

UNOFFICIAL COPY

03979035

AFFIDAVIT OF NO ESTATE TAX DUE

The Affiant, regarding the possible liability for State Inheritance Tax for the Estate of the decedent herein, being first duly sworn upon oath, deposes and states as follows:

(1) I am ALICE E. SANDSTROM, daughter of the decedent, ALFHILD T. SANDSTROM,
(name and capacity)

and reside at 9118 S. 51st Avenue - Oak Lawn, IL 60453

(2) I am personally acquainted with the affairs of the Estate of ALFHILD T. SANDSTROM, who died on March 1, 1991.

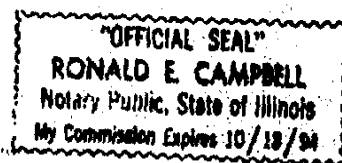
(3) That as a consequence, I represent to the Registrar of Titles that regarding Federal Estate Tax or State Inheritance Tax; (elect one - initial choice)

- xx 1) that no Tax is due; or _____
- _____ 2) that if any Tax due, there are sufficient other assets to 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.

Alice E. Sandstrom

SUBSCRIBED and SWORN to before me this 18th day of June, 1991
Ronald E. Campbell
Notary Public



3979085

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10/18/19

NOTARIAL PUBLIC STATE OF ILLINOIS

I, the undersigned, being a Notary Public in and for the State of Illinois, do hereby certify that the foregoing is a true and correct copy of the original as the same appears in the records of the County of Cook, Illinois.

Witness my hand and seal this _____ day of _____, 20____.

Notary Public in and for the State of Illinois

My Commission Expires _____

My Office is located at _____

My term of office begins on _____

My term of office ends on _____

My office is open from _____ to _____

NOTARIAL PUBLIC STATE OF ILLINOIS
RONALD E CAMPBELL
My Commission Expires 10/18/19

PROPERTY

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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 statues relating to the registration of births, stillbirths and deaths.

Date MARCH 5, 1991

signed *Lisa Hunter*

At Cook County Department of Public Health Official Title Chief Deputy Registrar
1500 S. Maybrook Drive, Maywood, Illinois 60153

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. <u>60</u>		REGISTERED NUMBER		DECEASED-NAME		FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
1. ALPHILD		T.		SANDSTROM		FEMALE		3		MARCH 1, 1991	
COUNTY OF DEATH		CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		AGE LAST BIRTHDAY (MOS. YRS. DAYS)		HOSPITAL OR OTHER INSTITUTION, NAME IF NOT MEMBER GIVE STREET AND NUMBER		DATE OF BIRTH (MONTH, DAY, YEAR)		IF HOSP. OR INST. INDICATE D.O.A. OF MEMBER (SPECIFY)	
4. COOK		BURBANK		86		BRENTWOOD NURSING CENTER		5. APRIL 27, 1904		9c. INPATIENT	
6a. BURBANK		BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		7. SWEDEN		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		8a. WIDOWED		9. VASCECROED EVER INUS (MARRIED OR YES/NO)	
10. 322-56-2405		SOCIAL SECURITY NUMBER		11a. HOMEMAKER		USUAL OCCUPATION		11b. ORN. HOME		12. EDUCATIONAL (SPECIFY YEAR HIGHEST GRADE COMPLETED)	
13a. 9118 South 51st Avenue		RESIDENCE (STREET AND NUMBER)		13b. Oak Lawn		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		13c. Yes		13d. COOK	
13c. Illinois		STATE		13d. 60453		ZIP CODE		14a. White		14b. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	
15. Per		FATHER-NAME		15a. Johan		RELATIONSHIP		15b. Matilda		15c. NYSTROM	
16. Alice Sandstrom		MOTHER-NAME		16a. Johan		RELATIONSHIP		16b. Matilda		16c. NYSTROM	
17a. Alice Sandstrom		INFORMANTS NAME (TYPE OR PRINT)		17b. Daughter		RELATIONSHIP		17c. 19118 S. 51st Avenue		17d. Oak Lawn, IL	
18. PART I		Immediate Cause (Final disease or condition resulting in death)		18a. Myocardial Infarction		Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.		18b. Sensitive heart failure		18c. Sudden	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DIRECT OR STANDBY CAUSES OF DEATH		(c) PREVIOUS ILLNESSES		PART II: Other significant conditions contributing to the death (do not include conditions listed in PART I)		DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION	
20a. (I) (DO NOT ATTEND THE DECEASED AND LAST SAW HAWKERA LIVE ON)		20b. (II) (DO NOT ATTEND THE DECEASED AND LAST SAW HAWKERA LIVE ON)		20c. (III) (DO NOT ATTEND THE DECEASED AND LAST SAW HAWKERA LIVE ON)		20d. (IV) (DO NOT ATTEND THE DECEASED AND LAST SAW HAWKERA LIVE ON)		20e. (V) (DO NOT ATTEND THE DECEASED AND LAST SAW HAWKERA LIVE ON)		20f. (VI) (DO NOT ATTEND THE DECEASED AND LAST SAW HAWKERA LIVE ON)	
21a. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		21b. WAS CORNER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		21c. DATE SIGNED (MONTH, DAY, YEAR)		21d. HOUR OF DEATH		21e. DATE SIGNED (MONTH, DAY, YEAR)		21f. HOUR OF DEATH	
22a. SIGNATURE		22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22c. DATE SIGNED (MONTH, DAY, YEAR)		22d. HOUR OF DEATH		22e. DATE SIGNED (MONTH, DAY, YEAR)		22f. HOUR OF DEATH	
22a. Gary Stuck		22b. MD 4301 W. 95th St. Oak Lawn, Illinois		22c. February 20, 1991		22d. 4:42 A.M.		22e. February 20, 1991		22f. 4:42 A.M.	
23a. BIRTHAL		23b. CEMETERY OR CREMATORY NAME		23c. LOCATION		23d. CITY OR TOWN		23e. STATE		23f. DATE (MONTH, DAY, YEAR)	
23a. Burial		23b. Oak Hill		23c. North Township, Illinois		23d. Oak Lawn, Illinois		23e. Illinois		23f. 24 March 4, 1991	
24a. FUNERAL HOME		24b. NAME		24c. ADDRESS		24d. CITY OR TOWN		24e. STATE		24f. ZIP	
24a. Edgar Funeral Home		24b. 10900 S. Cicero		24c. Oak Lawn, Illinois		24d. Illinois		24e. Illinois		24f. 60453	
25a. FUNERAL DIRECTOR'S SIGNATURE		25b. NAME		25c. ADDRESS		25d. CITY OR TOWN		25e. STATE		25f. ZIP	
25a. [Signature]		25b. [Name]		25c. [Address]		25d. [City/Town]		25e. [State]		25f. [ZIP]	
26a. LOCAL REGISTRAR'S SIGNATURE		26b. NAME		26c. ADDRESS		26d. CITY OR TOWN		26e. STATE		26f. ZIP	
26a. [Signature]		26b. [Name]		26c. [Address]		26d. [City/Town]		26e. [State]		26f. [ZIP]	
27a. LOCAL REGISTRAR'S SIGNATURE		27b. NAME		27c. ADDRESS		27d. CITY OR TOWN		27e. STATE		27f. ZIP	
27a. [Signature]		27b. [Name]		27c. [Address]		27d. [City/Town]		27e. [State]		27f. [ZIP]	

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PROPERTY OF CLERK'S OFFICE

Affidavit by Surviving Joint Tenant

L. R. 14256

Doc. No. 2540151

Certificate No. 1111386

State of Illinois }
County of Cook } ss.

ALICE E. SANDSTROM being first
duly sworn, upon oath deposes and says:

That she resides at 9118 S. 51st Avenue in the Village of Oak Lawn,
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. 1111386 situated in said Cook County, Illinois,
described as follows:

Lot Nine (9) Lot Ten (10) in Block One (1) in Reed Brothers' Subdivision
of the West Half (1/2) of the West Half (1/2) of the Southeast Quarter (1/4),
Town 37 North, Range 13 East of the Third Principal Meridian.

Property located at: 9118 S. 51st Avenue - Oak Lawn, IL 60453
PIN: 24-04-401-033 and 034

Affiant states that ALFHILD T. SANDSTROM one of the said owners in joint
tenancy, died intestate, in the city (Village) of Oak Lawn 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 1111386

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.

Subscribed and sworn to before me
this 12th day of June 19 91

[Signature of Notary Public]

NOTARY PUBLIC

OFFICIAL SEAL
RONALD E. CAMPBELL
Notary Public, State of Illinois
My Commission Expires 10/18/94

3979085

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RECORDED

Official of Recording Cook County

Property of Cook County Clerk's Office

RECORDED

1/11/384

NID

My Commission Expires 10/18/94
Notary Public, State of Illinois
RONALD E. CAMPBELL
SPECIAL SEAL
3979085

CAROL MOSELEY BRAUN
REGISTRAR OF TITLES

3979085

Registrar of Titles Enter this document	
on Certificate of	
No.	1117386
Vol.	2228-194
Page	73089
Date	7-10-91
MEYERS	

F.N.B. of Evergreen Plc
3101 W. 95th St.

Evergreen Plc, 711 60642