

**UNOFFICIAL COPY**

**AFFIDAVIT OF NO ESTATE TAX DUE** 3 6 2 4

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 RUBY PETERSON, surviving spouse  
(name and capacity)

and reside at 4371 Scott Street, Schiller Park, Illinois

(2) I am personally acquainted with the affairs of the Estate of CLYDE V. PETERSON, who died on June 6, 1983

(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)

- XX 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.

Ruby Peterson  
RUBY PETERSON

Subscribed and sworn to before me this 9th day of June, 1986.

Francis G. White  
Notary Public

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REGISTRATION DISTRICT NO. 16.10 REGISTERED NUMBER

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

611367

Aug. 16, 1984

STATE OF ILLINOIS  
COUNTY OF COOK SS  
CITY OF CHICAGO

EDWARD C. EDWARDS M.D. M.P.A.  
LOCAL REGISTRAR OF VITAL STATISTICS  
OF THE CITY OF CHICAGO. DO HEREBY  
CERTIFY THAT I AM THE KEEPER OF  
THE RECORDS OF BIRTHS, STILLBIRTHS  
AND DEATHS OF 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 AS A  
RECORD KEPT BY ME IN PURSUANCE OF  
SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID  
WHEN MULTICOLOR SEAL AND  
BLUE SIGNATURE ARE AFFIXED

1. **DECEASED** - NAME: CLYDE V. PETERSON; SEX: MALE; DATE OF BIRTH: NOV. 9, 1912; COUNTY OF BIRTH: COOK; DATE OF DEATH: JUNE 6, 1983; PLACE OF DEATH: RESURRECTION HOSPITAL; MARRIED: YES; OCCUPATION: SUPERVISOR; SOCIAL SECURITY NUMBER: 708-10-6561; RESIDENCE: 4371 SCOTT STREET, CHICAGO, ILLINOIS 60631.

2. **CAUSE OF DEATH** - ICD-9 CODE: 430.91; ICD-10 CODE: I25.91; **IMMEDIATE CAUSE:** CARDIAC FAILURE; **UNDERLYING CAUSE:** ARTERIOSCLEROTIC HEART DISEASE.

3. **DEATH WAS CAUSED BY:** 1. CARDIAC FAILURE; 2. ARTERIOSCLEROTIC HEART DISEASE.

4. **DATE OF OPERATION:** JUNE 5, 1983; **MAJOR FINDINGS OF OPERATION:** DIABETES MELLITUS.

5. **DATE OF DEATH:** JUNE 6, 1983; **HOUR OF DEATH:** 3:40 A.M.

6. **DEATH CERTIFICATE:** WILLIAM R. O'CONNOR M.D., 7447 W. TALCOTT #207 CHICAGO, IL 31.

7. **BURIAL CREMATION:** CREMATION; **LOCATION:** ELKHURST, ILLINOIS; **DATE:** JUNE 9, 1983.

8. **FUNERAL HOME:** MATZ FUNERAL HOME, 3440 N. CENTRAL AVENUE, CHICAGO, ILLINOIS 60634.

9. **LOCAL REGISTRAR'S SIGNATURE:** [Signature]

10. **LOCAL REGISTRAR'S NAME:** EDWARD C. EDWARDS; **ADDRESS:** 3440 N. CENTRAL AVENUE, CHICAGO, ILLINOIS 60634; **PHONE:** 4310.

11. **DATE REC'D BY LOCAL REGISTRAR:** JUN. 07 1983.

12. **STAMP:** LOCAL REGISTRAR'S OFFICE, CHICAGO, ILLINOIS.

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*Deeth Certified*

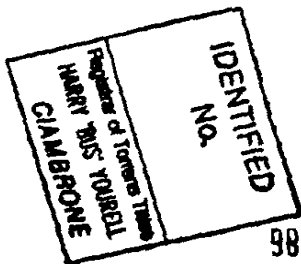


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*Alexis M. Blyer*  
*9726 Shambles*  
*Shambles*  
*60131*

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