

UNOFFICIAL COPY

AFFIDAVIT OF NO ESTATE TAX DUE

0 4 0 1 4 6 7 2

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 JUNE M. CALLARY
(name and capacity)
and reside at 9817 S. COOK AV. OAK LAWN, ILL 60453 (Cook)

(2) I am personally acquainted with the affairs of the Estate of THOMAS F. CALLARY, who died on 11-26-90.

(3) That, based on the total value of the Estate of the deceased, I know that no Federal Estate Tax Return has been filed, is contemplated or is necessary.

(4) That, as a consequence, I represent to the Registrar of Titles that no Federal Estate Tax or State Inheritance Tax is due*, 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.

June M. Callary

Subscribed and sworn to before me this 26th day of Nov

19 91
Kelly A. Sharo
Notary Public

"OFFICIAL SEAL"
Kelly A. Sharo
Notary Public, State of Illinois
My Commission Expires 12/31/92

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

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add to
2008
2009
2010

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REGISTRATION DISTRICT NO. 1033		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER 917		MEDICAL CERTIFICATE OF DEATH			
DECEASED-NAME 1. THOMAS F CALLARY			SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. NOVEMBER 26, 1990	
COUNTY OF DEATH 4. COOK		AGE-LAST BIRTHDAY (YRS) 5a. 53	UNDER 1 YEAR 5b.	UNDER 1 DAY 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. NOVEMBER 10, 1937
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. EVERGREEN PARK		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. LITTLE COMPANY OF MARY HOSPITAL		IF HOSP. OR INST. INDICATE D.O.A. OF EMER. RM. INPATIENT (SPECIFY) 6c. INPATIENT	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO, ILL		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. DIVORCED	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b.		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO) 8. YES
SOCIAL SECURITY NUMBER 323 30 3531		USUAL OCCUPATION 11a. EMERGENCY ROOM TECH	KIND OF BUSINESS OR INDUSTRY 11b. HOSPITAL	EDUCATION, IS SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 1-12 College (1-4 or 5-1) 2	
RESIDENCE (STREET AND NUMBER) 13a. 8020 S. LAVERGNE		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. BURBANK	INSIDE CITY (YES NO) 13c. YES	COUNTY 13d. COOK	
STATE 13e. ILLINOIS	ZIP CODE 60459	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. WHITE	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. NO -X- YES- SPECIFY:		
FATHER-NAME FIRST MIDDLE LAST 15. FRANK CALLARY			MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. ELIZABETH TURNER		
INFORMANT'S NAME (TYPE OR PRINT) 17a. LYNDA HANLACKER/CLERK		RELATIONSHIP 17b. HOSPITAL RECORDS	MAILING ADDRESS (STREET AND NUMBER OR P.O. BOX OR TOWN, STATE, ZIP) 17c. 2800 WEST 95TH STREET EVERGREEN PARK, ILLINOIS 60642		
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. Immediate Cause (Final disease or condition resulting in death) (a) CARCINOMA OF THE LUNG DUE TO, OR AS A CONSEQUENCE OF CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 24 MOS			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				19a. AUTOPSY (YES NO) NO	19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES NO)
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. 11/25/90		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO	HOUR OF DEATH 21c. 12:35 A.M.		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND TO THE CAUSE(S) STATED. 22a. SIGNATURE WILLIAM S. O'KEILLY		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. WILLIAM S. O'KEILLY 13150 S. HAROLD PAUL HEIGARD		DATE SIGNED (MONTH, DAY, YEAR) 22b. 11/20/90	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.		BURIAL, CREMATION, OR ENTOMBMENT 24a. ENTOMBMENT		CEMETERY OR CREMATORY-NAME 24b. QUEEN OF HEAVEN	LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) 24c. HILLSIDE, ILLINOIS 11/28/90
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. AHERN FUNERAL HOME 1110 MADISON ST, OAK PARK, ILLINOIS 60302		FUNERAL DIRECTOR'S SIGNATURE 25b. THOMAS B AHERN Thomas B Ahern		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 6346	
LOCAL REGISTRAR'S SIGNATURE 26a. Annette Shaver Mof		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. NOVEMBER 27, 1990			

RECORDED ON: 1-11-91

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record as made from the original certificate for the person named therein and that this certificate was established and filed with the Department of Public Health in accordance with the statutes of Illinois.

SPRINGFIELD

JANUARY 11, 1991

STATE OF ILLINOIS
DEPT. STATE REGISTRAR

THIS IS NOT A VALID CERTIFIED COPY WITHOUT THE EMBOSSED SEAL AND SIGNATURE OF THE STATE REGISTRAR

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LAST WILL AND TESTAMENT

90P012501

I, Thomas F. Callary, being of sound mind and in full control of my faculties, do hereby grant Power Of Attorney to my brother, Bro. Michael Callary, OSM.

I also appoint Bro. Michael Callary, OSM as executor of my estate the sum of which, after all necessary expenses, including medical and funeral have been paid, is to be held in trust for my son Eric Callary, until he reaches the age of 18 and attends college, or until he reaches the age of 21, if he does not attend college.

Signed this 23rd day of November 1990.
1:15 A.M.

Thomas F. Callary
THOMAS F. CALLARY

WITNESSES:

1. NAME James J. Mrazo
ADDRESS 8416 So. Kilbourn
CITY/STATE/ZIP Chicago Ill 60652
TELEPHONE 1-312-585-1935
2. NAME Barbara Grose
ADDRESS 7 W. Ann St
CITY/STATE/ZIP Lombard Ill 60148
TELEPHONE 932 4536
3. NAME Marion F. Callary
ADDRESS 3521 S Clinton
CITY/STATE/ZIP Berwyn Ill 60402
TELEPHONE 749 1437

90W56 975

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STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

90P012504

AFFIDAVIT

We, the attesting witnesses to the Will of THOMAS F. CALLARY, on oath state that each of us was present and saw the Testator sign the Will, of which this affidavit is a part, in our presence: that the Will was attested by each of us in the presence of the Testator: and that each of us believed the Testator to be of sound mind and memory at the time of the signing.

Catherine Groge
James L. Groge
Thomas F. Callary

Signed & sworn to before me
THIS 13 day of December, 1990.

Sister Rosemarie Morawczynski
Notary Public

" OFFICIAL SEAL "
SISTER ROSEMARIE MORAWCZYNSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 2/27/94

TIMOTHY J. MANNING
Attorney for JEROME F. CALLARY
4421 N. Winchester Avenue
Chicago, Illinois 60640
(312) 561-2695
Atty. No. 18676

90H56 976

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IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

PROBATE DIVISION

ESTATE OF Thomas F. Callery

NO.

90 P 12501

DOC.

476

PAGE

586

I HEREBY CERTIFY THAT THE DOCUMENT TO WHICH THIS CERTIFICATION IS AFFIXED IS A COPY OF LAST WILL AND TESTAMENT

PROVED AND ADMITTED TO RECORD IN OPEN COURT ACCORDING TO THE LAWS AND USAGES OF THE STATE OF ILLINOIS ON

19 91 BY

[Signature]
JUDGE

[Signature] 19 91
[Signature]

CLERK OF THE CIRCUIT COURT
OF COOK COUNTY, ILLINOIS

11/26/91

JEROME CALLARY, AS SUPERVISED ADMINISTRATOR OF THE ESTATE OF

UNOFFICIAL COPY

11/26/91 4106498

Proceeds

0 4 0 1 4 6 22,405.15

No 605594

Check Total \$ 22,405.15
PLEASE REMOVE THIS REMITTANCE ADVICE BEFORE DEPOSITING

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

gi Greater Illinois Title Company

4106498

ONE NORTH LA SALLE STREET
SUITE 1230
CHICAGO, ILLINOIS 60602
(312) 236-2666

JEROME CALLARY, AS SUPERVISED to MIGUEL TAPIA

AMERICAN NATIONAL BANK
BENSENVILLE, ILLINOIS 60108

No 605594

November 26 1991

PAY TWENTY TWO THOUSAND FOUR HUNDRED FIVE AND 15/100 DOLLARS \$22,405.15

VOID AFTER 6 MONTHS

TO THE ORDER OF JEROME CALLARY, AS SUPERVISED ADMINISTRATOR OF THE ESTATE OF THOMAS F. CALLARY

For: Proceeds

Miguel Tapia

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

⑈605594⑈ ⑈071919049⑈ ⑈05002507⑈02

County Clerk's Office

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(FORM 302)

Affidavit by Surviving Joint Tenant

L. R. 24804 Doc. No. 3039085-F Certificate No. 1316777

State of Illinois }
County of Cook } ss.

JUNE M. CALLARY being first
duly sworn, upon oath deposes and says:

That she resides at 8070 South Lavergne in the City of Burbank
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. 1316777 situated in said Cook County, Illinois,
described as follows:

Lot 14 in Block 11, in Golfmoor, being a Subdivision in the
Northeast 1/4 of Section 33, Township 38 North, Range 13,
East of the Third Principal Meridian, in Cook County, Illinois.

Affiant states that Thomas F. Callary one of the said owners in joint
tenancy, died intestate, in the city (Village) of Burbank 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 1316777 (except NA who
has been married but once since acquiring said real estate and then to NA).

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.

June M. Callary

Subscribed and sworn to before me
this 26 day of Nov. 1991

Kelly A. Sharo

NOTARY PUBLIC
"OFFICIAL SEAL"
Kelly A. Sharo
Notary Public, State of Illinois
My Commission Expires 12/31/93

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1316777
NED

4014672

1991 NOV 27 PM 3:49
CAROL MOSELEY BRAUN
REGISTRAR OF TITLES

4014672

IDENTIFIED
No.
Registrar of Torrens Titles
CAROL MOSELEY BRAUN
G.I.T./GONZALES

GREATER ILLINOIS
TITLE COMPANY

BOX 116
4104 448

Nes
4014672

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