

UNOFFICIAL COPY

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 SOLON GABRIEL
(name and capacity)

and reside at 6544 LEROY AVE, LINCOLNWOOD, IL 60646

(2) I am personally acquainted with the affairs of the Estate of Tula Gabriel, who died on April 22, 1988.

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

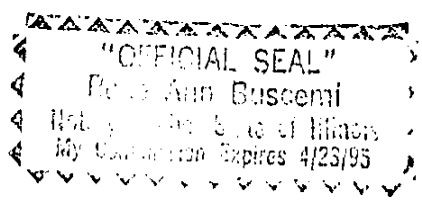
(elect one - initial choice)

- 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.

Solon Gabriel

Subscribed and sworn to before me this 9 day of September; 19 91.



Rose Ann Buscemi
Notary Public

UNOFFICIAL COPY

Property of Cook County Clerk's Office

REGISTRATION NO. 16.10
 DISTRICT NO. 1
 REGISTERED NUMBER
 DECEASED NAME: **John Lurain, M.D.**
 SEX: Male
 RACE: Greek
 ETHNIC ORIGIN: Greek
 BIRTH DATE: April 22, 1930
 BIRTH PLACE: Chicago, Ill.
 DEATH DATE: April 22, 1988
 DEATH PLACE: Solon Gabriel Hospital, Chicago, Ill.

1. NAME OF DECEASED: **John Lurain, M.D.**
 2. SEX: **Male**
 3. DATE OF BIRTH: **April 22, 1930**
 4. PLACE OF BIRTH: **Chicago, Ill.**
 5. RACE: **Greek**
 6. ETHNIC ORIGIN: **Greek**
 7. CITY OF DEATH: **Chicago**
 8. COUNTY OF DEATH: **Cook**
 9. STATE OF DEATH: **Illinois**

10. SOCIAL SECURITY NUMBER: **009-22-9131**
 11. HOME ADDRESS: **303 E. Superior Chicago, Ill. 60611**
 12. OCCUPATION: **Homemaker**
 13. PLACE OF DEATH: **Solon Gabriel Hospital, Chicago, Ill.**
 14. CAUSE OF DEATH: **Cardiorespiratory Arrest**
 15. MANNER OF DEATH: **Metastatic Ovarian Cancer**

16. SIGNATURE OF DECEASED: *(Signature)*
 17. SIGNATURE OF WITNESS: *(Signature)*
 18. SIGNATURE OF REGISTRAR: *(Signature)*

19. NAME OF ATTENDING PHYSICIAN: **John Lurain, M.D.**
 20. ADDRESS: **333 E. Superior Chicago, Ill. 60611**
 21. SIGNATURE OF PHYSICIAN: *(Signature)*

22. NAME OF FUNERAL HOME: **John Lurain & Company**
 23. ADDRESS: **4700 N. Western Ave. Chicago, Ill. 60625**
 24. SIGNATURE OF DIRECTOR: *(Signature)*

25. LOCAL REGISTRAR: **Edwards M.D. M.P.A.**
 26. ADDRESS: **7019**
 27. SIGNATURE OF REGISTRAR: *(Signature)*

28. DATE AND TIME OF DEATH: **April 22, 1988 4:00 A.**
 29. PLACE OF DEATH: **Solon Gabriel Hospital, Chicago, Ill.**
 30. CAUSE OF DEATH: **Cardiorespiratory Arrest**
 31. MANNER OF DEATH: **Metastatic Ovarian Cancer**

32. SIGNATURE OF REGISTRAR: *(Signature)*
 33. LOCAL REGISTRAR: **Edwards M.D. M.P.A.**
 34. ADDRESS: **7019**
 35. SIGNATURE OF REGISTRAR: *(Signature)*

36. LOCAL REGISTRAR: **Edwards M.D. M.P.A.**
 37. ADDRESS: **7019**
 38. SIGNATURE OF REGISTRAR: *(Signature)*

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

I, **LORNE E. EDWARDS M.D. M.P.A.**, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS OF THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO. THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

UNOFFICIAL COPY

Property of Cook County Clerk's Office

UNOFFICIAL COPY

3994053

(FORM 302)

Affidavit by Surviving Joint Tenant

L. R. 3809 Doc. No. 9983796 Certificate No. 18 90510

State of Illinois }
County of Cook } ss.

Solon Gabriel being first
duly sworn, upon oath deposes and says:

That ...he... resides at 6544 Le Roy in the City of Lincolnwood
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. 1290510 situated in said Cook County, Illinois,
described as follows:

LOT ONE ----- (1)

In Wilmer S. Wilson's Pratt Avenue Addition to Lincolnwood, being a Subdivision of that part of
the Southeast Quarter (4) of the Southeast Quarter (4) of the Northeast Quarter (4) of Section 33,
Township 41 North, Range 13, East of the Third Principal Meridian, which lies West of the West
line of Edens Highway, according to Plat thereof registered in the Office of the Registrar of
Titles of Cook County, Illinois, on March 26, 1954, as Document Number 1514173.

10-33-231-007

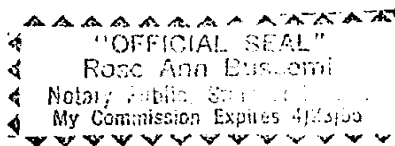
Affiant states that the remaining joint tenant... has not changed... his... marital status since
the issuance of Certificate of Title Number 1290510 (except who
has been married but once since acquiring said real estate and then to

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.

Solon Gabriel

Subscribed and sworn to before me
this 9 day of September, 1991.

Rose Ann Bucceni
NOTARY PUBLIC.



THIS INSTRUMENT WAS PREPARED BY
Solon Gabriel
6544 Le Roy Lincolnwood

3994053
3994053

UNOFFICIAL COPY

290510
2/17/12
NCS

3994053

REGISTRATION NO. 57
CAROL MOSELEY BRAUN
REGISTRAR OF TITLES

IDENTIFIED
NO.
Registrar of Torts and Titles
CAROL MOSELEY BRAUN
BOWSKY

3994053

Property of Cook County Clerk's Office

Below Approved
6544 Lee Roy Ave
Winnetka, IL 60094

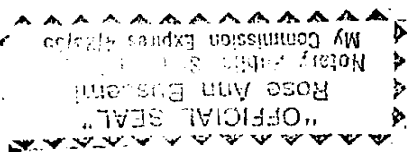
3994053

UNOFFICIAL COPY

THIS INSTRUMENT WAS PREPARED BY

NOTARY PUBLIC

Subscribed and sworn to before me this 9 day of September, 1991



John Markief
the truth of the statements herein contained.
described premises, relying on this statement as true, and in consideration thereof affiant guarantees
of Cook County, Illinois, to issue a certificate of title to the surviving Joint Tenant, as said above
Further, that the affiant makes this affidavit for the purpose of inducing the Registrar of Titles
has been married but once since acquiring said real estate and then to
the issuance of Certificate of Title Number 1290512 (except
Affiant states that the remaining joint tenant, has not changed marital status since
as is confirmed by a Certificate of the health department of said municipality, hereto attached.
Affiant states that one of the said owners in joint tenancy, died intestate, in the city (Village) of Lincolnwood, in the State of Ill.

6850 Lincolnwood Dr
Lincolnwood, Ill. 60466
Tara Markief

3994053

3994053

Affidavit by Surviving Joint Tenant

L. R. 3809 Doc. No. 2983796 Certificate No. 1290512

State of Illinois

3994053 3994053

Handwritten initials

UNOFFICIAL COPY

Property of Cook County Clerk's Office

12905/10
2/17
525

3994053

REGISTRAR OF TITLES
CAROL MOSELEY BRAUN
JAN 20 11 57

IDENTIFIED No.	Registrar of Torrens Titles CAROL MOSELEY BRAUN Bowsky
-------------------	--

3994053

Salon Hairbird
6544 W. Roosevelt
Lincolnwood, IL 60646