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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 ALEX MORGAN
(name and capacity)

and reside at 4226 W. IOWA ST.

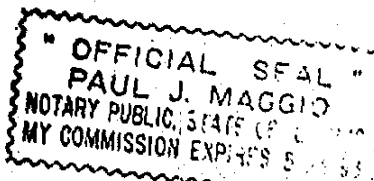
(2) I am personally acquainted with the affairs of the Estate of LINNIE MORGAN, who died on MARCH 22, 1990.

(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.



Alex Morgan
ALEX MORGAN

Subscribed and sworn to before

me this 5th day of April;

19 91.

Notary Public

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IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the Court at Chicago, Illinois, this _____ day of _____, 19____.

The above and foregoing contents of this instrument are true and correct to the best of my knowledge and belief.

Witness my hand and the seal of the Court at Chicago, Illinois, this _____ day of _____, 19____.

Notary Public

Notary Public

Notary Public

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STATE FILE NUMBER **606018**

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.10**
REGISTERED NUMBER

DECEASED-NAME FIRST MIDDLE LAST **LINNIE MORGAN** SEX **Female** DATE OF DEATH (MONTH, DAY, YEAR) **March 22, 1990**

1. COUNTY OF DEATH **COOK** DATE OF BIRTH (MONTH, DAY, YEAR) **June 26, 1919**

4. **COOK** CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Chicago** HOSPITAL OR OTHER INSTITUTION (NAME IF NOT NEITHER, GIVE STREET AND NUMBER) **Loretto Hospital**

6a. **Chicago** BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Mississippi** MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY) **Married**

7. **Mississippi** SOCIAL SECURITY NUMBER **Una** 11a. **Homemaker** KIND OF BUSINESS OR INDUSTRY **11a. Home**

10. **Una** RESIDENCE (STREET AND NUMBER) **29 N. Latrobe** CITY, TOWN, OR ROAD DISTRICT NO. **Chicago**

13a. **Illinois** RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) **Black** 13b. **Chicago** (OF HISPANIC ORIGIN? (SPECIFY) AND OR YES IF YES, SPECIFY CUBAN, MEXICAN, PUE (10), CAN (4))

13c. **Illinois** 14a. **Black** 14b. **X** MINO (YES FIRST MIDDLE LAST) **Lena** 14c. **Illinois** 14d. **Illinois**

FATHER-NAME FIRST MIDDLE LAST **Mayfield** RELATIONSHIP **Worship** MOTHER-NAME FIRST MIDDLE LAST **Latrobe** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) **17c. 29 N. Latrobe Chicago, Ill.**

15. **Alex Morgan** 16. **Worship** 17a. **Alex Morgan** 17b. **Worship** 18. PART I. Enter the immediate cause of death, and the underlying cause of death, in the order of listing, such as cardiac or respiratory arrest, shock, or traumatic asphyxia, and the cause of death, such as myocardial infarction, stroke, or trauma.

Immediate Cause (Final disease or condition resulting in death) **(a) ACUTE MYOCARDIAL INFARCTION**

CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) **(b) ATHEROSCLEROTIC CARDIOVASCULAR DYSFUNCTION**

CAUSE LAST. **(c)**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

DATE OF OPERATION, IF ANY **20b.** MAJOR FINDINGS OF OPERATION **20c. YES || NO ||**

19a. **NO** 19b. **NO** 19c. **YES || NO ||**

19d. **NO** 19e. **NO** 19f. **NO**

20a. **NO** 20b. **NO** 20c. **YES || NO ||**

20d. **NO** 20e. **NO** 20f. **NO**

20g. **NO** 20h. **NO** 20i. **NO**

20j. **NO** 20k. **NO** 20l. **NO**

20m. **NO** 20n. **NO** 20o. **NO**

20p. **NO** 20q. **NO** 20r. **NO**

20s. **NO** 20t. **NO** 20u. **NO**

20v. **NO** 20w. **NO** 20x. **NO**

20y. **NO** 20z. **NO**

21. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE **Jack Zolden** (TYPE OR PRINT)

22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **Jack Zolden M.D. 5015 N Paulina Chicago Illinois 60640**

22c. **Jack Zolden M.D. 5015 N Paulina Chicago Illinois 60640**

22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

23. BURIAL CREMATION REMOVAL (SPECIFY) **Burial** CEMETERY OR CREMATORY-NAME **Lincoln** LOCATION **Chicago Illinois** STATE **Illinois** DATE (MONTH, DAY, YEAR) **Mar. 28, 1990**

24. **Burial** STREET AND NUMBER OR R.F.D. **5911 West Madison Street Chicago, Illinois 60644** CITY OR TOWN **Chicago** STATE **Illinois** ZIP **60644**

25a. **A.A. Rayner & Sons** FUNERAL DIRECTOR'S SIGNATURE **Alex S. Brown** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **9398**

25b. LOCAL REGISTRAR'S SIGNATURE **Damon M. Masterson M.P.H.**

25c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **MAR 27 1990**

MAR 27 1990
STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JAMES W. MASTERTON, M.P.H., ACTING 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

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Property of Cook County Clerk's Office

Affidavit by Surviving Joint Tenant

L. R. 19055 Doc. No. 3573286 Certificate No. 1483812

State of ILLINOIS
County of COOK ss.

ALEX MORGAN, a widower being first
duly sworn, upon oath deposes and says:

That he resides at 4226 W. IOWA 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. 1483812 situated in said Cook County, Illinois,
described as follows:

LOT 39 IN BLOCK 2 IN EDWARD T. NOONAN'S SUBDIVISION OF THE EAST 1/2 OF THE NORTH
1/2 OF THE SOUTHWEST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 3, TOWNSHIP 39 NORTH, RANGE
13, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

16-03-419-036
4226 W. Iowa, Chgo, IL.

Affiant states that LINNIE MORGAN 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.

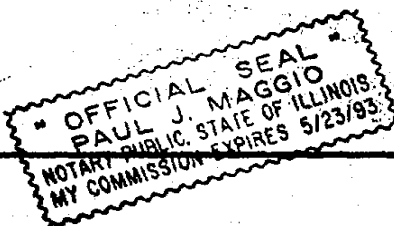
Affiant states that the remaining joint tenant has not changed his marital status since
the issuance of Certificate of Title Number 1483812 (except who
has been married but once since acquiring said real estate and then to).

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.

Alex Morgan
LAEX MORGAN

Subscribed and sworn to before me
this 5th day of April 1991

NOTARY PUBLIC.



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Property of Cook County Clerk's Office

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1991 SEP 18 PM 12:30

CAROL MOSELEY BRAUN
REGISTRAR OF TITLES

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1/183812

IDENTIFIED	No.
Registrar of Torrens Titles	
CAROL MOSELEY BRAUN	
Sanchez	

ANDREW MABGIC
7849 W. BERNARD
CHICAGO, IL 60634