County Clerk's Office



NOTARY PUBLIC  
*Eleanor E. Kasala*

Subscribed and sworn to before me  
this 30th day of October 1990

Frank Doladee a/k/a Franklin J. Doladee

*Franklin J. Doladee*

the truth of the statements herein contained.

described premises, relying on this statement as true, and in consideration thereof a grant guarantee  
of Cook County, Illinois, to issue a certificate of title to the surviving Joint Tenant to said above  
Further, that the grant makes this affidavit for the purpose of inducing the Registrar of Titles  
has been married but once since acquiring said real estate and then to  
the issuance of Certificate of Title Number 1304223 (except who  
Affiant states that the remaining joint tenant has not changed his 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 Rockdale in the State of Illinois  
Affiant states that ELEANOR E. DOLADEE one of the said owners in joint

Lot 42 in William Zelosky's Rosedale Manor, Being a Subdivision of the Northwest 1/4  
of the Southwest 1/4 of Section 5, Township 40 North, Range 13, East of the Third  
Principal Meridian, in Cook County, Illinois.

to real estate shown in Certificate of Title No. 1304223 situated in said Cook County, Illinois,  
and that he is one of the parties who took title, not in tenancy in common, but in joint tenancy,

that he resides at 5629 N. Milwaukee in the City of Chicago  
Sworn, under oath deposes and says:

Frank Doladee a/k/a Franklin J. Doladee being first

State of Illinois  
County of Cook

L. R. Doc. No. Certificate No.

**Affidavit by Surviving Joint Tenant**

3921546

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ИЗДАНИЕ 1997  
РЕГИОН В КАРТА  
ОБЩИНА БУЛ

Property of Cook County Clerk's Office

1990 NOV -7 AM 11:07  
CAROL MOSLEY BRAUN  
REGISTRAR OF TITLES

3924546  
No. 6  
Registrar of Terrors Title  
CAROL MOSLEY BRAUN  
I.T./PALVEY

UNIVERSITY TITLE CO. OF ILLINOIS,  
129 WEST MADISON  
CHICAGO, ILLINOIS 60607

PKX 97

5744694  
H849P15

3924546

1307  
CER  
D.R.O.