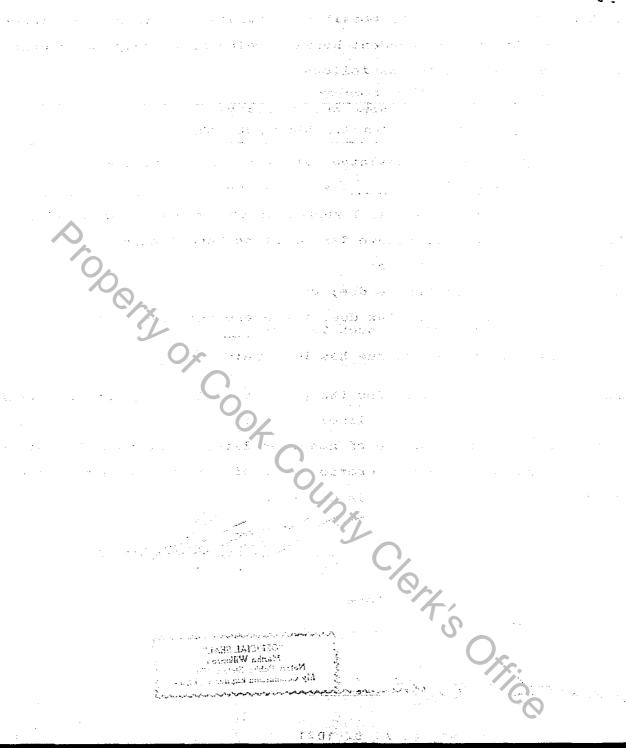
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The Affiant, regarding the possible liability for State Inheritance
Tax for the Estate of decedent herein, being first duly sworn upon
oath, deposes and states as follows: (1) I am MARTIN B. SNOW, attorney (name and capacity)
and reside at
(2) I am personally acquainted with the affairs of the Estate of FRED C. THIEME , who died on 12/31/90 .
(3) That as a consequence, I represent to the Registrar of Titles that regarding Federal Estate Tax or State Inheritance Tax;
(elect one - iriiial choice)
1) that to Tax is due; or
2) that if any Tax due, there are sufficient other assets to pay such Tax; or
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 state-
ment 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 June
19 91 "OFFICIAL SEAL" Martha Wilkinson Notary Public, State of Illinois My Commission Expires 11/13/94
Notary Public

Pursant to H. B. 93, P. A. 82-1021

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hereby c certify that copy decedent of the named the deathrecord was in my o s filed office established in accordance e of ions Illinois the to the registrat lbitths and deaths. Department of Public Health ial Title Illinois. Off Registrar. /Chief 60153 1500 Deputy-S Maybrook Drive, Maywood, NO ₹, CONDITIONS, IF ANY
WHICH GIVE RISE TO
IMMEDIATE CAUSE (a)
STATING THE UNDERLYING
CAUSE LAST. 254 NAME OF AT TO ING PHYSICIAN IF OTHER THAN CERTIFIER FUNERAL DIRIBCTOFF SIGNATURIE FUNERAL HOME 24a Burial NAME AND ADDRESS, OF SURTIFIER TO THE BEST OF MY KNOWL O'JE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. AND LAST SAWHEM HERALIVE ON DATE OF OPERATION, IF ANY REMOVAL (SPECIFY) BIRTHPLACE (CITY AND STATEON FOREIGH COLUMBRY) 4. COOK
CITY, TOWN, TWP, OR ROADDISTRICT NUMBER COUNTY OF DEATH REGISTRATION DISTRICT NO. 22a. SIGNATURE PARTII. Objet isgreikant corporate controvers to destitibut not rest, birgin the underlying INFORMANTS NAME (TYPE OR PRINT) FATHER-NAME RESIDENCE (STREET AND NUMBER) SOCIAL SECURITY NUMBER 17a. 13a. 2311 West 183rd Street 7Canada NUMBER DECEASED-NAME TEGISTERED 100 (FI (deep in death) disease or condition mmediate Cause (Final Rita J 321-03-1018 Illinois V. Ather D mad PEWS FUNERAL HOME Traugott OFT, 12 IA FIRST con Rosana Enter the diseases, or complications that caused the de, thill bond enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on ear in the 131. 60430 ZIP CODE 24b Zion Lutheran Cemetery24c CEMETERY OF CHEMATORY-NAME DUE TO, OH AS A CONSECUENCE OF DUE TO, OH AS A CONSEQUENCE OF (c) 9 FRED FIRST MIDDLE MAJOR SINGS OF OPERATION Certified Public 8 Ba. Married MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 11a. Accountant March (TYPE OH PRIMT) (MONTH DAY, YEAR) MEDICAL CERTIFICATE OF DEATH Me Karakic Thieme アアン RACE WHITE BLACK AVERICAN MOTAN OF HISPECIFY 143 1127 18230 S. HOSPITAL OR OTHER INSTITUTION NAME OF NOT METHER, GIVE STREET AND IN "19. 4) 50 AGE-LAST BIRTHDAY (YAS) o, MIDDLE C . 81 South a STREET AND NUMBER OR R F D LST (TYPE OF PRINT) 13b. Homewood CITY, TOWN, TWP, OR ROAD DISTRICT NO. 17 12- 17. TAN CAN 176 Hospital17617800 S. RELATIONSHI'LL'S DIXIE HIGHWAY HOMEWOOD, 11.LINOIS Suburban Hospital UNDER 1 YEAR STATE OF ILLINOIS KINDOF BUSINESS ON INDUSTRY
TIB Company NAME OF SURVIVING SPOUSE PLANSENMEN TO THE aluerten (ch Co _{Bb.} Julia Fink d SY LOCATION ration of Vital Records MOT YER WIME OF HISPANI TO PIGINT (STECKY WOORNES - IF YES, STECKY CLIBAN, MEXICAN, PLETTO FICAL INC. TIM. PIC. Tinley Park, Illinois HOURS MIN MAILING ADDRESS (STREET WO NO 1911 POLYS 1966 425 ZP 21b. EXAMINER NOTIFIED? YYES NO CITY OFF TOWN SEX 11.60422 NAMOL EIG ALIC FIRST No. Mary Male DATE OF BIRTH (MONTH, DAY, YEAR) 5d June EDL " " I STECIFY (DAY Y HIGHEST GRADE COMPLETED) Kedzie Ave. DATE FREDBY LOCAL REDISTRUM FUNERAL DITECTORS RUNOIS LICENSE NUMBER SPECIFY: INSIDE CITY 13cYes STATE DATEOFDEATH (MONTH DAY, YEAR) MIDDLE WESNO! 11 21909 19a. No December 31, 200 IF FEMALE. WAS THERE A PREGNANCY IN PAST 220, 036-069477 DATE SIGNED NOTE: IF AN INJURY WAS DIVOLVED IN THIS DEATH THE COMONEH OR WEDICAL EXAMINER MUST BE NOTIFIED. ILLINOIS LICENSE HUMBER HOUR OF DEATH Krueger STATE FILE YES ID NO () OF FASH AND MITHER STEERY) 13d. Cook COUNTY 9. COMPETION OF CALES OF DEATH-Y DESCRIPTION TO 1-2-9 denuary DATE Hazel Crest Inpatient 60430 (MAIDEN) LAST WAS DECEASED EVER IN US BETWEEN TRANSPORTERVA (MONTHLOAY, YEAR) (WONTH DAY, YEAR) 0 5 C-M 1990 ō 4,199

BASEOCH 1989 U.S. STANDARD CERTIFICATE!

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Property of Cook County Clerk's Office

Affidavit by Surviving Joint Tenant

L.R. 3/68 Doc. No. 33925.	77- F Certificate No. 1439338
State of ILLINOIS	
County of C 10!	
JULIA THIEME	being first
duly sworn, upon oath deposes and says:	
That S., he resides at 2317. W. 183rd Street	in the City of Homewood
and that .s.he is one of the parties who took title, in	ot in tenancy in common, but in joint tenancy,
to real estate shown in Certificate of Title 140 14393	38 situated in said Cook County, Illinois,
described as follows: SEE LEGAL DESCRIPTION ATTA	CHED HERETO
An Undivided 3,033 % interest in premises hereinafter des rib d and parts of Units failing within said premises, as said Unit. ~e of Condominium Ownership registered on the hth day of Novem on	elineated on Survey attached to and a part of a Decisration
Said premises being described as follows:-That part of Lots On Beginning at a point on the Westerly right-of-way line of the i measured on said right of way line) a line 33 feet South of in Ouarier (1/a) of Section 6 (hereinafter described) (said point being a tract); thence Northwesterly at right angles to said right of wa a line parallel with said right-of-way line to the interection withence East-along said South line of Lots 1 and 2, to the place of Four Hundred Sixty Two (462) feet of the Northwest Quarter (Right-of-Way, of Section 6, Township 33 North, Range 14, East of	ilin is central Ralicoad, 663.03 fees Southwesterly of (as sease ed at right angles) the North line of the Northwest also the Coutheasterly corner of said lots 1 and 2, taken as y line for a director of 70 feet; thence Southwesterly along the tire South line of said Lots 1 and 2 (taken as a tracth beginning; if in the Subdivision of that part of the North 1/4) lying Wes. of he illinois Central Ralicoad Company's
OWNERSHIP OF THE PROPERTY DESCRIBED HEREIN IS AID DESCRIBED AND DELINEATED IN SAID DECLARATION AND REGISTRATION ACC	
Affiant states that the remaining joint tenant ha.S.	not changed
the issuance of Certificate of Title Number 1439338	(except NONE who
has been married but once since acquiring said real estate a	nd then to).
Further, that the affiant makes this affidavit for the	e purpose of inducing the Registric of Titles
of Cook County, Illinois, to issue a certificate of title	o the surviving Joint Tenant to said above
described premises, relying on this statement as true,	ind in consideration thereof affiant guarantees
the truth of the statements herein contained.	
	ulio Thieme
Subscribed and sworn to before me	
this	-06-100-066-1023
NOTARY ÉUBLIC.	කි. ක.
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Affidavit by Surviving Joint Tenant

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	Subscribed and sworn to before me
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	the truth of the statements herein contained.
nt as true, and in consideration thereof affiant guarantees	described premises, relying on this stateme
see of title to the surviving Joint Tenant to said above	of Cook County, Illinois, to issue a certific
solii for the purpose of inducing the Registrar of Titles	
å real estate and then to	
1439338 (except NONE.	
rant ha.S not changednarital status since	Affiant states that the remaining joint to
leparement of said municipality hereto attached.	as is confirmed by a Certificate of the health d
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Certificate No.	
339257-F Certificate No. 1439338	L.R. 3168 Doc. No. 3

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