

**STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH - SECTION OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER	DECEASED - NAME First Middle Last	DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
	1	Amalia ROSKID	2 May 20, 1990	3a Clark
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - Name (If not a clinic, give street and number)	SEX
	3b Las Vegas		3c 2080 Las Vegas Blvd. So., #10749	3e Female
IF DEATH OCCURRED IN INSTITUTION (SEE INSTRUCTIONS REGARDING COMPLETION OF RESIDENCE ITEMS)	RACE - (e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? Specify (Yes/No) no if yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE - Last Birthday (Years)	DATE OF BIRTH (Mo., Day, Yr.)
	5 White	6	7a 77	8 May 13, 1913
PARENTS	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education - specify highest grade completed	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
	9a Illinois	9b USA	10 14	11 Married
DISPOSITION	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life - If None, State)	KIND OF BUSINESS OR INDUSTRY	
	13 355-32-7059	11 Homemaker	14b Own Home	
CERTIFIER	RESIDENCE - STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
	15a Illinois	15b Cook	15c Chicago	15d 4606 North Delphia
CAUSE OF DEATH	FATHER - NAME First Middle Last	MOTHER - MAIDEN NAME First Middle Last	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
	16 Jan Belohlavek	17 Amalia Vach	18b 4606 North Delphia Chicago Illinois 60656	
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY - NAME	LOCATION City or Town State	
	19a Removal	19b Memory Gardens Cemetery	19c Arlington Heights Illinois	
CAUSE OF DEATH	FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY	
	20a <i>[Signature]</i>	20b 27	20c Palm Mortuary 1325 No. Main St. Las Vegas, Nevada	
CAUSE OF DEATH	21a To the best of my knowledge, death occurred at the time, date and place and due to (19c cause(s)) stated.		22a 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 stated.	
	21b DATE SIGNED (Mo., Day, Yr.)		22b DATE SIGNED (Mo., Day, Yr.)	
CAUSE OF DEATH	21c HOUR OF DEATH		22c HOUR OF DEATH	
	21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d ON	
CAUSE OF DEATH	23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)			23b LICENSE NUMBER
	23a G. Sheldon Green, M.D., Chief Med. Exam., 1704 Pinto, Las Vegas, NV			23b 3004
CAUSE OF DEATH	REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE	
	24a <i>[Signature]</i>	24b MAY 22 1990	24c YES [ ] NO [X]	
CAUSE OF DEATH	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
	PART I (a) Hypertensive and arteriosclerotic cardiovascular disease			
CAUSE OF DEATH	PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I			
	26 No			
CAUSE OF DEATH	ACC. SUICIDE, HON. UNDET. OR PENDING INVEST (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DISCRIBE HOW INJURY OCCURRED
	28a	28b	28c	28d
CAUSE OF DEATH	INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. No. CITY OR TOWN STATE
	29a	29b	29c	29d

STATE REGISTRAR

No. 016296

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

OTTO RAVENHOLT, M.D.  
Registrar of Vital Statistics

By:

Date Issued:

MAY 23 1990

CLARK COUNTY HEALTH DISTRICT  
625 Shadow Lane P.O. Box 4426  
Las Vegas, Nevada 89127  
702-383-1223

UNOFFICIAL COPY

AFFIDAVIT OF FEDERAL ESTATE TAX DUE

*[Handwritten signature]*

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 John M. Rosko, Estate Owner  
(name and capacity)

and reside at 4606 no. Delphia, Chicago, Illinois

(2) I am personally acquainted with the affairs of the Estate of Amalia Rosko, who died on May 20, 1990

(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)

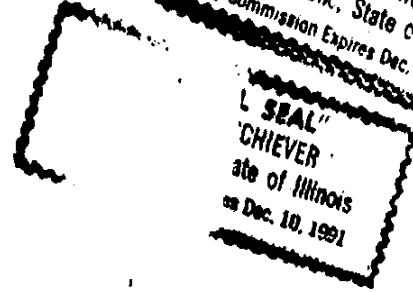
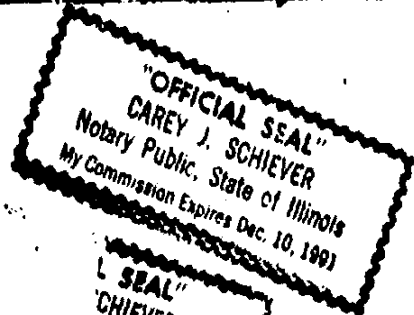
- 1) that no Tax is due; or
- 2) that if any Tax due, there are sufficient other assets to pay such Tax; or
- 3) that any Tax due has been paid.

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.

*[Handwritten signature]*

Subscribed and sworn to before me this 28<sup>th</sup> day of August, 1990.

*[Handwritten signature]*  
Notary Public



Affidavit by Surviving Joint Tenant

L. R. .... Doc. No. .... Certificate No. *Eum*

State of .....  
County of ..... } ss.

..... John M. Rosko ..... being first  
duly sworn, upon oath depose and says:

That he resides at 4606 N. Delphia Av. 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. 1415937 situated in said Cook County, Illinois,  
described as follows: LOT HIGH----- (8)

In Schorsch Forest View Unit No. 5, being in the Northwest Quarter (1) of Section 14,  
Township 40 North, Range 12, East of the Third Principal Meridian, according to Plat  
thereof registered in the Office of the Registrar of Titles of Cook County, Illinois, on  
September 7, 1965, as Document No. 2229682.

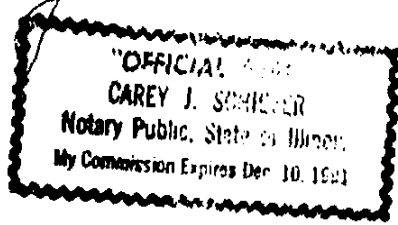
Affiant states that Amalia Rosko one of the said owners in joint  
tenancy, died intestate, in the city (Village) of Las Vegas in the State of Nevada  
as is confirmed by a Certificate of the health department of said municipality hereto attached.

Affiant states that the remaining joint tenant has not changed his marital status since  
the issuance of Certificate of Title Number 1415937 (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 in 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 28<sup>th</sup> day of Aug. 1991

*Cary J. Schaefer*  
NOTARY PUBLIC.



*Plat # 12-14-121-012*  
*4606 N. Delphia Chgo. IL 60656*

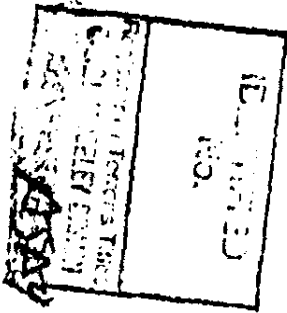
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~~1415951~~  
PVD

3993036

3993036

10:58 AM - 4 APR 11: 12  
CAROL MOSELEY TAYLOR  
REGISTRAR OF TITLES



Property of Cook County Clerk's Office

INTERCOUNTY TITLE CO. OF ILLINOIS  
120 WEST MADISON  
CHICAGO, ILLINOIS 60602  
BOX 97  
51273267B