

# 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 Bernice M. <sup>Smith</sup> ~~Smith~~, Executor  
(name and capacity)

and reside at 419 S. Wolf Rd Des Plaines, IL

(2) I am personally acquainted with the affairs of the Estate of Byron G. Smith, who died on 9-12-90.

(3) That as a consequence, I represent to the Registrar of Titles that regarding Federal Estate Tax or State Inheritance Tax;

(select one - initial choice)

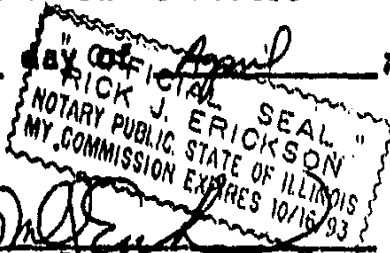
- 1) that no Tax is due, or \_\_\_\_\_
- 2) that if any Tax due, there are sufficient other assets to pay such Tax, or \_\_\_\_\_
- 3) that any Tax due has been paid. \_\_\_\_\_

and I make this affidavit for the purpose of 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.

Bernice M. Smith

Subscribed and sworn to before

me this 2 day of April,  
19 91.



[Signature]  
Notary Public

Instrument prepared by  
TUTTLE, VEDRAL & COLLINS, P.C.  
701 LEE STREET, SUITE 600  
DES PLAINES, ILLINOIS 60016

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OFFICE OF THE CLERK OF THE CIRCUIT COURT OF COOK COUNTY

The following is a list of the names of the persons who have been appointed as judges of the Circuit Court of Cook County, Illinois, for the term ending on the 31st day of December, 1900.

(A) ...

(B) ...

(C) ...

(D) ...

(E) ...

(F) ...

(G) ...

(H) ...

(I) ...

(J) ...

(K) ...

(L) ...

(M) ...

(N) ...

(O) ...

(P) ...

(Q) ...

(R) ...

(S) ...

(T) ...

(U) ...

(V) ...

(W) ...

(X) ...

(Y) ...

(Z) ...

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...  
...  
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STATE FILE NUMBER

STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 160  
REGISTERED NUMBER

1. DECEASED - NAME FIRST **BYRON** MIDDLE **G.** LAST **SMITH SR.** SEX **2 MALE** DATE OF DEATH MONTH DAY YEAR **3 SEPTEMBER 12, 1990**

2. COUNTY OF DEATH **COOK** AGE - LAST BIRTHDAY (MO DAY YEAR) **58 81 59** UNDER 1 YEAR MONTHS DAYS UNDER 1 DAY HOURS MINUTE DATE OF BIRTH MONTH DAY YEAR **52 MAY 17, 1909**

3. CITY, TOWN, TWP., OR CHGO DISTRICT NUMBER **64 DES PLAINES** HOSPITAL OR OTHER INSTITUTION, NAME IF NOT MEDICAL ONE, STREET AND NUMBER **68 419 S. WOLF ROAD** IF HOME OR INST. INDICATE D.O.A. OF HOME OR INST. IN PATIENT (SPECIFY) **9C RESIDENCE**

4. USUAL OCCUPATION **RET. CHIEF** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **9A MARRIED** NAME OF SURVIVING SPOUSE (M OR F) (SEE IF WIFE) **BERNICE M. NEPI PIOTROWSKI** MARRIED DECEASED EVER (INDICATE) **9 NO**

5. RESIDENCE STREET AND NUMBER **119 STATIONARY ENG. 119 RAILROAD BLDG. 12 YFS** COUNTY **134 COOK** INSIDE CITY (YES) **135 YES** OUTSIDE CITY (SPECIFY) **136 NONE**

6. STATE **139 ILLINOIS** ZIP CODE **142 60016** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) **143 WHITE**

7. FATHER - NAME FIRST MIDDLE LAST **ALBERT SMITH** RELATIONSHIP **16 NELLIE** HENNESSEY

8. INFORMANT'S NAME (TYPE OR PRINT) **SMITH M. SMITH** RELATIONSHIP **17 WIFE** MAILING ADDRESS (STREET AND NO. G.R.F.D., CITY OR TOWN, STATE, ZIP) **17c 419 S. WOLF RD. DES PLAINES, ILL.**

9. CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (B) STATING THE UNDERLYING CAUSE LAST **(c) Malignant Colon Cancer**  
**(d) Malignant Colon Cancer**  
**(e) Malignant Colon Cancer**

10. PART B. OTHER CAUSES OF DEATH (SEE INSTRUCTIONS) (TYPE OR PRINT) **(c) Malignant Colon Cancer**

11. DATE OF OPERATION, IF ANY **20** NATURE OF OPERATION **21** **COLONECTOMY**

12. I (OR ONE WHO ATTENDED THE DECEASED) AND LAST SAW HIM/her ALIVE ON **22** **8-4-90** MONTH DAY YEAR

13. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED. **21b** **NO** HOUR OF DEATH **21c** **12:30 PM**

14. SIGNATURE OF REGISTRAR **22a** **581 W. Groff Rd. Des Plaines, IL 60016** DATE SIGNED MONTH DAY YEAR **22b** **7/12/90**

15. NAME AND ADDRESS OF FUNERAL HOME **22c** **581 W. Groff Rd. Des Plaines, IL 60016** ILLINOIS LICENSE NUMBER **22d** **036071959**

16. NAME OF ATTENDING PHYSICIAN (NAME, TYPE OR PRINT) **23** **581 W. Groff Rd. Des Plaines, IL 60016** DATE OF OPERATION, IF ANY **24a** **NO**

17. BUREAU OF VITAL RECORDS LOCAL REGISTRATION NUMBER **24b** **ALL SAINTS CEMETERY** CITY OR TOWN **24c** **DES PLAINES, ILLINOIS** DATE MONTH DAY YEAR **24d** **24 SEPT. 17, 1990**

18. FUNERAL HOME **25** **OEHLER FUNERAL HOME** STREET AND NUMBER OR R.F.D. **25a** **555 LEE STREET** CITY OR TOWN **25b** **DES PLAINES, ILLINOIS 60016**

19. FURNAL DIRECTOR'S SIGNATURE **26** **James E. Murray** FURNAL DIRECTOR'S ILLINOIS LICENSE NUMBER **26c** **8746**

20. LOCAL REGISTRATION NUMBER **27** **160** DATE FILED BY LOCAL REGISTRAR MONTH DAY YEAR **27b** **Sept 13, 1990**

21. REGISTRAR SIGNATURE **28** **James E. Murray** FURNAL DIRECTOR'S ILLINOIS LICENSE NUMBER **28c** **8746**

I HEREBY CERTIFY THAT the foregoing is 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.

SEP 13 1990

SIGNED *James E. Murray*

County Department of Public Health  
5000 N. Maybrook Drive

Official Title Deputy Registrar  
Maywood, Illinois, 60154

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LAST WILL AND TESTAMENT OF  
**UNOFFICIAL COPY**  
BYRON GEORGE SMITH

I, BYRON GEORGE SMITH, of the City of Des Plaines, County of Cook and State of Illinois, being of sound and disposing mind and memory, do hereby make, publish and declare the following to be my Last Will and Testament, hereby revoking any and all Wills by me heretofore made.

SECTION ONE

My Executor shall pay all expenses of my last illness and funeral, costs of administration including ancillary, costs of safeguarding and delivering bequests, and other proper charges against my estate. My executor shall pay from the residue of my estate all estate and inheritance taxes assessed by reason of my death, except that the amount, if any, by which the estate and inheritance taxes shall be increased as a result of the inclusion of property in which I may have a qualifying income interest for life or over which I may have a power of appointment shall be paid by the person holding or receiving that property. Interest and penalties concerning any tax shall be paid and charged in the same manner as the tax. I waive for my estate all rights of reimbursement for any payments made pursuant to this article.

My executor's selection of assets to be sold to make the foregoing payments or to satisfy any pecuniary legacies, and the tax effects thereof, shall not be subject to question by any beneficiary.

My executor shall make such elections under the tax laws as my executor deems advisable, without regard to the relative interests of the beneficiaries. No adjustment shall be made between principal and income or in the relative interests of the beneficiaries to compensate for the effect of elections under the tax laws made by my executor.

SECTION TWO

I give, devise and bequeath the rest, residue and remainder of my estate to my wife, ~~BERNICE~~ MARY SMITH, if she survives me.

*Byron George Smith*

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*[Handwritten signature]*

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## SECTION THREE

In the event that my wife, BERNICE MARY SMITH, does not survive me, I give devise and bequeath the rest, residue and remainder of my estate to my children, SHARON ELLE BELL, LAVON MARY FRIEDMAN and BYRON GEORGE SMITH, JR., share and share alike. In the event that any child of mine does not survive me, the share that would otherwise have gone to him or to her shall go per stirpes to his or to her descendant who do survive me, and if no such descendants survive, then to my surviving child or children, share and share alike.

## SECTION FOUR

No person named in this Will shall be deemed to have survived me unless he or she is living on the thirtieth day succeeding the day of my death.

## SECTION FIVE

If any beneficiary of mine has not attained legal age at the time any property becomes distributable to him or her, the Executor may distribute any part or all of such property to a parent or adult relative of the beneficiary, as trustee, against such person's receipt and upon his written undertaking to deliver the property to the beneficiary at the time he or she attains legal age, and in the meantime to hold it in trust and use it for the benefit of the beneficiary. Such receipt and written undertaking shall discharge the Executor.

## SECTION SIX

I give unto my Executor or her successor full power and authority to enter into, take possession of, receive, hold, manage, control, collect, sue for, improve, borrow upon, lease for any length of time, sell and convey the whole or any part of my estate, real, personal or mixed at either public or private sale for such price or prices and upon such terms and to such person or persons as to them may seem best; and to invest and reinvest the same and the proceeds therefrom in such securities, mortgages or property as to them may seem best; and to sell, collect, sue for, alter and change the investment

*Byron George Smith*

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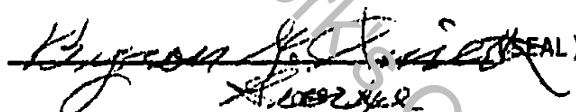
thereof and also full power to settle and compound any claim or claims, either in favor of or against my estate, as they may deem best, and for the purposes aforesaid to execute and deliver all proper and necessary conveyances, and to give full receipts and discharges, and no purchaser, mortgagee, grantee or assignee shall be required to see to the application of the purchase money, it being my intention to give to my Executor or her successor as complete power in the management of my estate as I would or might have were I living.

## SECTION SEVEN

I hereby nominate and appoint, my wife, BERNICE MARY SMITH as Executor under this my Last Will and Testament. In the event of her death, resignation or inability to act, I hereby nominate and appoint my daughter, SHARON GALE BELL, as her successor. In the event of her death, resignation or inability to act, I hereby nominate and appoint my son, BYRON GEORGE SMITH, JR., as her successor. In the event of his death, resignation or inability to act, I hereby nominate and appoint my daughter, LAVON MARY FRIEDMAN, as his successor. I direct that neither my Executor nor her successor be required to give bond with surety.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this

5 day of June, 1989.

 (SEAL)

We certify that in our presence on the date appearing above, BYRON GEORGE SMITH signed the foregoing instrument, consisting of four (4) pages, this page and the following page included, and acknowledged it to be his Will, and that at his request and in his presence and in the presence of each other we have signed our names below as witnesses, and that we believe him to be of sound mind and memory.

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Edward E. McBrack Residing at 668 S. 6th Ave.  
Mos Plains, Ill 60016

William D. Vidrol Residing at 1036 Oakwood Ave  
Mos Plains, Ill 60016

Francis Polyzogal Residing at 104 N. Broadway  
Rock Ridge, Ill 60068

STATE OF ILLINOIS }  
COUNTY OF COOK } SS

We, the attesting witnesses to the Will of BYRON GEORGE SMITH on oath state that each of us was present and saw the Testator sign the Will, of which this affidavit is a part, in our presence; that the Will was attested by each of us in the presence of the Testator; and that each of us believe the Testator to be of sound mind and memory at the time of signing.

Edward E. McBrack

William D. Vidrol

Francis Polyzogal

SUBSCRIBED and SWORN to before me this 5th day of June, 1989.

Barry A. Collins  
Notary Public

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS  
JUDICIAL DIVISION  
I HEREBY CERTIFY THAT THE DOCUMENT TO WHICH THIS CERTIFICATE IS ATTACHED IS A TRUE AND CORRECT COPY OF AN INSTRUMENT OF WRITING DEPOSITED TO BE THE LAST WILL AND TESTAMENT OF  
OR  
DECEASED IN THE OFFICE OF THE CLERK OF THE CIRCUIT COURT OF COOK COUNTY, JUDICIAL DIVISION ON  
THIS 12th day of June, 1989.  
CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

9044 68

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IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS  
PROBATE DIVISION

I HEREBY CERTIFY THAT THE DOCUMENT TO WHICH  
THIS CERTIFICATION IS AFFIXED IS A TRUE AND  
CORRECT COPY OF AN INSTRUMENT IN WRITING  
PURPORTING TO BE THE LAST WILL AND TESTAMENT  
OF Burton G. Smith

DECEASED, FILED IN THE OFFICE OF THE CLERK OF  
THE CIRCUIT COURT OF COOK COUNTY, PROBATE

DIVISION ON Sept 25th 1990

March 26th 1991  
Ausilia Percenski  
CLERK OF THE CIRCUIT COURT  
OF COOK COUNTY, ILLINOIS

Affidavit by Surviving Joint Tenant

L. R. 20639

Doc. No. 928271-E

Certificate No. 442239

State of Illinois
County of Cook ss.

3953945

Bernice M. Smith being first duly sworn, upon oath deposes and says:

That she resides at 419 South Wolf Road in the City of Des Plaines, Illinois 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. 442239 situated in said Cook County, Illinois, described as follows: Lot Thirteen (13) in Block Six (6) in Brantgar's Cumberland Terrace, being a Subdivision in Section 20, Town 41 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois, according to Plat thereof, registered as Document Number 804435.

Affiant states that Byron G. Smith one of the said owners in joint tenancy, died intestate, in the city (Chicago) of Des Plaines in the State of Illinois as is confirmed by a Certificate of the health department of said municipality hereto attached.

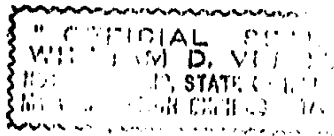
Affiant states that the remaining joint tenant has not changed her marital status since the issuance of Certificate of Title Number 442239 (except as above).

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.

Bernice M. Smith
Bernice M. Smith

Subscribed and sworn to before me this 2nd day of April 19 24

Notary Public signature and name



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1991 APR -3 AM 9 45  
CAROL HOSLEY BRAUN  
REGISTRAR OF TITLES

3953945  
3953945

3953945  
4/2/91  
2/2/91

TUTTLE WYPPAL & COLLINS, P.C.  
701 LEE STREET, SUITE 600  
DES PLAINES, ILLINOIS 60016

IDENTIFIED
No.
Prepared by: CAROL HOSLEY BRAUN
Sanchez