

**UNOFFICIAL COPY**

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 Clara D. Henke, Widow of John H. Henke  
William I. Casteel, Attorney at Law  
(name and capacity)

and reside at 818 W. Thomas Street, Arlington Heights, Illinois

(2) I am personally acquainted with the affairs of the Estate of John H. Henke, who died on May 12, 1986

(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.

Clara D. Henke  
Clara D. Henke  
Wm. I. Casteel  
William I. Casteel, Attorney at Law

Subscribed and sworn to before \_\_\_\_\_

me this 11th day of June;

1986

Dorothy K. Howell  
Notary Public

# UNOFFICIAL COPY

Property of Cook County Clerk's Office

STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

DATE  
MAY 18 1986

NOT VALID WITHOUT THE EXPOSED SEAL OF THE DEPARTMENT OF PUBLIC HEALTH  
At Cook County Department of Public Health Official File Chief Deputy Registrar

I HEREBY CERTIFY THAT THE FOREGOING IS A 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.

|   |   |  |  |
|---|---|--|--|
| 1. REGISTRATION NO. 16.0  | 2. DISTRICT NO.   | 3. SEX MALE  | 4. DATE OF DEATH MAY 12 1986                           |
| 5. REGISTERED NUMBER  | 6. VISIBILITY H   | 7. AGE 75  | 8. COUNTY OF DEATH COOK                                |
| 9. NAME JOHN HENKE  | 10. RACE WHITE  | 11. DATE OF BIRTH JUNE 19 1910                                   | 12. COUNTY OF BIRTH COOK                               |
| 13. MARITAL STATUS MARRIED  | 14. PLACE OF BIRTH ARRLINGTON HEIGHTS, ILLINOIS                         | 15. HOSPITAL OR OTHER INSTITUTION NORTHWEST COMMUNITY HOSPITAL   | 16. ILLINOIS LICENSE NUMBER 36-38519                   |
| 17. SOCIAL SECURITY NUMBER 728-09-4277  | 18. CITIZENSHIP USA   | 19. MARRIAGE DATE JUNE 19 1910                                   | 20. ILLINOIS LICENSE NUMBER 36-38519                   |
| 21. RESIDENCE 818 WEST THOMAS   | 22. USUAL OCCUPATION SECURITY GUARD                                     | 23. KIND OF BUSINESS OR INDUSTRY HOSPITAL                        | 24. ILLINOIS LICENSE NUMBER 36-38519                   |
| 25. FATHER'S NAME WILLIAM HENKE   | 26. CITY, TOWNSHIP, COUNTY AND POST OFFICE ARRLINGTON HEIGHTS, ILLINOIS | 27. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIDOW) AMELIA HAUFF | 28. ILLINOIS LICENSE NUMBER 36-38519                   |
| 29. DEATH WAS CAUSED BY CLARA HENKE   | 30. RELATIONSHIP WIFE   | 31. MAILING ADDRESS 818 W THOMAS ARRLINGTON HEIGHTS ILLINOIS     | 32. ILLINOIS LICENSE NUMBER 36-38519                   |
| PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH, AND FACTS NOT RELATED TO CAUSE EVEN SO PART I IS COMPLETE. (SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM.)<br>Cause: Myocardial infarction<br>Contributing: Arteriosclerosis, heart disease<br>Date of operation: none<br>Major findings of operation: none |   |  |  |
| 33. SIGNATURE OF PHYSICIAN  | 34. SIGNATURE OF REGISTERAR   | 35. SIGNATURE OF SURVIVING SPOUSE                                | 36. SIGNATURE OF WITNESSES                             |
| 37. NAME AND ADDRESS OF CERTIFYING PHYSICIAN  | 38. NAME AND ADDRESS OF REGISTERAR                                      | 39. NAME AND ADDRESS OF SURVIVING SPOUSE                         | 40. NAME AND ADDRESS OF WITNESSES                      |
| 41. NAME OF ATENDING PHYSICIAN IF OTHER THAN CERTIFIER  | 42. NAME OF ATENDING PHYSICIAN IF OTHER THAN CERTIFIER                  | 43. NAME OF ATENDING PHYSICIAN IF OTHER THAN CERTIFIER           | 44. NAME OF ATENDING PHYSICIAN IF OTHER THAN CERTIFIER |
| 45. RURAL CEMETERY  | 46. CEMETERY OF BURIAL  | 47. LOCATION   | 48. CITY OR TOWNSHIP                                   |
| 49. FUNERAL HOME  | 50. FUNERAL HOME  | 51. STREET AND NUMBER OF FUNERAL HOME                            | 52. CITY OR TOWNSHIP                                   |
| 53. LOCAL REGISTRAR'S SIGNATURE   | 54. LOCAL REGISTRAR'S SIGNATURE   | 55. LOCAL REGISTRAR'S SIGNATURE                                  | 56. LOCAL REGISTRAR'S SIGNATURE                        |
| 57. DATE OF DEATH   | 58. DATE OF DEATH   | 59. DATE OF DEATH  | 60. DATE OF DEATH                                      |

UNOFFICIAL COPY

Property of Cook County Clerk's Office

3961411

164 5M 5.47 (FORM 302)

Affidavit by Surviving Joint Tenant

L. R. 18225 Doc. No. 2880327 Certificate No. 1253998

State of Illinois
County of Cook

Clara D. Henke

being first

duly sworn, upon oath deposes and says:

That she resides at 313 W. Thomas in the City of Arlington Heights, IL
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. 1253998 situated in said Cook County, Illinois,
described as follows:

LOT THREE HUNDRED EIGHTY SIX (386)
In Hasbrook Subdivision Unit No. 4, of part of the Northeast Quarter (1/4) of
Section 19, Township 42 North, Range 11 East of the Third Principal Meridian,
according to Plat thereof registered in the Office of the Registrar of Titles
of Cook County, Illinois, on October 19, 1959, as Document Number 1891839.

Affiant states that John H. Henke one of the said owners in joint
tenancy, died intestate, in the city (Village) of Arlington Heights 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 marital status since
the issuance of Certificate of Title Number 1253998 (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.

Clara D. Henke

Subscribed and sworn to before me
this 30th day of April 1971

Robert J. Sabin
NOTARY PUBLIC

ROBERT J SABIN JP
NOTARY PUBLIC STATE OF ILLINOIS
COMMISSION EXPIRES APRIL 25, 1973

3961411

# UNOFFICIAL COPY

1111800

... ..

Property of Cook County Clerk's Office

1/23/98  
1253998  
1253998

3961414

91  
IDENTIFIED  
PH 3:31  
CAROL ROSELEY BRAUN  
RECORDER OF DEEDS  
COOK COUNTY  
REGISTRAR OF DEEDS  
CAROL ROSELEY BRAUN  
AT-GFD/AVS

3961414

ATTORNEYS TITLE  
GUARANTY FUND, INC.  
29 S. LA SALLE ST.  
CHICAGO, ILL. 60603

312-572-0001

1111800

PERMISSION EXPIRES  
ON 12/31/98