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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 Leonard C. Hawkman
(name and capacity)

and reside at 10736 STATELINE ROAD CHICAGO ILL.

(2) I am personally acquainted with the affairs of the Estate of Shirley D. Hawkman, who died on 6-10-89.

(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. _____

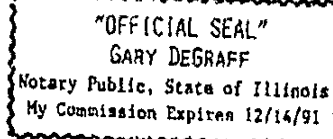
and I make this affidavit for the purpose of inducing the Registrar of Titles of Cook County, Illinois, to issue a Certificate of Title without additional evidence of non-liability, relying on this statement as true, and in consideration thereof affiant guarantees the truth of the statements herein contained.

Leonard C. Hawkman

Subscribed and sworn to before

me this 3 day of May

19 91.



[Signature]
Notary Public

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INDIANA STATE BOARD OF HEALTH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 440

CERTIFICATE OF DEATH

June 20 1989 *Franklin D. Remuda, M.D.*
Date Issued Hammond Health Commissioner

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

PRONOUNCING PHYSICIAN ONLY

ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

SEE INSTRUCTIONS

CAUSE OF DEATH

SEE INSTRUCTIONS

CERTIFIER

HEALTH OFFICER

CORONER OR MEDICAL EXAMINER USE ONLY

1 DECEASED—NAME FIRST MIDDLE LAST Shirley D. Hawkinson			2 SEX Female	3 DATE OF DEATH (Mo. Day, Yr.) June 10, 1989					
4 SOCIAL SECURITY NUMBER 333-32-8438		5a AGE—Last Birthday (Years) 48	5b UNDER 1 YEAR Months Days Hours Minutes	6 DATE OF BIRTH (Month, Day, Year) October 10, 1940	7 BIRTHPLACE (City and State or Foreign Country) CHICAGO, ILLINOIS				
8 YEAR LAST SERVED IN U.S. ARMED FORCES? NONE		9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> (Inpatient) <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)							
9b FACILITY NAME (If not institution, give street and number) ST. MARGARET HOSPITAL			9c CITY, TOWN, OR LOCATION OF DEATH HAMMOND	9d COUNTY OF DEATH LAKE					
10 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) MARRIED		11 SURVIVING SPOUSE (If wife, give maiden name) LEONARD HAWKINSON		12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) HOME MAKER		12b KIND OF BUSINESS/INDUSTRY OWN HOME			
13a RESIDENCE—STATE ILLINOIS		13b COUNTY COOK	13c CITY, TOWN OR LOCATION CHICAGO		13d STREET AND NUMBER 10736 STATELINE AVE.				
13e INSIDE CITY LIMITS? (Yes or no) YES NO		13f FARM NO	13g ZIP CODE 60617	14 WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Cuban, Mexican, Puerto Rican, etc.) No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		15 RACE—American Indian, Black, White, etc. (Specify) White	15 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12th		
17 FATHER'S NAME (First, Middle, Last) WILLIAM HAYES				18 MOTHER'S NAME (First, Middle, Maiden Surname) EVELYN SWANSON					
19a INFORMANT'S NAME (Type/Print) LEONARD HAWKINSON			19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10736 STATELINE AVE. CHICAGO, IL 60617			19c Relationship HUSBAND			
20a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) JUNE 13, 1989 ELMWOOD CEMETERY			20c LOCATION—City or Town, State HAMMOND, INDIANA			
21a SIGNATURE OF FUNERAL DIRECTOR <i>Thomas J. Burns</i>			21b LICENSE NUMBER (of Licenses) 1045184		22 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME BURNS-KISH FUNERAL HOMES, INC. HAMMOND, INDIANA 3002819				
23a To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title <		23b LICENSE NUMBER		23c DATE SIGNED (Month, Day, Year)					
24 TIME OF DEATH 3:58 p. M		25 DATE PRONOUNCED DEAD (Month, Day, Year) June 10, 1989			26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no) NO				
27 PART I. Enter the disease, injuries, 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <u>metastatic lung cancer</u> DUE TO (OR AS A CONSEQUENCE OF) b. _____ DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____ PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						Approximate Interval Between Onset and Death			
28a WAS AN AUTOPSY PERFORMED? (Yes or no) NO				28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)					
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23). To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death). To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.			29b SIGNATURE AND TITLE OF CERTIFIER <i>John M. Culbert M.D.</i>			29c LICENSE NUMBER 28396		29d DATE SIGNED (Month, Day, Year) June 12, 1989	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print) J.M. Adlard, M.D. 7905 Calumet Avenue, Munster, Indiana 46321									
31. HEALTH OFFICER'S SIGNATURE <i>Franklin D. Remuda, M.D.</i>						32. DATE FILED (Month, Day, Year) JUN 13 1989			
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a DATE OF INJURY (Month, Day, Year)		34b TIME OF INJURY		34c INJURY AT WORK? (Yes or no)		34d DESCRIBE HOW INJURY OCCURRED	
34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)				34f LOCATION (Street and Number or Rural Route Number, City or Town, State)					

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3962214

(FORM 302)

Affidavit by Surviving Joint Tenant

L. R. 2554592 Doc. No. 2554592 Certificate No. 1117497

State of ILLINOIS
County of COOK } ss.

Leonard C. Hawkinson being first
duly sworn, upon oath deposes and says:

That ...he... resides at 10736 STATELINE ROAD in the City of CHICAGO
and that ...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. 1117497 situated in said Cook County, Illinois,
described as follows: #26-17-209-057

LOT TWELVE (EXCEPT THE NORTH FIFTEEN (15) FEET THERE OF) --- (12)
THE NORTH TWENTY-ONE (21) FEET OF LOT THIRTEEN --- (13)
IN BLOCK EIGHT (8), IN STATELINE PARK, BEING PETER
FOOTE'S SUBDIVISION IN THE NORTHEAST FRACTIONAL
QUARTER (1/4) OF SECTION 13, TOWN 37 NORTH, RANGE 15, EAST OF
THE PRINCIPLE MERIDIAN.

Affiant states that Shirley D. Hawkinson one of the said owners in joint
tenancy, died intestate, in the city (Village) of Hammond in the State of Indiana
as is confirmed by a Certificate of the health department of said municipality hereto attached.

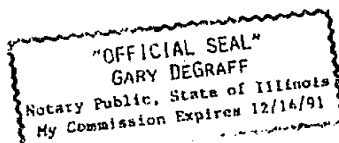
Affiant states that the remaining joint tenant... ha... not changed... marital status since
the issuance of Certificate of Title Number 1117497 (except who
has been married but once since acquiring said real estate and then to.....).

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.

Leonard C. Hawkinson

Subscribed and sworn to before me
this 3 day of May 1991

Gary Degraff
NOTARY PUBLIC.



THIS INSTRUMENT WAS PREPARED BY
LEONARD C. HAWKINSON
10736 STATELINE ROAD
CHICAGO, ILLINOIS

3962214

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3962214

2
11/14/97
MFD

91 MAY -3 PM 4: 25
CAROL MOSELEY BRAUN
RECORDER OF DEEDS
COOK COUNTY

IDENTIFIED No.	Registrar of Torrens Titles CAROL MOSELEY BRAUN Glanbrook
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3962214

LEONARD CHAMKINSON
1936 STATELINE ROAD
MORGAN, ILLINOIS

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