

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 J David Dillner attorney
(name and capacity)

and reside at 16231 Waverly So Holland.

(2) I am personally acquainted with the affairs of the Estate of Roy Wilkens, who died on 7-21-90.

(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. _____

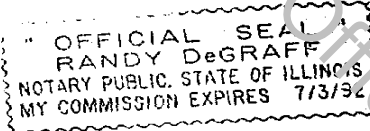
and I make this affidavit for the purpose of inducing the Registrar of Titles of Cook County, Illinois, to issue a Certificate of Title without additional evidence of non-liability, relying on this statement as true, and in consideration thereof affiant guarantees the truth of the statements herein contained.

J David Dillner

Subscribed and sworn to before me this 28th day of Feb;

19 91.

Randy DeGraff
Notary Public



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

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Property of Cook County Clerk's Office

STATE FILE NUMBER

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.34	DECEASED-NAME BOY H. Wilkens	SEX MALE	DATE OF BIRTH (MONTH, DAY, YEAR) APRIL 21, 1990
REGISTERED NUMBER	DATE OF DEATH (MONTH, DAY, YEAR) APRIL 21, 1990	DATE OF BIRTH (MONTH, DAY, YEAR) APRIL 21, 1990	DATE OF BIRTH (MONTH, DAY, YEAR) APRIL 21, 1990
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HARVEY	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HARVEY	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HARVEY	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HARVEY
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) RIVERDALE, IL.	NAME OF SURVIVING SPOUSE (MARRIAGE NO. & DATE) MARGARET C. WILKENS	NAME OF SURVIVING SPOUSE (MARRIAGE NO. & DATE) MARGARET C. WILKENS	NAME OF SURVIVING SPOUSE (MARRIAGE NO. & DATE) MARGARET C. WILKENS
EDUCATIONAL OCCUPATION SUPERVISOR	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) ILLINOIS BELLEVILLE	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) ILLINOIS BELLEVILLE	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) ILLINOIS BELLEVILLE
RESIDENCE (STREET AND NUMBER) 14703 LASALLE ST.	CITY, TOWN, OR ROAD DISTRICT NUMBER DOLTON	CITY, TOWN, OR ROAD DISTRICT NUMBER DOLTON	CITY, TOWN, OR ROAD DISTRICT NUMBER DOLTON
STATE ILLINOIS	STATE ILLINOIS	STATE ILLINOIS	STATE ILLINOIS
FATHER-NAME HENRY WILKENS	MOTHER-NAME LOUISE SCHWARTZ	MOTHER-NAME LOUISE SCHWARTZ	MOTHER-NAME LOUISE SCHWARTZ
INFORMANT'S NAME (TYPE OR PRINT) MARGARET WILKENS	RELATIONSHIP WIFE	RELATIONSHIP WIFE	RELATIONSHIP WIFE
MAILING ADDRESS (STREET AND NO., CITY OR TOWN, STATE, ZIP) 17C. 14703 LASALLE DOLTON, ILLINOIS 60419	MAILING ADDRESS (STREET AND NO., CITY OR TOWN, STATE, ZIP) 17C. 14703 LASALLE DOLTON, ILLINOIS 60419	MAILING ADDRESS (STREET AND NO., CITY OR TOWN, STATE, ZIP) 17C. 14703 LASALLE DOLTON, ILLINOIS 60419	MAILING ADDRESS (STREET AND NO., CITY OR TOWN, STATE, ZIP) 17C. 14703 LASALLE DOLTON, ILLINOIS 60419
<p>18. PART I. State the disease, injury, or complication that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or brain failure. List only one cause on each line.</p> <p>Immediate Cause (Final disease or condition resulting in death) (a) <u>ArterioSclerotic Cardio Vascular Disease</u> (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF</p>			
<p>PART II. Give the diseases, injuries, or complications contributing to death, but not reporting in the underlying cause given in PART I.</p> <p>NATURAL ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY) 20a. NATURAL INJURY AT WORK (FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) 20b. PLAIN DATE OF INJURY (MONTH, DAY, YEAR) 20c. HOUR LOCATION (CITY, VIL. OR TOWN, OR TWP., OR RD. DIST. NO., COUNTY, STATE) 20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 14)</p>			
<p>21a. CERTIFY THAT MY OPINION BASED UPON MY INVESTIGATION AND/OR THE REPORTS OF THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND AS TO THE CAUSE(S) STATED, AND THAT</p> <p>CORONER'S - LOCAL EXAMINER'S SIGNATURE 22a. <u>Dr. M. J. ...</u> PHYSICIAN'S SIGNATURE 22b. <u>Mitra Kalekar</u> DATE SIGNED (MONTH, DAY, YEAR) 22c. <u>22 April 90</u> DATE SIGNED (MONTH, DAY, YEAR) 22d. <u>22 April 90</u> DATE SIGNED (MONTH, DAY, YEAR)</p>			
<p>23a. FUNERAL CREMATION, REMOVAL, BURIAL, FUNERAL HOME CEMETERY OR CREMATORY-NAME 24b. <u>CEBAR PARK CEMETERY</u> STREET AND NUMBER OR RFD. 24c. <u>HENNESSY-HORNBERG FUNERAL HOME, 244 EAST 138th STREET, RIVERDALE, IL. 60627</u></p>			
<p>25a. FUNERAL DIRECTOR'S SIGNATURE 25b. <u>...</u> FUNERAL DIRECTOR'S SIGNATURE 25c. <u>7030</u> FUNERAL DIRECTOR'S LICENSE NUMBER</p>			
<p>26a. LOCAL REGISTRAR'S SIGNATURE 26b. <u>...</u> LOCAL REGISTRAR'S SIGNATURE 26c. <u>April 24, 1990</u> DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26d. <u>...</u> DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)</p>			

I HEREBY CERTIFY THAT the foregoing is true and correct copy of the DEATH record for the person named therein 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

DATED APR 24 1990 SIGNED [Signature] LOCAL REGISTRAR AT HARVEY, ILLINOIS.

The original of this record is permanently filed with the Illinois Dept. of Public Health in Springfield, Illinois, County Clerks and Local Registrars are authorized to make certifications from copies of the original record. The Illinois Statutes further provided that certification of a DEATH record by the Dept. of Public Health of the Local Registrar of the County Clerk shall be prima facts evidence in all courts and places of the facts therein stated.

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Property of Cook County Clerk's Office

3946713

(FORM 302)

3946713

3946713

3946713 Affidavit by Surviving Joint Tenant

L. R. 23934 Doc. No. 2720247 Certificate No. 1183577

State of ILLINOIS }
County of COOK } ss.

MARGARET C. WILKENS

being first
duly sworn, upon oath deposes and says:

That s.he... resides at 14713 LaSalle... in the City of Dolton...
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. 1183577... situated in said Cook County, Illinois,
described as follows:

Lot Fifteen (15) in Roy E. Stone's Addition to Ivanhoe, being a subdivision of
the West 16 rods of the North Half (1/2) of Lot 7 in Verhoeven's Subdivision
of the Northeast Quarter (1/4) of Section 9, Township 36 North, Range 14 East
of the Third Principal Meridian, in Cook County, Illinois, according to Plat
thereof registered in the Office of the Registrar of Titles of Cook County,
Illinois, on May 5, 1954, as Document Number 1521218.

Affiant states that ROY H. WILKENS one of the said owners in joint
tenancy, died intestate, in the city (Village) of Harvey 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 her marital status since
the issuance of Certificate of Title Number 1183577 (except ... who
has been married but once since acquiring said real estate and then to ...).

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.

Margaret C. Wilkens

Subscribed and sworn to before me
this 27th day of Feb 1977

OFFICIAL SEAL
Lee Ann Ferguson
Notary Public, State of Illinois
My Commission Expires 8/7/94
NOTARY PUBLIC

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CAROL HOSELEY BRAUN
REGISTRAR OF TITLES

1991 FEB 28 PM 2 14

IDENTIFIED	NO.
1. Name of Insee CAROL HOSELEY BRAUN Percepsa	

METRO TITLE
880 W. 175th St.
Homewood, IL 60440

3946713

Property of Cook County Clerk's Office

CAROL HOSELEY BRAUN
REGISTRAR OF TITLES
1991 FEB 28 PM 2 14