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REGISTRATION DISTRICT NO. <u>16.04</u>		STATE OF ILLINOIS		STATE FILE NUMBER <u>5</u>	
REGISTERED NUMBER <u>359</u>		MEDICAL CERTIFICATE OF DEATH			
DECEASED—NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
<u>Robert E. Masur</u>		<u>Male</u>		<u>April 9, 1985</u>	
RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)		AGE—LAST BIRTHDAY (YRS)		DATE OF BIRTH (MO., DAY, YEAR)	
<u>White</u>		<u>39</u>		<u>Sept 24, 1945</u>	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME, STREET AND NUMBER, CITY		IF HOSP. OR INST. INDICATED DOA OF DECEASED, RM. INPATIENT	
<u>Oak Park</u>		<u>West Suburban Hospital Medical Center</u>		<u>Emergency Room</u>	
STATE OF BIRTH (IF NOT U.S.A.)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
<u>Illinois</u>		<u>U.S.A.</u>		<u>Married</u>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY	
<u>365-48-8420</u>		<u>Attorney</u>		<u>Law</u>	
RESIDENCE STREET AND NUMBER		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	
<u>851 N. Columbian</u>		<u>Oak Park</u>		<u>Yes</u>	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
<u>Ernest Masur</u>		<u>Eva Magnus</u>		<u>Ann Lieberfeld</u>	
INFORMANT NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)	
<u>Ann Masur</u>		<u>Wife</u>		<u>851 N. Columbian Oak Park, Illinois 60302</u>	
18. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					
PART I. IMMEDIATE CAUSE					
(a) <u>Pericardial Aneurysm</u>					
DUE TO OR AS A CONSEQUENCE OF:					
(b) <u>Metastatic Malignant Neoplasm</u>					
DUE TO OR AS A CONSEQUENCE OF:					
(c)					
PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					
DATE OF OPERATION, IF ANY				MAJOR FINDINGS OF OPERATION	
20a.				20b.	
21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON				WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO)	
<u>4/3/85</u>				<u>Yes</u>	
21b. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND UP TO THE CAUSE(S) STATED.				HOUR OF DEATH	
21c. DATE SIGNED (MO., DAY, YR.)				<u>10:05 P</u>	
22a. SIGNATURE <u>Michael J. Walker</u>				22b. <u>4/11/85</u>	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)				ILLINOIS LICENSE NUMBER	
22c. <u>University of Illinois 840 South Wood St. Chicago, IL 60612</u>				22d. <u>036-051326</u>	
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.	
23. <u>Michael J. Walker, M.D.</u>					
BURIAL, CREMATION, REMOVAL		CEMETERY OR CREMATORY—NAME		LOCATION CITY OF TOWN STATE DATE (MONTH, DAY, YEAR)	
24a. <u>Burial</u>		24b. <u>NewLight</u>		24c. <u>Lincolnwood, Illinois</u>	
24d. <u>April 12, 1985</u>					
FUNERAL HOME NAME STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP					
25a. <u>Peterson Funeral Home P.C. 6938 W. North Ave Chicago, Illinois 60635</u>					
FUNERAL DIRECTOR'S SIGNATURE				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
25b. <u>John M. Peterson</u>				25c. <u>4607</u>	
LOCAL REGISTRAR'S SIGNATURE				DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
26a. <u>Devin K. Casier</u>				26b. <u>APR 11 1985</u>	

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
JUNE 25, 1985

STATE REGISTRAR—VITAL RECORDS
Robert Thompson
DEPT. OF PUBLIC HEALTH

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AFFIDAVIT OF NO ESTATE TAX DUE 0 5 2 5

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 Ann L. Masur, surviving joint tenant
(name and capacity)

and reside at 851 Columbian, Oak Park, Il. 60302

(2) I am personally acquainted with the affairs of the Estate of Robert Masur, who died on April 3, 1985 4.03-85

(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.

Ann L. Masur
Ann L. Masur

Subscribed and sworn to before
me this 7th day of March;

19 86

Joey Ford Gradel
Notary Public

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DS-164 (Form 10-21)

Affidavit by Surviving Joint Tenant

L. R. Doc. No. Certificate No.

State of Illinois }
County of Cook } ss.

ANN L. MASUR being first

duly sworn, upon oath deposes and says:

That she resides at 551 Columbian Avenue in the Village of Oak Park 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. 13661220 situated in said Cook County, Illinois, described as follows:

Lot 26 in Block "C" in Carson's Second Addition to Oak Park, being a Subdivision of the East 1/2 of Block 1, all of Blocks 2, 3 and 4 in L. and W.F. Reynold's Columbian addition to Oak Park, being a Subdivision of Lots 1,2 and 3 in the Circuit Court Partition of the North 1/2 of the Southeast 1/4 of Section 6 and the Northwest 1/4 of the Southwest 1/4 of Section 5, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois. P.I. No. 16-06-402-014.

Affiant states that ROBERT MASUR one of the said owners in joint tenancy, died intestate in the Village of Oak Park 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 13661220 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.

Ann L. Masur
ANN L. MASUR

Subscribed and sworn to before me
this 7th day of March 19 86

Jesse Ford Madel
NOTARY PUBLIC.

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Handwritten: 1361220, 115

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IDENTIFIED No. 26 PH REGISTRAR OF TOWN HARRIS BUS NO. 100444 MEHALOS

COMMUNITY TITLE GUARANTY COMPANY
361220
197168-81
8-10-86

COMMUNITY TITLE GUARANTY COMPANY
480 East Lake Street
Addison, Illinois 60101
(815) 824-7000

Property of Cook County Clerk's Office

Handwritten: 1361220