

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 DOROTHY JAROS
(name and capacity)

and reside at 13101 S. ESCANABA, CHgo.

(2) I am personally acquainted with the affairs of the Estate of MARY KRYSZAK, who died on 1-4-90.

(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.

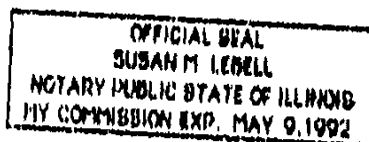
X Dorothy Jaros

Subscribed and sworn to before

me this 25th day of Feb;

1991.

Susan M. LeBell
Notary Public



UNOFFICIAL COPY

INDIANA STATE BOARD OF HEALTH

Local No. 19-90

CERTIFICATE OF DEATH

State No. _____

TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME (First Middle Last) Mary Frystak		2 SEX Female	3a TIME OF DEATH 4:25A	3b DATE OF DEATH (Month, Day, Year) January 4, 1990
4 SOCIAL SECURITY NUMBER 352-05-8911	5a AGE—Last Birthday (Years) 81	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) MARCH 4, 1908
7 BIRTHPLACE (City and State or Foreign Country) MC KEES ROCK, PA	8a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9a FACILITY NAME (If not institution, give street and number) MUNSTER MED-INN	9b CITY, TOWN OR LOCATION OF DEATH MUNSTER		9c COUNTY OF DEATH LAKE	
10 MARITAL STATUS (Specify) WIDOWED	11 SURVIVING SPOUSE (If wife, give maiden name) -----	12a OCCUPATION'S USUAL OCCUPATION (Give kind of work (State during most of working life. Do not use retired)) HOMEMAKER		12b KIND OF BUSINESS/INDUSTRY OWN HOME
13a RESIDENCE—STATE ILLINOIS	13b COUNTY COOK	13c CITY, TOWN OR LOCATION CHICAGO		13d STREET AND NUMBER 13436 AVE N
13e ZIP CODE 60633	13f INSURANCE COV. LIMITS (No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 13g ON A BIPOLAR <input type="checkbox"/> No <input checked="" type="checkbox"/>	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	16 RACE—American Indian, Black, White, etc. (Specify) WHITE
17 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) <input type="checkbox"/> College (1-4 or 5+) 8 yrs		15 FATHER'S NAME (First Middle Last) PETER MALEKI		
16 MOTHER'S NAME (First Middle Maiden Surname) VICTORIA STARCZEWSKI		19 INFORMANT'S NAME (Type/Print) DOROTHY JAROS		
20a MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 13101 ESCANABA CHICAGO, ILL 60633		20c Relationship DAUGHTER		
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) JANUARY 6, 1990 HOLY CROSS CEMETERY		21c LOCATION—City or Town, State CALUMET CITY, ILL
22a EMBALMER'S NAME THOMAS J. BURNS		22b EMBALMER'S LICENSE NO. 1045184		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>Thomas J. Burns</i>		24b LICENSE NUMBER (of Licensee) 1045184		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME BURNS-KISH F H #3002819 5840 HOHMAN AVE HAMMOND, IND 46320 (FOR SADOWSKI FH)
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter non-causal terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death				
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <u>Congestive Heart Failure (Congestive Heart Failure)</u> DUE TO (OR AS A CONSEQUENCE OF) THIS IS A TRUE AND COMPLETE CAUSE OF DEATH AS STATED ON THIS CERTIFICATE OF DEATH IN LAKE COUNTY				
b. <u>Arteriosclerotic Heart Disease</u> DUE TO (OR AS A CONSEQUENCE OF) (Arteriosclerotic Heart Disease)				
c. _____ DUE TO (OR AS A CONSEQUENCE OF)				
d. _____ DUE TO (OR AS A CONSEQUENCE OF)				
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I Old Cerebrovascular Accident Old Cerebrovascular Accident Multiple Decubitus Ulcers Multiple Decubitus Ulcers Diabetes Mellitus (Diabetes Mellitus)				
27 WAS DECEDENT PREGNANT ON 90 DAYS POSTPARTUM? (Yes or no)		28a WAS AN AUTOPSY PERFORMED? (Yes or no)		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
29a CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER 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) as stated. <input type="checkbox"/> CORONER 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) and manner as stated.		29b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> HEALTH COMMISSIONER		
29c MEDICAL LICENSE NO. IN 20248		29d DATE SIGNED (Month, Day, Year) January 4, 1990		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 29 (Type/Print) W.V. Hoffmann, MD WV Hoffmann MD 7905 Calumet Avenue, Munster, Indiana 46321				
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32 DATE FILED (Month, Day, Year) Jan 5, 1990
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)
34d DESCRIBE HOW INJURY OCCURRED		34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34f LOCATION (Street and Number or Rural Route Number, City or Town, State)
35g DATE PROHOUNCED DEAD (Month, Day, Year)		35h MOTOR VEHICLE ACCIDENT? (Yes or no. If yes specify driver, passenger, pedestrian, etc.)		

DECEDENT

PARENTS

INFORMANT

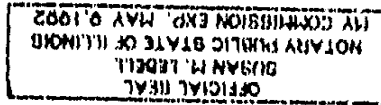
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY



NOTARY PUBLIC
Dusan M. Ledell

Subscribed and sworn to before me
this 25th day of Feb. 1971

the truth of the statements herein contained.

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 tenants as said above
described premises, relying on this statement as true, and in consideration thereof affiant guarantees

has been married but once since acquiring said real estate and then to _____
the issuance of Certificate of Title Number 1360160 (except _____ who
Affiant states that the remaining joint tenant _____ have not changed their 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 MUNSIELE in the State of ILLINOIS
Affiant states that _____ one of the said owners in joint

157.77 feet thereof).
Illinois (except the North 507.8 feet of the South 650.8 feet of the West
Township 27 North, Range 25, East of the Third Principal Meridian, Cook County,
(4) of the Northwest Quarter (4) of the Southwest Quarter (4) Section 22,
in Block one (1) in subdivision of the North 556.55 feet of the North Unit

described as follows:
to real estate shown in Certificate of Title No. 1360160 situated in said Cook County, Illinois
and that _____ is one of the parties who took title, not in tenancy in common, but in joint tenancy,
That _____ resides in the City of Chicago

being first
DOROTHY JAROS

State of _____ ss. Cook }
County of _____

L. R. _____ Doc. No. 3261134 Certificate No. 1360160

Affidavit by Surviving Joint Tenant

3945965

3945965

Handwritten initials or mark.

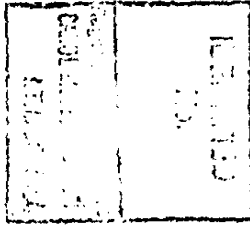
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S-174570

Property of Cook County Clerk's Office

3945965
SIA-CO-11-11-05

COOK COUNTY CLERK'S OFFICE
REGISTERED
1021 FEB 24 1001



3945965

136060
M/D

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