

28

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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 Charlotte Franzone, widow of Vincent Franzone  
(name and capacity)

and reside at 109 N. School Street, Mt. Prospect, IL 60056.

(2) I am personally acquainted with the affairs of the Estate of Vincent Franzone, who died on March 15, 1991.

(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)

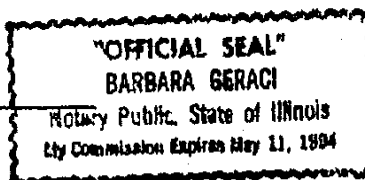
- X 1) that no Tax is due; or \_\_\_\_\_  
\_\_\_\_\_ 2) that if any Tax due, there are sufficient other assets to pay such Tax; or \_\_\_\_\_  
\_\_\_\_\_ 3) that any Tax due has been paid. \_\_\_\_\_

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.

Charlotte Franzone  
Charlotte Franzone

Subscribed and sworn to before  
me this 26th day of June \_\_\_\_\_;  
19 91 \_\_\_\_\_.

Barbara Geraci  
Notary Public



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MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 160  
REGISTERED NUMBER

STATE FILE NUMBER

DECEASED-NAME FIRST MIDDLE LAST  
1. Vincent Franzone

COUNTY OF DEATH 2. Male DATE OF BIRTH 3. March 15, 1991  
AGE-LAST BIRTHDAY (YRS) UNDER 1 DAY HOURS MIN. SEX DATE OF DEATH (MONTH, DAY, YEAR)

4. Cook CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 5. November 5, 1912  
HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN OTHER GIVE STREET AND NUMBER) 6c. Inpatient

6a. Arlington Heights 6b. Northwest Community Hospital  
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (LAST, FIRST, MIDDLE, IF WIFE)

7. 8a. Married 8b. Charlotte Moot  
USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)

10. 260-05-4292 11a. Office worker 11b. Sec. of State  
RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY

13a. 109 North School Street 13b. Mt. Prospect  
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 13c. Y.P.S. 13d. Cook  
STATE ZIP CODE 14a. White 14b. X NO 14c. YES SPECIFY

15. Anthony Franzone 16. Katherine Gagliano  
INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

17a. Charlotte Franzone 17b. Wife 17c. 109 N. School St. Mr. Prospect 60056  
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.  
Immediate Cause (Final stage of condition resulting in death) (a) Central nervous system  
CONDITIONS WHICH GIVE RISE TO IMMEDIATE CAUSE (b) Cerebral infarction  
STATING THE UNDERLYING CAUSE LAST. (c) Cerebral infarction of central nervous system

19a. YES 19b. NO AUTOPSY (YES/NO) 19c. NO IF FEMALE, WAS THERE A PREGNANCY (P/AS) THREE MONTHS? 20c. YES 20d. NO HOUR OF DEATH 12:00 P.M.

21a. DATE SIGNED 3/17/91 21c. DATE OF DEATH 3/15/91  
22a. SIGNATURE Thomas J. Nolan 22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 24b. Memory Gardens  
22c. CENTRAL ARLINGTON HEIGHTS  
22e. 1600 W. Central Arlington Heights  
NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)

23. BURIAL CREMATION, REMOVAL (SPECIFY) 24a. Cemetery Gardens 24c. Arlington Heights, IL 24d. Mar. 18, 1991  
FURNERAL HOME 25a. FRIEDRICH'S FUNERAL HOME INC., 320 West Central Road, Mt. Prospect, IL 60056  
FURNERAL DIRECTOR'S SIGNATURE Thomas J. Nolan 25c. 8763  
LOCAL HEALTH DEPARTMENT REGISTRAR SIGNATURE 26a. REGISTRAR Thomas J. Nolan  
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. 3/18/91

NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

VP200 (Rev. 5-89)

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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.

MAR 18 1991

SIGNED Nadine McCarry

Cook County Department of Public Health  
1500 S. Maybrook Drive - Maywood, Illinois 60154

Official Title Deputy Registrar

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3976598

(FORM 302)

Affidavit by Surviving Joint Tenant

L. R. 20201 Doc. No. 1588668 Certificate No. 687164

State of Illinois }
County of Cook } ss.

8228722

CHARLOTTE FRANZONE

being first

duly sworn, upon oath deposes and says:

That s.he resides at 109 North School St. in the City of Mt. Prospect, IL
and that s.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. 687164 situated in said Cook County, Illinois,
described as follows:

LOT THREE (3) and LOT FOUR (4) (except the South 32 1/2 feet thereof)
in Frank Serafine Subdivision, being a Subdivision of part of South
Half (1/2) of the Southeast Quarter (1/4) of Section 34, 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 January 7, 1954 as Document Number 1501829.

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

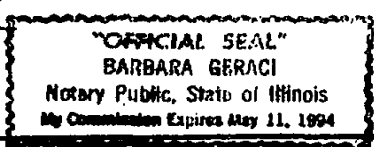
Affiant states that the remaining joint tenant has not changed her marital status since
the issuance of Certificate of Title Number 687164 (except who
has been married but once since acquiring said real estate and then to).

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.

X Charlotte Franzone
CHARLOTTE FRANZONE

Subscribed and sworn to before me
this 26th day of June 19 91.

Barbara Geraci
NOTARY PUBLIC.



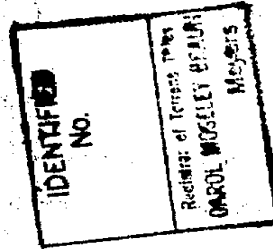
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RECORDED

3976598

1961 JUN 28 PM 4:20  
CAROL MIDDLEBURY  
REGISTRATION OF TITLES



3976598

3976598

*A. Franklin  
1550 N. Northwood  
Aurora, Ill. 60402  
OK Rides*

*1/16/61  
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