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FEDERAL TAX LIEN AFFIDAVIT

(PLEASE PRINT OR TYPE)

State of Illinois } ss.
County of Cook }

Bette J. Edwards. being duly sworn, upon oath states that _____

is 46 years of age and

1. has never been married

2. the widow(er) of _____

3. married to _____

said marriage having taken place on _____

4. divorced from Kenneth

date of decree 2-7-91.

case 90 D M 286.

county & state Cook, Illinois

Affiant further states that her social security number is 327-38-7680. and that there are no United States Tax Liens against her.

Affiant further states that during the last 10 years, affiant has resided at the following address and none other:

FROM (DATE)	TO (DATE)	STREET NO.	CITY	STATE
1976	Present	405 Indiana	Park Forest, IL	Illinois

Affiant further states that during the last 10 years, affiant has had the following occupations and business addresses and none other:

FROM (DATE)	TO (DATE)	OCCUPATION	EMPLOYER	ADDRESS (STREET NO.) CITY STATE
1984- 1982 1975	Present 1984 1985	Housewife. Data Entry Clerk Housewife.	Emkin total Bank	Flossmoor, IL

Affiant further states that affiant makes this affidavit for the purpose of inducing the Registrar of Titles, Cook County, Illinois to issue his Torrens Certificate of title free and clear of possible United States Tax Liens.

Subscribed and sworn to me this 17th day of May, 1991

* Bette J. Edwards
BETTE J. EDWARDS

Lynette Moschetti

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OFFICIAL SEAL
LYNETTE MOSCHETTI
Notary Public, State of Illinois
My Commission Expires 5-25-24

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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 Ernestine De Moss; surviving spouse
(name and capacity)

and reside at 306 Eastern Ave., Bellwood, Illinois 60104.

(2) I am personally acquainted with the affairs of the Estate of Emanuel De Moss, who died on August 15, 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. _____~~

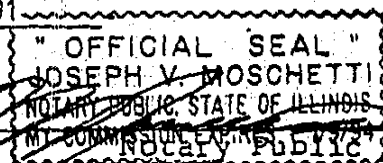
and I make this affidavit for the purpose of inducing the Registrar of Titles of Cook County, Illinois, to issue a Certificate of Title without additional evidence of non-liability, relying on this statement as true, and in consideration thereof affiant guarantees the truth of the statements herein contained.

Ernestine De Moss

Ernestine De Moss

Subscribed and sworn to before
me this 29th day of March;

19 91



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Certified Copy of a Death Record

REGISTRATION DISTRICT NO 16.9D	STATE OF ILLINOIS	STATE FILE NUMBER
REGISTERED NUMBER 1A72U	MEDICAL CERTIFICATE OF DEATH	

DECEASED-NAME 1 EMANUEL DEMOSS		SEX 2 MALE	DATE OF DEATH (MONTH DAY YEAR) 3 AUGUST 15, 1990
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 4 COOK		AGE-LAST BIRTHDAY (YRS) 5a 65	DATE OF BIRTH (MONTH DAY YEAR) 5d JULY 17, 1925
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a PROVISO TOWNSHIP		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) 6b FOSTER G MCGAW HOSPITAL	IF INSP. OR INST. INDICATE DOA OF EMER. (IF APPLICABLE) (SPECIFY) 6c INPATIENT
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 Chgo, Illinois	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) 8b ERNESTINE Williams	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO) 9 NO
SOCIAL SECURITY NUMBER 10 356-14-4722	USUAL OCCUPATION 11a Mechanical	KIND OF BUSINESS OR INDUSTRY 11b Commonwealth	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12 12th
RESIDENCE (STREET AND NUMBER) 13a 306 EASTERN		CITY, TOWN, TWP. OR ROAD DISTRICT NO 13b BELLWOOD	INSIDE CITY (YES NO) 13c YES
STATE 13a ILLINOIS		RACE (WHITE BLACK AMERICAN INDIAN OR ISL) (SPECIFY) 14a BLACK	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES SPECIFY CUBAN MEXICAN PUERTO RICAN, ETC.) 14b <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY

FATHER-NAME FIRST MIDDLE LAST 15 Emanuel Demoss Sr.	MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16 Mattie, Unavailable
INFORMANT'S NAME (TYPE OR PRINT) 17a SILVIA PAMELA POOL-LAYNE	RELATIONSHIP 17b RECORDS
MAILING ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN STATE ZIP) 17c 2160 S 1ST AVE, MAYWOOD ILLINOIS 60153	

18 PART I. Enter the diseases, or complications 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.		APPROXIMATE INTERVAL BETWEEN DEATH AND AUTOPSY
Immediate Cause (Final disease or condition resulting in death) → (a) Cerebral Arteriosclerosis Encephalopathy	DUETO, OR AS A CONSEQUENCE OF	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) Hypertension	DUETO, OR AS A CONSEQUENCE OF	
(c) Insulin Administration		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Coronary Heart Failure (Chronic - Obstructive Lung Disease)		AUTOPSY (YES NO) 19a Yes
DATE OF OPERATION, IF ANY 20a	MAJOR FINDINGS OF OPERATION 20b	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c NO

(DID) (DID NOT) ATTEND THE DECEASED (MONTH DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 21a July 17, 1990	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES NO) 21b NO	HOUR OF DEATH 21c 11:35 AM.
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		
22a SIGNATURE [Signature]	22b 8-17-90	DATE SIGNED (MONTH DAY YEAR)
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c FOSTER G MCGAW HOSPITAL, 2160 S 1ST AVE, MAYWOOD ILLINOIS 60153		ILLINOIS LICENSE NUMBER 036-070930
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23		NOTE: AN ANATOMY WAS INVOLVED IN THIS DEATH? (CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED)

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a Burial	CEMETERY OR CREMATORY-NAME 24b Sunset	LOCATION CITY OR TOWN STATE 24c Northbrook Illinois	DATE (MONTH DAY YEAR) 24d Aug. 23, 1990
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a A.A. Rayner & Sons 5911 West Madison Street Chicago, Illinois 60644			
FUNERAL DIRECTOR'S SIGNATURE 25b [Signature]		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c 9394	
LOCAL REGISTRAR'S SIGNATURE 26a Richard J. Billik		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) Broadview, Illinois 60153 August 23, 1990	

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named or item 1, and that record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

SEP 10 1990

SIGNED **Richard J. Billik**

AT Broadview, Il, 60153 Illinois OFFICIAL TITLE Local Registrar of Vital Statistics

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts therein stated.

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3995706

DCS 64 SM 5.47 (FORM 302)

Affidavit by Surviving Joint Tenant

L. R. 5755 Doc. No. 2913247-F Certificate No. 1278208

State of Illinois }
County of Cook } ss.

ERNESTINE DE MOSS being first
duly sworn, upon oath deposes and says:

That she resides at 306 Eastern in the City of Bellwood
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. 1278208 situated in said Cook County, Illinois,
described as follows: LOT THIRTEEN (13) IN SECOND ADDITION TO CUMMINGS AND
FOREMAN REAL ESTATE CORPORATION RESUBDIVISION OF PART OF MIAMI PARK,
IN THE WEST HALF (1/2) OF SECTION 9, TOWNSHIP 39 NORTH, RANGE 12,
EAST OF THE THIRD PRINCIPAL MERIDIAN SITUATED IN COOK COUNTY, ILLINOIS.

PIN 15-09-115-027 306 Eastern Ave
Bellwood IL 60104

Affiant states that EMANUEL DE MOSS one of the said owners in joint
tenancy, died intestate, in the city (Village) of Bellwood 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 1278208 ~~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.

Ernestine De Moss
ERNESTINE DE MOSS

Subscribed and sworn to before me
this 14th day of January, 19 91

OFFICIAL SEAL
JOSEPH V. MOSCHETTI
NOTARY PUBLIC, STATE OF ILL.
MY COMMISSION EXPIRES 1/9/94

Exempt under provisions of Paragraph
4 of Article 13 of the Illinois Constitution
JOSEPH V. MOSCHETTI NOTARY PUBLIC

Date _____ Buyer, Seller or Representative _____

AFFIDAVIT OF NO U.S. TAX LIEN ATTACHED.

3995706

THIS INSTRUMENT WAS PREPARED BY
Joseph V. Moschetti
Cook County, IL 60414

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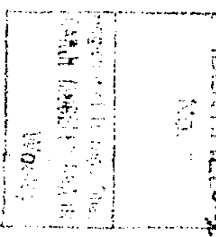
Steph...

WIT

CAROL MOSELEY BRADY
REGISTRAR OF TITLES

1591 SEP 16 AM 10:43

3995706



Joseph V. Moschetti
P.O. Box 144
Cook City, IL 60411

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