

# UNOFFICIAL COPY

## AFFIDAVIT OF NO ESTATE TAX DUE

03955072

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 ROSE MARIE PINTOZZI  
(name and capacity)

and reside at 7033 N. Oriole

(2) I am personally acquainted with the affairs of the Estate of LOUIS FANIO, who died on 2-26-90

(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)

- XXX 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. \_\_\_\_\_

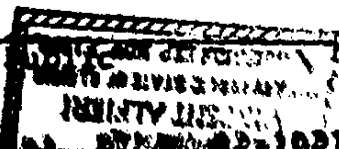
and I make this affidavit for the purpose of inducing the Registrar of Titles of Cook County, Illinois, to issue a Certificate of Title without additional evidence of non-liability, relying on this statement as true, and in consideration thereof affiant guarantees the truth of the statements herein contained.

Rose Marie Pintozzi

Subscribed and sworn to before me this 2nd day of April;

19 94

Notary



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STATEMENT OF THE ESTATE TAX

The Affiant, regarding the possible liability for Estate Tax for the Estate of decedent herein, being that duty was upon

oath, deposes and states as follows:

(1) I am \_\_\_\_\_

(Name and capacity)

and reside at \_\_\_\_\_

and I am personally acquainted with the affairs of the Estate of

\_\_\_\_\_ who died on \_\_\_\_\_

(2) That as a consequence, I represent to the best of my belief

that regarding Federal Estate Tax or State Estate Tax

(select 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 having the same

of record in the \_\_\_\_\_

without additional evidence of non-liability, signed on this date

\_\_\_\_\_ and in consideration thereof I have paid the

cost of the statements herein contained.

Subscribed and sworn to before

me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STATE OF ILLINOIS**  
**MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 11

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DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <b>1642</b>	REGISTERED NUMBER <b>306</b>	STATE OF ILLINOIS			STATE FILE NUMBER 11
DECEASED - NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)			
1. <b>Louis Fania</b>		2. <b>Male</b>	3. <b>February 26, 1990</b>			
COUNTY OF DEATH		AGE - LAST BIRTHDAY (YR) MO DAY	UNDER 1 YEAR MO DAYS	UNDER 1 DAY HOURS MIN	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. <b>Cook</b>		8a. <b>84</b>	8b. <b>50</b>	8c. <b>50</b>	6d. <b>September 19, 1905</b>	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN THE R. CIVIL STREET AND NUMBER)			IF HOSP. OR INST. INDICATE I.D.A. OR OTHER P.M. DEPARTMENT (SPECIFY)	
6a. <b>Evanston</b>		6b. <b>St. Francis Hospital</b>			6c. <b>Inpatient</b>	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MARRIAGE NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMY OR FORCE? (YES/NO)	
Chicago, Illinois		9a. <b>Never Married</b>	9b. <b>None</b>		9. <b>Yes</b>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY		EDUCATION (SCHOOL, COLLEGE, HIGHER GRADE, COMB. CITE)	
10. <b>354-05-7821</b>		11a. <b>Bag Handler</b>	11b. <b>Postal</b>		12. <b>8</b>	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO		INSIDE CITY (YES/NO)	COUNTY	
13a. <b>6920 N. Ottawa</b>		13b. <b>Chicago</b>		13c. <b>Yes</b>	13d. <b>Cook</b>	
STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, OR) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NOR OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, OR)		
13e. <b>Illinois</b>	13f. <b>60631</b>	14a. <b>White</b>		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
FATHER - NAME FIRST MIDDLE LAST		MOTHER - NAME FIRST MIDDLE (MARRIAGE) LAST				
15. <b>Prater Fania</b>		16. <b>Anna DeSimone</b>				
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. <b>John T. Liberty</b>		17b. <b>Nephew</b>	17c. <b>7033 N. Oriole Chicago, IL, 60631</b>			
18. PART I.		<p>Enter the disease, or complications 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.</p> <p>Immediate Cause (Final disease or condition resulting in death)</p> <p>(a) <b>Cardiac Arrest</b> DUE TO, OR AS A CONSEQUENCE OF</p> <p>(b) <b>Coronary Artery Disease</b> DUE TO, OR AS A CONSEQUENCE OF</p> <p>(c)</p> <p>CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.</p>				
		24 hours				
		Years				
PART II. Other important conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO)		WAS AUTOPSY FEASIBLE AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO)		
		19a. <b>Yes</b>		19b. <b>Yes</b>		
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		
20a. <b>Feb. 22, 1990</b>		20b. <b>Coronary Artery Disease</b>		20c. <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>		
19. NAME OF ATTENDING PHYSICIAN WHO ATTENDS THE DECEASED AND LAST SEEN (TYPE OR PRINT)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH		
21a. <b>Vincent Kucich M.D.</b>		21b. <b>No</b>		21c. <b>2:45 P.M.</b>		
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		
22a. SIGNATURE		22b. <b>Feb. 27, 1990</b>		ILLINOIS LICENSE NUMBER		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22c. <b>036-57132</b>		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
22c. <b>V.A. Kucich M.D., 800 Austin St. Evanston, IL.</b>		23. <b>Ralph E. Otto M.D., 800 Austin Evanston, IL.</b>				
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY - NAME		LOCATION CITY OR TOWN STATE
		24a. <b>Burial</b>		24b. <b>Queen of Heaven</b>		24c. <b>Hillside Illinois</b>
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)
25a. <b>Malec &amp; Sons Funeral Home</b>		6000 N. Milwaukee Ave.		Chicago, Illinois		24d. <b>Mar. 3, 1990</b>
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER				
25b. <b>Dreama A. Perry</b>		25c. <b>9503</b>				
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)				
26a. <b>C. Louis Brown</b>		26b. <b>March 1, 1990</b>				

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

DATE March 1, 1990 SIGNED C. Louis Brown

AT Evanston, Illinois OFFICIAL TITLE Local Registrar

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 statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

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Property of Cook County Clerk's Office

3953672

(FORM 302)

Affidavit by Surviving Joint Tenant

L. R. 13350 Doc. No. 3812944 Certificate No. 1518157

State of ILLINOIS }
County of COOK } ss.

JOHN DOHERTY AND ROSE MARIE PINTOZZI

being first

duly sworn, upon oath deposes and says:

That the X resides at 1037 N. Oriole in the City of Chicago

and that the X 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. 1518157 situated in said Cook County, Illinois, described as follows:

LOT 8 (EXCEPT THE SOUTH 15 FEET THEREOF) IN HEUBACH'S SUBDIVISION OF LOTS 3 AND 4 (EXCEPT THE NORTH 62 1/2 FEET OF THE WEST 159 FEET OF LOTS 3 AND EXCEPT STREET) OF BLOCK 5 OF TOWN OF CAMFIELD, IN SECTION 36, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Affiant states that LOUIS FANIO one of the said owners in joint tenancy, died intestate, in the city of Chicago 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 tenants have not changed their marital status since the issuance of Certificate of Title Number (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.

Subscribed and sworn to before me this 27th day of April 1991

Handwritten signatures of John Doherty and Rose Marie Pintozzi

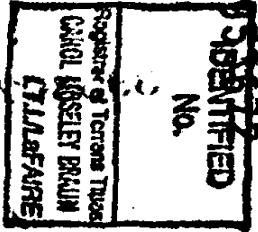
OFFICIAL SEAL NOTARY PUBLIC VINCENT ALFIERI PUBLIC STATE OF ILLINOIS

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~~FILED~~

3953672



REGISTRAR OF TITLES  
CAROL ROSELEY BRAUN  
1001 N. W. 2nd St. 19

ANTECOURTY TITLE COMPANY OF ILLINOIS  
120 WEST MADISON STREET  
CHICAGO, ILLINOIS 60602

81257616

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