

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 Kay F. Hahnfeld F/K/A Kay F. Ashley (daughter)  
(name and capacity)

and reside at 2042 Timber Ridge Lane, Schaumburg, Illinois 60195

(2) I am personally acquainted with the affairs of the Estate of Lillian D. Piper, who died on September 17, 1989.

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

(select one - initial choice)

- ☒ 1) that no Tax is due; or KH
- ☐ 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.

X Kay Hahnfeld - Kay Ashley  
Kay F. Hahnfeld F/K/A Kay F. Ashley

Subscribed and sworn to before  
me this 18<sup>th</sup> day of December;  
19 91.

Kristen L. Mann  
Notary Public



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Property of Cook County Clerk's Office

COOK COUNTY CLERK'S OFFICE  
JAN 10 2010  
1000 N. LAKE ST.  
CHICAGO, IL 60611

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DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <u>1100E</u>		STATE OF ILLINOIS		STATE FILE NUMBER	
		REGISTERED NUMBER <u>379</u>		<b>MEDICAL CERTIFICATE OF DEATH</b>			
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED-NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)		
	1. <u>LILLIAN DOROTHY PIPER</u>		<u>FEMALE</u>		<u>3 SEPTEMBER 17, 1989</u>		
	COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)		UNDER 1 YEAR		DATE OF BIRTH (MONTH, DAY, YEAR)
	4. <u>COOK</u>		5a. <u>66</u>		5b. <u>MOG</u> <u>DAYS</u> <u>5c. HOURS</u> <u>MIN</u>		5d. <u>NOVEMBER 11, 1922</u>
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		IF HOSP. OR INST. INDICATE D.O.A. OPERMER, RM, INPATIENT (SPECIFY)		
6a. <u>ELK GROVE VILLAGE</u>		6b. <u>ALEXIAN BROTHERS HOSPICE HOUSE</u>		6c. <u>HOSPICE INPT</u>			
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
7. <u>WISCONSIN</u>		8a. <u>WIDOWED</u>		8b. <u>NONE</u>		8. <u>NO</u>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10. <u>393-22-7386</u>		11a. <u>HOMEMAKER</u>		11b. <u>OWN HOME</u>		12. <u>12</u>	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
13a. <u>507 BERKLEY</u>		13b. <u>STREAMWOOD</u>		13c. <u>YES</u>		13d. <u>COOK</u>	
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, (SPECIFY))		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)	
13e. <u>ILLINOIS</u>		13f. <u>60107</u>		14a. <u>WHITE</u>		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST					
15. <u>EARL GILES</u>		16. <u>CAROL HIGSBY</u>					
INFORMANT'S NAME (TYPE OF RIGHT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. <u>NINA M. CABOT</u>		17b. <u>RECORDS</u>		17c. <u>800 WEST BIESTERFIELD ROAD</u> <u>1 ELK GROVE VILLAGE, ILLINOIS 60007</u>			
18. PART I		Enter the cause, or combination of causes that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or fatal fall, etc. List only one cause on each line.					
Immediate Cause (Final disease or condition resulting in death)		(a) <u>Colorectal carcinoma of cecum</u> <u>13 mm</u>					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) <u>DUE TO, OR AS A CONSEQUENCE OF</u>					
		(c) <u>DUE TO, OR AS A CONSEQUENCE OF</u>					
PART II: Other significant conditions contributing to death but not resulting in the underlying cause as given in PART I.		AUTOPSY (YES/NO)		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?			
		19a. <u>NO</u>		20c. <u>YES</u> <input type="checkbox"/> <u>NO</u> <input checked="" type="checkbox"/>			
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?			
20a. <u>Sept. 12, 89</u>		20b. <u>20c. <u>NO</u></u>		20c. <u>YES</u> <input type="checkbox"/> <u>NO</u> <input checked="" type="checkbox"/>			
(DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH			
21a. <u>21b. <u>NO</u></u>		21c. <u>NO</u>		21d. <u>1055 P.M. M.</u>			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR)		ILLINOIS LICENSE NUMBER			
22a. SIGNATURE <u>W. J. [Signature]</u>		22b. <u>9/18/89</u>		22c. <u>030-3500X</u>			
NAME AND ADDRESS OF CERTIFIER		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
22c. <u>325 W. [Address]</u>		22d. <u>DR. [Name]</u>					
23. BURIAL CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)	
24a. <u>Burial</u>		24b. <u>Bluff City Cemetery</u>		24c. <u>Elgin, Illinois</u>		24d. <u>Sept. 20, 1989</u>	
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE		ZIP	
25a. <u>Martin-Bartwood Funeral Home, P.C. 600 W. Lake St. Bartlett, Illinois 60103</u>		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
25b. <u>[Signature]</u>		25c. <u>KAREN L. SCOTT, M.D.</u>		25d. <u>031-009135</u>			
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
26a. <u>[Signature]</u>		26b. <u>September 19, 1989</u>					

VR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1969 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE September 19, 1989 SIGNED Doris L. Bole  
AT Barrington, Illinois OFFICIAL TITLE Sub-Registrar

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield, Kansas state and local

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Affidavit by Surviving Joint Tenant 7 4020397

L. R. ....

Doc. No. ....

Certificate No. ....

State of Illinois

ss.

County of Cook

Kay F. Hahnfeld F/K/A Kay F. Ashley

being first

duly sworn, upon oath deposes and says:

That she resides at 2042 Timber Ridge Lane in the City of Schaumburg 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. 1413941 situated in said Cook County, Illinois, described as follows: That Part of LOT 687, in Woodland Heights Unit Two, hereinafter described, falling within the North Quarter (1/4) of the Southeast Quarter (1/4) of Section 23.

in Woodland Heights Unit 2, being a Subdivision in Sections 23 and 26, Township 41 North, Range 9, East of the Third Principle Meridian, according to the plat thereof recorded in the Records Office on November 28, 1958 as document 17389928 and filed in the Registrars Office as document Lr1831943, in Cook County, Illinois. Commonly known as 507 Berkley, Streamwood, IL 60107 PIN# 06-23-403-029

Affiant states that Lillian D. Piper one of the said owners in joint tenancy, died intestate, in the City (Village) of Elk Grove in the State of Illinois as is confirmed by a Certificate of the health department of said municipality hereto attached.

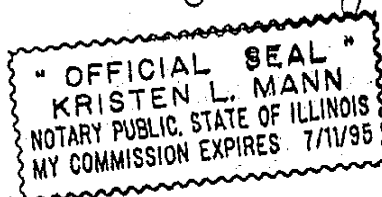
Affiant states that the remaining joint tenant has not changed her marital status since the issuance of Certificate of Title Number 1413941 (except Kay F. Hahnfeld who has been married but once since acquiring said real estate and then to Gary Hahnfeld).

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 18<sup>th</sup> day of December 1991

Kristen L. Mann  
NOTARY PUBLIC

Kay F. Hahnfeld F/K/A Kay F. Ashley



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STANDARD

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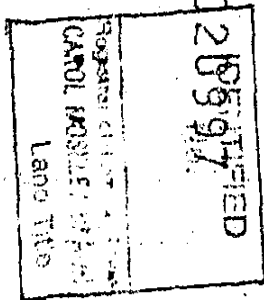
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COOK COUNTY

FILE #

LAND TITLE CO.  
800 W. MONROE, 4TH FLOOR  
CHICAGO, ILLINOIS 60682



1981 DEC 23 PM 3:29

CAROL MONROE  
FEDERAL RESERVE BANK

4020997

4020997

1413941

N. W. D.

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04028977

NON - HOMESTEAD AFFIDAVIT  
(FOR USE IN TORRENS TRANSACTIONS)

REVISED 4/86 HGL

I/We, KAY F. HAHNFELD F/K/A KAY F. ASHLEY, being the  
title holder(s) to the property registered on Certificate Number

1413941 Volume 2831-2, Page 471, in the  
Office of the Registrar of Titles. Cook County, Illinois, and being

married to GARY E. HAHNFELD

STATE(s):

(1) That the property herein is not homestead property.

(2) (a) That the property herein is held and used, \_\_\_\_\_

investment  
(insert general purposes: Industrial, Investment, Commercial)  
and is (2)(b) \_\_\_\_\_  
Vacant/developed with house

(3) That no proceeding is now pending or contemplated  
by affiant, nor does affiant know or believe that any proceeding  
is contemplated by the spouse of same under the Dissolution of  
Marriage Act, Ill. Rev. Stat., Ch. 40, §101 et seq.

(4) That neither affiant(s) nor the spouse(s) of same  
is/are residing on said premises.

This affidavit is made to induce the Registrar of Titles to  
accept a certain deed of conveyance effecting said property without  
the signature(s) of the spouse(s); Said affiant(s) agree(s) to save  
harmless the Registrar of Titles from any loss, claim, damage and  
expenses related hereto sustained by acceptance of the said deed  
and waiving any objection as to homestead rights.

X Kay F. Hahnfeld Kay F. Ashley  
KAY F. HAHNFELD F/K/A KAY F. ASHLEY

Subscribed and sworn to  
before me this 18TH  
day of DECEMBER  
A.D. 1991

(SEAL)

Kristen L. Mann  
Notary Public

" OFFICIAL SEAL "  
KRISTEN L. MANN  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 7/11/95

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