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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 ANNE S. KUTTA, surviving joint tenant and surviving spouse,
(name and capacity)

and reside at 5219 West 30th Place, Cicero, Illinois 60650.

(2) I am personally acquainted with the affairs of the Estate of CHARLES R. KUTTA, who died on July 21, 1990.

(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)

- X 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.

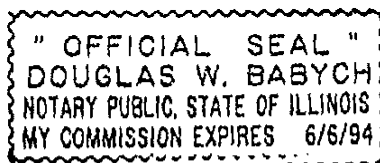
Anne S. Kutta
Anne S. Kutta

Subscribed and sworn to before

me this 1st day of March;

19 91.

Douglas W. Babych
Notary Public



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Certified Copy of a Death Record

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <u>16.92</u>	STATE OF ILLINOIS	STATE FILE NUMBER
	REGISTERED NUMBER <u>1086</u>	MEDICAL CERTIFICATE OF DEATH	
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED-NAME FIRST MIDDLE LAST 1. CHARLES KUTTA		SEX 2. MALE
	DATE OF DEATH (MONTH, DAY, YEAR) 3. JULY 21, 1990		
A DECEASED	COUNTY OF DEATH 4. COOK	AGE-LAST BIRTHDAY (YRS) 5a. 85	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. AUGUST 9, 1904
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. PROVISO TOWNSHIP	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. FOSTER G. MCGAW HOSPITAL	IF HOEP. OR INST. INDICATE D.O.A. OR FEMER. PAT. INPATIENT (SPECIFY) 6c. INPATIENT
B C D E	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Chicago, Ill.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Anne Kociara
	SOCIAL SECURITY NUMBER 10. 707-05 3925	USUAL OCCUPATION 11a. Office supervisor	KIND OF BUSINESS OR INDUSTRY 11b. Railroad
PARENTS	RESIDENCE (STREET AND NUMBER) 13a. 5219 W. 30TH PLACE	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. CICERO	INSIDE CITY (YES/NO) 13c. Yes
	STATE 13e. ILLINOIS	RACE (WHITE, BLACK, AMERICAN INDIAN, etc. (SPECIFY)) 14b. WHITE	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. NO
1 2 3 4 5 N P	FATHER-NAME FIRST MIDDLE LAST 15. Albert Kutta	MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. Amilia Kosinski	
	INFORMANT'S NAME (TYPE OR PRINT) 17a. SUSAN H. FLORES	RELATIONSHIP 17b. HOSPITAL RECORDS	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 2160 S. 1ST AVE., MAYWOOD, ILL 60153
CAUSE	18. PART I. Enter the diseases, or conditions that caused the death. Do not enter the mode of dying, 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) Metastatic carcinoma	DUETO, OR AS A CONSEQUENCE OF	3 months
DISPOSITION	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) Hypertension	DUETO, OR AS A CONSEQUENCE OF	
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in (a) through (c). Hypertension		
CERTIFIER	DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERATION 20b.	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>
	19. (I) DID () DID NOT ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/LIVE ON 21a. July 21, 1990	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. No	HOUR OF DEATH 21c. 8:50 PM
DISPOSITION	TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR) 22b. 7/22/90
	22a. SIGNATURE Scott E. Tomasiak (Dr. S. Tomasiak)	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 2160 S. 1ST AVE., MAYWOOD, ILL 60153	ILLINOIS LICENSE NUMBER 22d. 125-022-412
DISPOSITION	23. Patrick Fahy		IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
	BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Cremation	CEMETERY OR CREMATORY-NAME 24b. Woodlawn	LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) 24c. Forest Park, Illinois 24d. July 25, 1990
DISPOSITION	25a. EDWARD C. SCHUBERT FUNERAL HOME 3419 S. Ridgeland Berwyn, Il. 60402		FUNERAL DIRECTOR'S SIGNATURE
	25b. Richard J. Billik	LOCAL REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 7949
DISPOSITION	26a. Richard J. Billik		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. July 24, 1990
	VR200 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records		(BASED ON 1988 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE JUL 24 1990 SIGNED Richard J. Billik
 AT Broadview, Il., 60153, Illinois OFFICIAL TITLE Local Registrar of Vital

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statute providing certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts therein stated.

Affidavit by Surviving Joint Tenant

L. R. Doc. No. Certificate No. 567619

State of ILLINOIS ss. 3950106
County of COOK

ANNE S. KUTTA being first
duly sworn, upon oath deposes and says:

That she resides at 5219 West 30th Place in the City of Cicero
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. 567619 situated in said Cook County, Illinois,
described as follows:

Lot Four (4) in Block Four (4) in Hawthorne Square Subdivision
of Blocks Three (3), Four (4), Five (5), Six (6), Eight (8) and
Nine (9), in the Subdivision of that part of the East Three-
quarters (3/4) of the West Half (1/2) of Section 28, Town 39 North,
Range 13, East of the Third Principal Meridian, lying South of
the Center of Ogden Avenue.

5219 WEST 30TH PLACE, CICERO, IL 60650
16-28-312-211

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

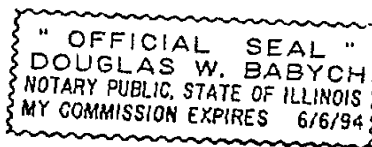
Affiant states that the remaining joint tenant has not changed her marital status since
the issuance of Certificate of Title Number 567619 (except N/A who
has been married but once since acquiring said real estate and then to N/A).

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.

ASK Anne S. Kutta
Anne S. Kutta

Subscribed and sworn to before me
this 15th day of MARCH 19 91

Douglas W. Babich
NOTARY PUBLIC



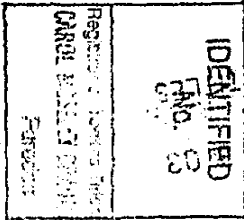
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5/26/79
10/10

3950106

3950106

REGISTERED
MAY 15 1979



Dimitri & Liza K
C/O DuOB
1300 W. Higgins Rd
Park Ridge, Ill
60068

3950106

Property of Cook County Clerk's Office