

# UNOFFICIAL COPY

STATE OF ILLINOIS)  
COUNTY OF COOK ) SS.



ESTATE OF:

Mildred Frances Arnberg, Deceased

Doc#: 1425344083 Fee: \$68.00  
RHSP Fee:\$9.00 RPHF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 09/10/2014 04:11 PM Pg: 1 of 4

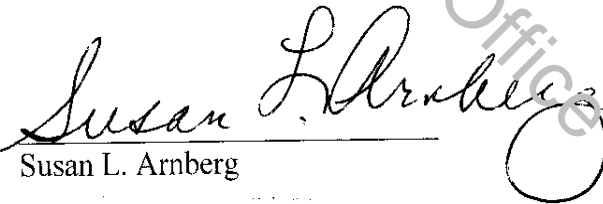
## AFFIDAVIT OF HEIRSHIP

Susan L. Arnberg being first sworn upon her oath says:

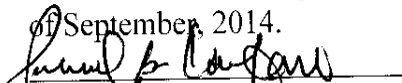
1. The decedent, Mildred Frances Arnberg, died at Schiller Park, Cook County, Illinois on August 4, 2014, at the age of 87 years. At the time of her death she was a resident of Schiller Park, Cook County, Illinois.
2. I am of legal age, the daughter of decedent and I resident the City of Chicago, Cook County, Illinois.
3. Mildred Frances Arnberg was married once in her lifetime. Her marriage was to William Carl Arnberg and took place May 17, 1947 at Chicago, Illinois.
4. William Carl Arnberg died at Chicago, Illinois on February 20, 2004.
5. The following children were born to decedent Mildred Frances Arnberg as a result of her marriage to William Carl Arnberg:  
Susan Lynn Arnberg and William Carl Arnberg, Jr.  
No other children were born to or adopted by decedent during her lifetime.

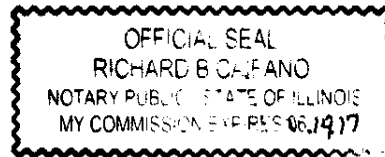
Based upon the foregoing, the heirs at law of the Mildred Frances Arnberg are:

Susan Lynn Arnberg, her daughter and  
William Carl Arnberg, Jr., her son.

  
Susan L. Arnberg

Subscribed and sworn to  
Before me this 4th day  
of September, 2014.

  
NOTARY PUBLIC



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## DESCRIPTION OF LAND

The South Half ( $\frac{1}{2}$ ) (except the South 38.66 feet thereof) of LOT NINE -- (9)  
The South Twenty-Eight (28) Feet of the North Half ( $\frac{1}{2}$ ) of LOT NINE -- (9)

In Block Five (5), in VOLK BROS. HOME ADDITION TO SCHILLER PARK, being a Subdivision of Lots One (1) to Eleven (11), inclusive, in Wehrman's Addition to Kolze, being a Subdivision of that part of the East Half ( $\frac{1}{2}$ ) of the Southwest Quarter ( $\frac{1}{4}$ ) of Section 16, Township 40 North, Range 12, East of the Third Principal Meridian lying South of Irving Park Boulevard (except the South 27.25 feet of the East 660.35 feet thereof).

PIN 12-16-317-018-0000

Address: 4037 Boss Ave  
Schiller Park, IL

Property of Cook County Clerk's Office

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**COOK COUNTY CLERK VITAL RECORDS  
CHICAGO, ILLINOIS  
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2014 0058905

DATE ISSUED 8/11/2014

DECEDENT'S LEGAL NAME MILDRED FRANCES ARNBERG			SEX FEMALE	DATE OF DEATH AUGUST 04, 2014
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 87 YEARS	DATE OF BIRTH NOVEMBER 09, 1926		
CITY OR TOWN SCHILLER PARK	HOSPITAL OR OTHER INSTITUTION NAME 4037 N GOSS AVE.			
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 354-18-5732	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 4037 N GOSS AVE	APT. NO.	CITY OR TOWN SCHILLER PARK	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60176	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOSEPH BIDLO	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARIE EBERL
INFORMANT'S NAME SUSAN ARNBERG	RELATIONSHIP DAUGHTER	MAILING ADDRESS 1040 N LAKE SHORE DRIVE UNIT 24D, CHICAGO, IL, 60611		
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION ALL SAINTS CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE DES PLAINES, IL	DATE OF DISPOSITION AUGUST 07, 2014	
FUNERAL HOME SAX-TIEDEMANN FUNERAL HOME AND CREMATORIUM, 9568 BELMONT AVE., FRANKLIN PARK, IL, 60131				
FUNERAL DIRECTOR'S NAME BETH ANN STOLTE			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016387	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR AUGUST 6, 2014	
<b>CAUSE OF DEATH</b> PART I. CORONARY ARTERY DISEASE IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of): b. RENAL INSUFFICIENCY _____ Due to (or as a consequence of): c. HYPERTENSION _____ Due to (or as a consequence of):				
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I. ANEMIA			WAS AN AUTOPSY PERFORMED? NO WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE				
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE JULY 15, 2014	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 06:05 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED: AUGUST 05, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. LEONARD DUBIN, 675 W NORTH AVE SUITE 409, MELROSE PARK, ILLINOIS, 60160			PHYSICIAN'S LICENSE NUMBER 036104972	

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

*David Orr*  
David Orr  
Cook County Clerk



**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM

# UNOFFICIAL COPY

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

DISTRICT NO. 16-35  
REGISTERED NUMBER 80

## MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED-NAME **WILLIAM FIRST** **Carl** MIDDLE **ARNBERG** LAST **Carl** SEX **MALE** DATE OF DEATH (MONTH, DAY, YEAR) **FEBRUARY 20, 2004**

1. COUNTY OF DEATH **COOK** 2. UNDER 1 YEAR **5d** UNDER 1 DAY **5d** DATE OF BIRTH (MONTH, DAY, YEAR) **DECEMBER 11, 1921**

3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **MELROSE PARK** 4. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT NEITHER, GIVE STREET AND NUMBER) **GOTTLEB MEMORIAL HOSPITAL** 5. IF HOSP. OR INST. INDICATE D.O.A. (OPERATOR, INPATIENT) (SPECIFY) **DOA**

6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Chicago, IL** 6b. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **8a. MARRIED** 6c. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **Mildred Bidlo**

7. SOCIAL SECURITY NUMBER **10-340-14-1704** 8. USUAL OCCUPATION **11a. Salesman** 8b. KIND OF BUSINESS OR INDUSTRY **11b. Insurance Co.** 9. EDUCATION (SPECIFY IN HIGHEST GRADE COMPLETED) **12. Elementary (Secondary, etc.)** 9a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) **Yes**

10. RESIDENCE (STREET AND NUMBER) **13a. 4037 NORTH GOSS AVENUE** 10b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. **13b. SCHILLER PARK** 11. INSIDE CITY (YES/NO) **Yes** 12. COUNTY **COOK**

13a. STATE **ILLINOIS** 13b. ZIP CODE **60176** 13c. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) **14. WHITE** 14b. OFF-HISPANIC ORIGIN? (SPECIFY, NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) **14b. NO** 14c. SPECIFY: **15. YES**

FATHER-NAME **Axel** FIRST **Carl** MIDDLE **Arnberg** LAST **Tessie** MOTHER-NAME **Hawkinson** (MAIDEN) LAST

15. INFORMANT'S NAME (TYPE OR PRINT) **17a. CYNTHIA ALVEAR** 16. RELATIONSHIP **RECORDS** 17b. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) **701 W. NORTH AVE. MELROSE PK IL 60160**

18. PART I. Immediate Cause (final disease or condition resulting in death) **Cardiomegaly**

19. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST **Ischemic Coronary Artery Disease**

20. PART II. Other significant conditions contributing to death but not resulting in the underlying cause **Atherosclerosis**

21. DATE OF OPERATION, IF ANY **February 19, 2004** 21a. MAJOR FINDINGS OF OPERATION **Renal Failure** 21b. AUTOPSY (YES/NO) **No** 21c. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) **19a. No** 21d. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **20c. YES** 21e. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH? **10 years** 21f. 20 years

22a. SIGNATURE **Martin E. Ford** 22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **675 W. NORTH AVE MELROSE PARK**

22c. NAME OF ATTENDING PHYSICIAN (TO THIN THAN CERTIFIER) (TYPE OR PRINT)

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

24. BURIAL CEMETERY OR CREMATORY-NAME **All Saints Cemetery** 24a. LOCATION **Des Plaines, Illinois** 24b. CITY OR TOWN **Des Plaines, Illinois** 24c. STATE **Illinois** 24d. DATE (MONTH, DAY, YEAR) **2/27/2004**

25a. Sax Riedemann Funeral Home & Crematorium 9568 Belmont Ave. Franklin Pk, IL 60131

25b. FUNERAL DIRECTOR'S SIGNATURE **Todd J. Jarvis** 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034-014974**

26a. LOCAL REGISTRAR'S SIGNATURE **February 23, 2004** 26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **February 23, 2004**

### DISPOSITION

### CERTIFIER

### CAUSE

### PARENTS

### DECEASED

Illinois Department of Public Health  
Bureau of Vital Records  
Springfield, Illinois  
Based on 1997D 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 Vital Records Act.

DATE February 23, 2004 SIGNED [Signature]  
AT MELROSE PARK, Illinois OFFICIAL TITLE REGISTRAR

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 the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.