



# UNOFFICIAL COPY

in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death:

That the decedent died on AUGUST 9, 2005 leaving NO /  
A last will and testament:

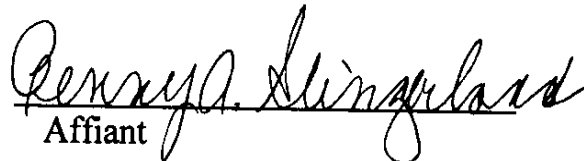
That the total value of decedents estate including the taxable interest in the above property was less than \$ 50,000.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full:

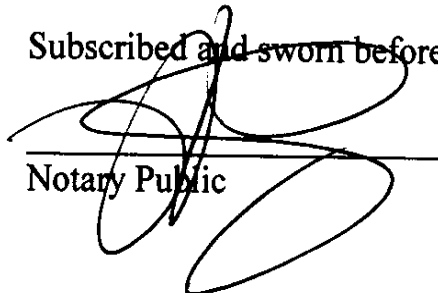
That the affiant makes this affidavit to induce the title insurance company (ATG Title) to issue its policy of title insurance on the above described property.

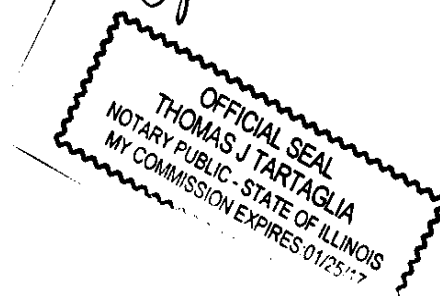
The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold the title insurance company (Attorneys' Title) harmless and to reimburse the title insurance company for all loss, costs, damages, suits, attorney fees and expenses of every kind and nature which the title insurance company may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

- 1) Claims against the estate of William J. Slingerland, the decedent;
- 2) Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
- 3) Legacies, if any, created by the will of said decedent;
- 4) Rights to contribution.

  
Affiant

Subscribed and sworn before me this 30 day of September 2014

  
Notary Public



REGISTRATION NO. **16.10**  
DISTRICT NO.

STATE OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER  
**611376**

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

**AUG 11 2005**

*John L. Wilhelms, M.D.*  
LOCAL REGISTRAR

JOHN L. WILHELM, M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS FOR THE CITY OF CHICAGO AND DEATHS FOR 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 OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.

1. DECEASED-NAME: **WILLIAM J. SLINGERLAND** SEX: **MALE** DATE OF BIRTH: **SEPTEMBER 5, 1952**

2. COUNTY OF DEATH: **COOK** AGE LAST BIRTHDAY (YRS): **52** UNDER 1 YEAR: **52** UNDER 1 DAY: **52** DATE OF DEATH: **AUGUST 9, 2005**

3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **CHICAGO** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT WHETHER, GIVE STREET AND NUMBER): **3727 N. NOTTINGHAM**

4. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY, IL): **CHICAGO, IL** MARRIED, NEVER MARRIED, UNMARRIED, DIVORCED, (SPECIFY): **MARRIED**

5. SOCIAL SECURITY NUMBER: **10.350-44-6428** USUAL OCCUPATION: **LABORER** NAME OF SURVIVING SPOUSE (MADENNAME, IF WIFE): **PENNY DOJUREK**

6. RESIDENCE (STREET AND NUMBER): **3727 N. NOTTINGHAM** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **CHICAGO** KIND OF BUSINESS OR INDUSTRY: **CITY OF CHGO** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **12**

7. STATE: **ILLINOIS** ZIP CODE: **60634** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): **WHITE** OF HISPANIC ORIGIN? (SPECIFY AND OR YES, IF YES SPECIFY ONE: U.S. F.I.C.I.M. PUERTO RICAN, etc.): **NO** INSIDE CITY (YES/NO): **YES** COUNTY: **COOK**

8. FATHER-NAME: **FRANK** FIRST MIDDLE LAST: **SLINGERLAND** MOTHER-NAME: **ANNE** FIRST MIDDLE LAST: **CONNERY**

9. INFORMANT'S NAME (TYPE OR PRINT): **PENNY SLINGERLAND** RELATIONSHIP: **WIFE** MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY, OR TOWN, STATE, ZIP): **176.3727 N. NOTTINGHAM CHGO. IL. 60634**

10. IMMEDIATE CAUSE (Final disease or condition resulting in death): **Malignancy of Neoplasm of Lung**

11. CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **(a) Malignancy of Neoplasm of Lung**

12. DUE TO, OR AS A CONSEQUENCE OF: **(a) DUE TO, OR AS A CONSEQUENCE OF**

13. DATE OF OPERATION, IF ANY: **8/10/05** MAJOR FINDINGS OF OPERATION: **20b.**

14. (10)(D) (IND) (DON'T ATTEND) THE DECEASED AND LAST SAW HIM/HER ALIVE ON: **8/10/05** WAS CORONER OR MEDICAL EXAMINER INVOLVED? (YES/NO): **NO** HOURS OF DEATH: **2:00 P. M.**

15. TO THE BEST OF MY KNOWLEDGE, BEING OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED: **8/10/05**

16. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **Dr. D. Wilhelms**

17. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): **Dr. D. Wilhelms**

18. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY, IL): **CHICAGO, IL** ILLINOIS LICENSE NUMBER: **03602276**

19. BIRTH DATE (MONTH, DAY, YEAR): **9/5/52**

20. DATE SIGNED (MONTH, DAY, YEAR): **8/19/05**

21. LOCAL REGISTRAR'S SIGNATURE: *John L. Wilhelms, M.D.*

22. LOCAL REGISTRAR'S SIGNATURE: *MARC A. PIEROTTI*

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21a. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **Dr. D. Wilhelms**

21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): **Dr. D. Wilhelms**

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40. LOCAL REGISTRAR'S SIGNATURE: *MARC A. PIEROTTI*

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.



*John L. Wilhelms, M.D.*  
LOCAL REGISTRAR