

UNOFFICIAL COPY

*Handwritten initials*

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 Angeline A. Karlovich  
(name and capacity)

and reside at Crestwood Heights Nursing Centre, Crestwood, Illinois

(2) I am personally acquainted with the affairs of the Estate of John N. Karlovich, who died on December 30, 1962.

(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)

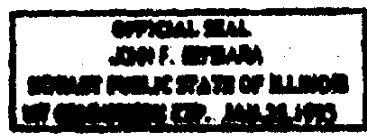
- 1) that no Tax is due; or \_\_\_\_\_
- 2) that if any Tax due, there are sufficient other assets to pay such Tax; or \_\_\_\_\_
- 3) that any Tax due has been paid. \_\_\_\_\_

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.

Angeline A. Karlovich  
Angeline A. Karlovich  
by Anthony Kovacovich  
Anthony Kovacovich  
Attorney-In-Fact

Subscribed and sworn to before me this 10th day of September, 19 91.

John F. Debra  
Notary Public



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

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Property of Cook County Clerk's Office

JAN 22 1970  
ARABIA 1 002  
MORNING STAR OF ILLINOIS  
CHRYSLER, NEW YORK, N.Y.

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CAUSE OF DEATH  
4201

1. PLACE OF DEATH a. CITY CHICAGO		b. COUNTY COOK		2. LEGAL RESIDENCE (Where received Cert. of Institution, residence before admission) c. CITY CHICAGO		d. COUNTY COOK	
3. INSIDE corporate limits and in City, Village, or Incorporated Town CHICAGO				4. OUTSIDE corporate limits and in Township name HOMER TOWNSHIP			
5. NAME OF HOSPITAL OR INSTITUTION D. O. NEUROLOGIC HOSP		6. LENGTH OF STAY IN IT D.O.		7. RESIDENCE ADDRESS (Street & No. or R.F.D. and Post Office) 4127 SOUTH WEST 116W4		8. LENGTH OF RESIDENCE AT IT 4 MOS.	
9. NAME OF DECEASED John		10. THORNBURGH N.		11. LAST NAME KARLOVICH		12. DATE OF DEATH DEC. 30. 1962	
13. SEX MALE		14. RACE WHITE		15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		16. DATE OF BIRTH DEC. 6. 1899	
17. AGE (In years, not birthday) 63		18. USUAL OCCUPATION PORTER		19. KIND OF BUSINESS OR INDUSTRY C. T. A.		20. BIRTHPLACE (City and state or foreign country) Krasich, Jugoslavia	
21. CITIZENSHIP U.S.A.		22. FATHER'S FULL NAME ANTON KARLOVICH		23. MOTHER'S FULL MAIDEN NAME FANNIE A. WICH		24. SOCIAL SECURITY NUMBER UNKNOWN	
25. MEDICAL CAUSE OF DEATH PART I. DEATH WAS CAUSED BY (If not only one cause per line for (A), (B) and (C).) IMMEDIATE CAUSE (A) Coronary occlusion		26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (If not treated to the terminal condition given in part (A).) Sudden		27. SIGNATURE OF INFORMANT Angelina A. Karlovich		28. ADDRESS 4127 South West Ave	
29. RELATIONSHIP TO DECEASED Wife		30. DATE OF OPERATION		31. TRADE, BUSINESS OR OCCUPATION		32. AUTOPSY? NO	
33. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		34. PLACE OF INJURY (e.g., in road, home, farm, factory, school, office bldg., etc.)		35. INJURED AT (CITY, TOWNSHIP, OR LOCATION) (COUNTY) (TRADE)		36. TIME OF INJURY (month) (day) (year) (A.M. P.M.)	
37. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		38. HOW DID INJURY OCCUR?		39. Upon medical investigation I find this death was caused as stated above. Dr. H. R. Taylor M.D. COOK COUNTY PHYSICIAN		40. Upon official investigation I find the person described had died as stated above. Andrew J. ... COOK COUNTY CLERK	
41. DISPOSITION: BURIAL, REMOVAL, CREMATION DATE: 1-3-63 CEMETERY: ST. MARY LOCATION: AVERGREN, PR. 15 SYCAM		42. FUNERAL DIRECTOR SIGNATURE: ... ADDRESS: ...		43. Received for filing on JAN 2 1963 David D. Orr, County Clerk		44. LOCAL NUMBER 13	

STATE OF ILLINOIS } ss. DAVID D. ORR. County Clerk  
County of Cook,

I, DAVID D. ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David D. Orr  
County Clerk

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(FORM 302)

Affidavit by Surviving Joint Tenant

L. R. Doc. No. Certificate No.

State of Illinois
County of Cook ss.

Angeline A. Karlovich being first

duly sworn, upon oath deposes and says:

That s.he... resides at Crestwood Heights Nursing Center in the City of Crestwood

and that s.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. 902566 situated in said Cook County, Illinois,

described as follows: THE SOUTHWESTERLY HALF OF LOT 1489 IN J.E. MERRION & CO'S HOMETOWN UNIT NO. 6, A SUBDIVISION OF LOTS C AND D IN J.E. MERRION & COMPANY'S HOMETOWN UNIT NO. 2, A SUBDIVISION OF THAT PART OF THE NORTH EAST 1/4 OF SECTION 3, LYING NORTH OF THE RIGHT OF WAY OF THE WABASH RAILROAD AND OF PART OF THE EAST 1/2 OF THE NORTH WEST 1/4 OF SAID SECTION 3, TOWNSHIP 37 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, ACCORDING TO THE PLAT THEREOF REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS, AS DOCUMENT NUMBER 1416478.

Affiant states that John N. Karlovich one of the said owners in joint tenancy died intestate, in the city (Village) of Chicago in the State of Illinois as is confirmed by a Certificate of the health department of said municipality hereto attached.

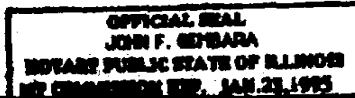
Affiant states that the remaining joint tenant has not changed widowed marital status since the issuance of Certificate of Title Number (except who has been married but once since acquiring said real estate and then to)

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.

Subscribed and sworn to before me this 10th day of September 1991

John F. Sebara NOTARY PUBLIC.

Angeline A. Karlovich by Anthony Kovacovich Attorney-In-Fact



Power of attorney attached to Doc. #

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Property of Cook County Clerk's Office

1330-895  
QPF

IDENTIFIED No.	Register of Tolls and Fees CAROL MOSELEY BRAUN C. J. SIKALO
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REGISTRAR OF TITLES  
CAROL MOSELEY BRAUN  
SEP 12 PM 2:28

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THE COMMISSIONERS JAN 27 1892  
NOTARY PUBLIC STATE OF ILLINOIS  
JAMES F. GILBERT  
OFFICIAL SEAL