

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 births, stillbirths and deaths.

DATE Dec. 20, 1989

SIGNED Christina Liggett

At Cook County Department of Public Health Official Title, Chief Deputy Registrar.
1500 S. Maybrook Drive, Maywood, Illinois. 60153

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16 D
REGISTERED NUMBER

DECEASED NAME John FIRST MIDDLE LAST
COUNTY OF DEATH Cook
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 18
AGE LAST BIRTHDAY (MOS) 87 SEX Male
HOSPITAL OR OTHER INSTITUTION NAME (IF NOT EITHER, ONE STREET AND NO.) South Suburban Hospital
DATE OF BIRTH (MONTH, DAY, YEAR) November 18, 1902
IF DECEASED IN INSTITUTION, NAME OF INSTITUTION, ADDRESS, CITY, STATE AND ZIP CODE South Suburban Hospital, 19800 South Redize Avenue, Hazel Crest, Illinois 60429
IF DECEASED IN HOME, NAME OF PHYSICIAN, ADDRESS, CITY, STATE AND ZIP CODE Dr. Rose Hackel, 9110

6a. Hazel Crest BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)
7. Illinois SOCIAL SECURITY NUMBER
10. 339-05-9701 RESIDENCE STREET AND NUMBER
13a. 900 Cedar Ridge Lane CITY, TOWN, OR ROAD DISTRICT NO. 13b. Righton Park RESIDE CITY (YES/NO) 13c. Yes COUNTY 13d. Cook
STATE Illinois ZIP CODE 60471 RACE (WRITE RACE AND ETHNIC ORIGIN IN FULL) 14a. White 14b. White 14c. White 14d. White 14e. White 14f. White 14g. White 14h. White 14i. White 14j. White 14k. White 14l. White 14m. White 14n. White 14o. White 14p. White 14q. White 14r. White 14s. White 14t. White 14u. White 14v. White 14w. White 14x. White 14y. White 14z. White

FATHER'S NAME John FIRST MIDDLE LAST
MOTHER'S NAME Kovacs FIRST MIDDLE LAST
RELATIONSHIP TO DECEASED 16. Anna
17a. Cara M. Parker RELATIONSHIP TO DECEASED 17b. Anna
17c. Barva RELATIONSHIP TO DECEASED 17d. Anna
17e. Barva RELATIONSHIP TO DECEASED 17f. Anna
17g. Barva RELATIONSHIP TO DECEASED 17h. Anna
17i. Barva RELATIONSHIP TO DECEASED 17j. Anna
17k. Barva RELATIONSHIP TO DECEASED 17l. Anna
17m. Barva RELATIONSHIP TO DECEASED 17n. Anna
17o. Barva RELATIONSHIP TO DECEASED 17p. Anna
17q. Barva RELATIONSHIP TO DECEASED 17r. Anna
17s. Barva RELATIONSHIP TO DECEASED 17t. Anna
17u. Barva RELATIONSHIP TO DECEASED 17v. Anna
17w. Barva RELATIONSHIP TO DECEASED 17x. Anna
17y. Barva RELATIONSHIP TO DECEASED 17z. Anna

17a. Cara M. Parker RELATIONSHIP TO DECEASED 17b. Anna
17c. Barva RELATIONSHIP TO DECEASED 17d. Anna
17e. Barva RELATIONSHIP TO DECEASED 17f. Anna
17g. Barva RELATIONSHIP TO DECEASED 17h. Anna
17i. Barva RELATIONSHIP TO DECEASED 17j. Anna
17k. Barva RELATIONSHIP TO DECEASED 17l. Anna
17m. Barva RELATIONSHIP TO DECEASED 17n. Anna
17o. Barva RELATIONSHIP TO DECEASED 17p. Anna
17q. Barva RELATIONSHIP TO DECEASED 17r. Anna
17s. Barva RELATIONSHIP TO DECEASED 17t. Anna
17u. Barva RELATIONSHIP TO DECEASED 17v. Anna
17w. Barva RELATIONSHIP TO DECEASED 17x. Anna
17y. Barva RELATIONSHIP TO DECEASED 17z. Anna

18. PART II. Other significant conditions contributing to death, and the manner in which they were caused, given in PART I.
19. Card failure
20a. DATE OF OPERATION, IF ANY AS H O
20b. Card failure
20c. Card failure
20d. Card failure
20e. Card failure
20f. Card failure
20g. Card failure
20h. Card failure
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20w. Card failure
20x. Card failure
20y. Card failure
20z. Card failure

21a. TO THE BEST OF MY KNOWLEDGE, THE DECEASED WAS CORONER OR MEDICAL EXAMINER (YES/NO) 21b. NO
21c. NO
21d. NO
21e. NO
21f. NO
21g. NO
21h. NO
21i. NO
21j. NO
21k. NO
21l. NO
21m. NO
21n. NO
21o. NO
21p. NO
21q. NO
21r. NO
21s. NO
21t. NO
21u. NO
21v. NO
21w. NO
21x. NO
21y. NO
21z. NO

22a. SIGNATURE OF CERTIFIER William Morris (TYPE OR PRINT)
22b. NAME AND ADDRESS OF CERTIFIER WILLIAM MORRIS, P.O. BOX 335, VOLLMER RD., FLOSS MOORE, IL 60422
22c. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)
22d. William Morris
22e. William Morris
22f. William Morris
22g. William Morris
22h. William Morris
22i. William Morris
22j. William Morris
22k. William Morris
22l. William Morris
22m. William Morris
22n. William Morris
22o. William Morris
22p. William Morris
22q. William Morris
22r. William Morris
22s. William Morris
22t. William Morris
22u. William Morris
22v. William Morris
22w. William Morris
22x. William Morris
22y. William Morris
22z. William Morris

23. BURIAL CREMATION, REMOVAL, SPECIMEN, FUNERAL HOME, STREET AND NUMBER OR R.F.D. CITY OR TOWN, STATE
23a. Burial
23b. Thely Sepulchre Lane
23c. North, Illinois
23d. Dec. 21, 1989

24. Rosemarie FUNERAL DIRECTOR'S SIGNATURE
Funeral Home 1743 So. Torrence Ave Lansing, Illinois 60438
25. Rosemarie FUNERAL DIRECTOR'S SIGNATURE
Funeral Home 1743 So. Torrence Ave Lansing, Illinois 60438
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29. Rosemarie FUNERAL DIRECTOR'S SIGNATURE
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Funeral Home 1743 So. Torrence Ave Lansing, Illinois 60438

UNOFFICIAL COPY

LOUIS C. BARSEVICK

Attorney at Law

1008 STERLING - SUITE 200
P.O. BOX 416
ELOSSMOOR, ILLINOIS 60122-0416

312-799-3300

November 7, 1990

RE: SALE OF 9150 S. Dauphin
Chicago, Illinois

NO TAX AFFIDAVIT

Under Oath Affiant states as follows:

1. My name is ROSE KOVACS.
2. I am 81 years old and the sole owner of 9150 S. Dauphin in Chicago, Illinois.
3. The property was previously held in Joint Tenancy by myself and my husband, JOHN KOVACS.
4. JOHN KOVACS died on December 18, 1989 in Cook County, Illinois.
5. No estate or inheritance tax of any kind was ever due or owed in regards to my interest in said property.
6. No estate or inheritance tax is due or owed now on said property.

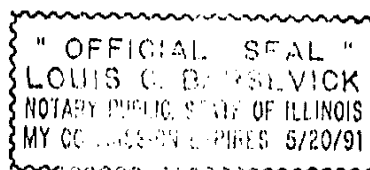
FURTHER Affiant sayeth NOT.

Rose Kovacs
ROSE KOVACS

SIGNED and SWORN to this
16th day of November,
1990.

Louis C Barsevick

NOTARY PUBLIC



DCS 164 IM 5-47 (FORM 302)

Affidavit by Surviving Joint Tenant

L. R. Doc. No. Certificate No. 571802

State of ILLINOIS } ss.
County of COOK }

ROSE KOVACS being first
duly sworn, upon oath deposes and says:

That she... resides at 900 Cedar Ridge Lane... in the City of Righton Park...
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. 571802... situated in said Cook County, Illinois,
described as follows:

LOT 11 IN BLOCK 9 IN DAUPHIN PARK, A SUBDIVISION OF THAT PART
OF THE NORTH 3/4 OF THE WEST 1/2 (WEST OF THE ILLINOIS CENTRAL
RAILROAD RIGHT OF WAY) OF SECTION 2, TOWNSHIP 37 NORTH, RANGE
14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY,
ILLINOIS.

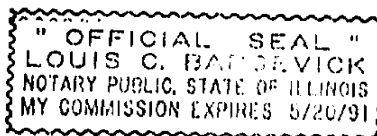
Affiant states that JOHN KOVACS... one of the said owners in joint
tenancy, died intestate, in the city (Village) of Righton Park... in the State of Illinois...
as is confirmed by a Certificate of the health department of said municipality hereto attached.

Affiant states that the remaining joint tenant... has not changed... marital status since
the issuance of Certificate of Title Number 571802... (except...)
XX

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.

Rose Kovacs
ROSE KOVACS

Subscribed and sworn to before me
this 16th day of November 1990
Louis C Barsevick
NOTARY PUBLIC.



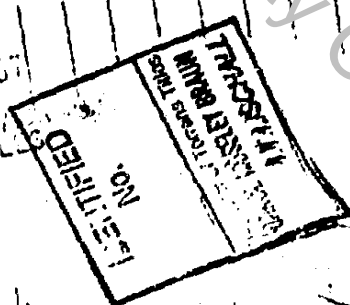
3932297

Property of Cook County Clerk's Office

571803
LAIN
NAD

3932297

DEC 12



3932297

SV. CO. 11

5-1246453