

CERTIFICATE OF DEATH
FLORIDA
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LOCAL FILE NO.		DECEDENT - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Mo. Day, Yr.)				
		Mary				Bolt	Female	August 15, 1987				
RACE - e.g. White, Black, Am. Indian, etc. (Specify)	AGE - Last Birthday (Yr.)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Mo. Day, Yr.)		COUNTY OF DEATH						
4 White	5a 84	5b	5c	6 August 12, 1903		7a Pinellas						
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - Name (if not in either give street and number)				IF HOSP. OR INST. Indicate DO, OP, Emer. Rm., Inpatient, Specify						
7b St. Petersburg		8 6080-80th Street, North - Apt. 407				7d						
STATE OF BIRTH (if not in U.S.A. name country)	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify)		SURVIVING SPOUSE (if wife give maiden name)								
8 Illinois	9 USA	10 Widowed		11								
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			KIND OF BUSINESS OR INDUSTRY							
12 336-22-9459		13a Housewife			13b Own Home							
RESIDENCE - STATE	COUNTY	CITY, TOWN OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMIT (Specify Yes or No)						
14a Florida	14b Pinellas	14c St. Petersburg		14d 6080-80th Street, N.		14e No						
FATHER - NAME		FIRST	MIDDLE	LAST	MOTHER - MAIDEN NAME		FIRST	MIDDLE	LAST			
15		William Venhuizen			16 Gertrude		Unobtainable					
INFORMANT - NAME (Type or Print)			MAILING ADDRESS						STREET OR R.F.D. NO.	CITY OR TOWN	STATE	ZIP
17a Dorothy Kladder			17b 6080-80th Street, N., St. Petersburg, Florida						33709			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY - NAME			LOCATION		CITY OR TOWN		STATE			
18a Burial / Removal		18b Mount Auburn Cemetery			18c Stickney, Illinois							
FUNERAL DIRECTOR (Signature)		FUNERAL HOME			ADDRESS		Funeral Home					
19a <i>Randall Baugh</i>		200 Pasadena Avenue, S., Pasadena, Florida			33707							
20a To the best of knowledge, death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title)		20b DATE SIGNED (Mo. Day, Yr.)		20c HOUR OF DEATH		21a On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated (Signature and Title)		21b DATE SIGNED (Mo. Day, Yr.)		21c HOUR OF DEATH		
(Signature and Title) <i>Geetha J. Kamath</i>		8/19/87		8:30 A.M.		(Signature and Title)		21d		21e		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		20d		20e		PRONOUNCED DEAD (Mo. Day, Yr.)		21d ON		21e AT		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print)		22 Geetha J. Kamath, M.D., 5800 - 49th Street, N., St. Petersburg, Florida 33709										
REGISTRAR		23a (Signature)		23b DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.)								
<i>Julie D. Meals</i>		Aug. 19, 1987										
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		(b) <i>Cardiopulmonary arrest</i>		Interval between onset and death		<i>5 min</i>						
DUE TO, OR AS A CONSEQUENCE OF (Conditions) which gave rise to cause (b) - List underlying cause (last)		(b) <i>Malignant Cachexia</i>		Interval between onset and death								
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		<i>Lymphoma Stage IV</i>		PART III IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? (Yes, No)		AUTOPSY (Yes, No)		CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No)				
27a (Probably) ACCIDENT, SUICIDE or HOMICIDE or UNDETERMINED (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED						
27a		27b		27c		27d						
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		LOCATION		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		
27e		27f		27g								

A CERTIFIED COPY MUST CARRY THE EMBOSSED SEAL OF THE REGISTRAR OF VITAL STATISTICS.

I hereby certify that this is a true and correct copy of a certificate on file in the office of the Local Registrar of Vital Statistics of the Pinellas County Health Department, St. Petersburg, Florida.

Aug 19, 1987 *Heather J. Summers*, Deputy Local Registrar

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REGISTRATION DISTRICT NO. 16 OF STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

DECEASED - NAME: WILLIAM BOLT, SEX: MALE, DATE OF DEATH: FEBRUARY 21, 1987

RACE: WHITE, AGE: 84, DATE OF BIRTH: AUGUST 17, 1902, COUNTY OF DEATH: COOK

CITY: LA GRANGE, HOSPITAL OR OTHER INSTITUTION: LA GRANGE MEMORIAL HOSPITAL, IF HOSP OR INST. INDICATED: INPATIENT

STATE OF BIRTH: NETHERLANDS, CITIZEN OF WHAT COUNTRY: U.S.A., MARRIED: MARRIED, NAME OF SURVIVING SPOUSE: MARY VENHUIZEN

SOCIAL SECURITY NUMBER: 067 03 6075, USUAL OCCUPATION: Driver, KIND OF BUSINESS OR INDUSTRY: Petroleum, WAS DECEASED EVER IN U.S. ARMED FORCES: No

RESIDENCE: 3447 S HIGHLAND, CITY: BERWYN, COUNTY: COOK, STATE: ILLINOIS

FATHER: PETER BOLT, MOTHER: GERTRUDE FOKENS

INFORMANT: KATHLEEN BLANCHARD, ADM REG, HOSPITAL RECORDS, 8109 WILLOW SPRINGS ROAD, LA GRANGE, ILLINOIS 60525

CAUSE OF DEATH: 18. IMMEDIATE CAUSE: Acute Pulmonary Infection due to or as a consequence of Aortic Myocardial Infarction

CONDITIONS CONTRIBUTING TO DEATH: 19. Acute Myocardial Infarction

DATE OF OPERATION: None, MAJOR FINDINGS OF OPERATION: None

IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO

17. (IF DID NOT ATTEND THE DECEASED AND LAST SAW HIM HER ALIVE ON: Feb 21 1987, WAS CORONER OR MEDICAL EXAMINER NOTIFIED? YES

21. SIGNATURE: John A. Pollock, M.D., NAME AND ADDRESS OF CERTIFIER: John A. Pollock, 1323 Columbia, New Olive, ILLINOIS LICENSE NUMBER: C36-C78402

22. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: None

23. BURIAL, CREMATION REMOVAL: Burial, CEMETERY OR CREMATORY: Mt. Auburn, LOCATION: Stickney, Illinois, DATE: February 24, 1987

24. FUNERAL HOME: Mulder Memorial Chapels, 6027 W. Roosevelt Rd., Cicero, IL 60650

25. FUNERAL DIRECTOR'S SIGNATURE: [Signature], FUNERAL DIRECTOR'S LICENSE NUMBER: 21-8908

26. LOCAL REGISTRAR: Elaine M. Ronovsky, DATE REC'D BY LOCAL REGISTRAR: FEB 24 1987

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 with the local Registrar of Registrations District No. 16 OF in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths, and deaths.

DATE: [Blank] SIGNED Elaine M. Ronovsky
 AT LA GRANGE, ILLINOIS OFFICIAL TITLE: SUB REGISTRAR

3713287

(FORM 302)

Affidavit by Surviving Joint Tenant

I. R. 5811 Doc. No. 2706378 Certificate No. 1178943

State of Florida
County of Pinellas } ss.

DOROTHY KLADDER MARRIED TO JOHN KLADDER being first
duly sworn, upon oath deposes and says:

That she resides at 6020 80th Street No. in the City of St. Petersburg, Florida
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. 1178943 situated in said Cook County, Illinois,
described as follows:

Lot Twenty-Five (25), Lot Twenty-Six (26) in Block Seventeenth (17th)
in White and Coleman's LaVergne subdivision, a Subdivision of
Blocks Thirteen (13) to Twenty-eight (28) inclusive, in Cheviot
First Division in the Northwest Quarter (1/4) of Section 32,
Township 39 North, Range 13, East of the Third Principal Meridian
PTN: 16-32-132-023 COMMONLY KNOWN AS: 3447 SOUTH HIGHLAND AVENUE, BERWYN IL 60402

Affiant states that WILLIAM BOLT one of the said owners in joint
tenancy, died intestate, in the city (Village) of LaGrange in the State of Illinois

as is confirmed by a Certificate of the health department of said municipality hereto attached, and states that
Mary Bolt, one of said owners in joint tenancy, died in the City of St. Petersburg, Florida, as is confirmed by a Certificate of the Health Dept. of **

Affiant states that the remaining joint tenant has not changed her marital status since
the issuance of Certificate of Title Number 1167449

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.

Dorothy Kladder
DOROTHY KLADDER
**said municipality hereto attached,
Mary Bolt having also died intestate.

Subscribed and sworn to before me
this 18th day of November 1987

Susan D. Southworth
NOTARY PUBLIC.
State of Florida

My commission expires

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JUN 11 11 12 AM '11
HARRY C. HARRIS, CLERK
REGISTRAR OF DEEDS

3713287

REGISTERED	Report of Sale of Real Estate
	HARRY C. HARRIS

3713287

First Title Insurance
Cook County, Illinois
100 North Dearborn Street, Suite 400
Chicago, Illinois 60610
750-6784

Property of Cook County Clerk's Office