

# UNOFFICIAL COPY

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 DIANA T. LASKE  
(name and capacity)

and reside at 7052 N. OLCOTT

(2) I am personally acquainted with the affairs of the Estate of Brian E. Laske, who died on January 22, 1988.

(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)

- 1) that no Tax is due; or
- 2) that if any Tax is 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.

Diana T. Laske

Subscribed and sworn to before

me this 28th day of October,

19 88

[Signature]  
Notary Public

OFFICIAL SEAL  
JAMES J. CONVERY  
NOTARY PUBLIC STATE OF ILLINOIS  
MY COMMISSION EXP. MAY 19, 1992

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Property of Cook County Clerk's Office



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5837

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OFFICIAL COPY  
MARION COUNTY HEALTH DEPARTMENT  
222 E. OHIO ST. INDIANAPOLIS, IN  
CERTIFICATE OF DEATH

State No. ....

Local No. 00772

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

ACCIDENT

946  
PARENTS

BY-OR-DECEASED

DISPOSITION

PROMULGATING  
PHYSICIAN ONLY

WHEN THIS MUST  
BE COMPLETED BY  
PERSON WHO  
ANNOUNCES DEATH

SEE INSTRUCTIONS

CAUSE OF  
DEATH

SEE INSTRUCTIONS

CERTIFIER

HEALTH  
OFFICER

CORNER OR  
MEDICAL  
EXAMINER USE  
ONLY

1. DECEASED—NAME <b>Richard E. Laske</b>		2. SEX <b>Male</b>		3. DATE OF BIRTH <b>January 22, 1908</b>	
4. SOCIAL SECURITY NUMBER <b>321-38-8769</b>		5. AGE—Last birthday <b>40</b>		6. DATE OF BIRTH (Month, Day, Year) <b>12-17-47</b>	
7. PLACE OF BIRTH (City and State or Foreign Country) <b>Chicago, Illinois</b>		8. YEAR LAST SERVED IN U.S. ARMED FORCES <b>1974</b>		9. OCCUPATION (Type and description) <b>Sale Rep</b>	
10. FACILITY NAME (If not resident, give street and number) <b>St. Vincent's Hospital</b>		11. CITY, TOWN OR LOCATION OF DEATH <b>Indianapolis</b>		12. COUNTY OF DEATH <b>Marion</b>	
13. DECEASED'S USUAL OCCUPATION (Show last of work done during year of working or Do not use retired) <b>Sale Rep</b>		14. NAME OF BUSINESS/INDUSTRY <b>Teknekron Company</b>		15. STREET AND NUMBER <b>6732 N. Oconto</b>	
16. RESIDING STATE <b>Illinois</b>		17. COUNTY <b>Cook</b>		18. CITY, TOWN OR LOCATION <b>Chicago</b>	
19. RESIDING CITY <b>Yes</b>		20. ZIP CODE <b>60631</b>		21. RACE—Ancestry (Specify) <b>White</b>	
22. FATHER'S NAME (First, Middle, Last) <b>Frank Laske</b>		23. MOTHER'S NAME (First, Middle, Last) <b>Gertrude Eckert</b>		24. DECEASED'S EDUCATION (Specify only highest grade completed) <b>High School</b>	
25. DECEASED'S NAME (Type/Print) <b>Mrs. Diana Laske</b>		26. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip) <b>6732 North Oconto Avenue Chicago, IL 60631</b>		27. Relationship <b>Wife</b>	
28. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		29. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <b>January 26, 1988</b> <b>Maryhill Cemetery</b>		30. LOCATION—City or Town, State <b>Niles, Illinois</b>	
31. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		32. LICENSE NUMBER of Licensee <b>FDE1023534</b>		33. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>Shirley Brothers Co. Inc. FDH3003467</b> <b>9606 E. Wash. St. Indianapolis, IN</b>	
34. SIGNATURE OF PHYSICIAN <i>[Signature]</i>		35. LICENSE NUMBER <b>01027079</b>		36. DATE SIGNED (Month, Day, Year) <b>JAN 22, 1988</b>	
37. TIME OF DEATH <b>0720 AM</b>		38. DATE PROMULGATED (Month, Day, Year) <b>JANUARY 22, 1988</b>		39. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER (Yes or No) <b>Yes</b>	
40. PART I: State the causes, injuries, or circumstances that caused the death. Do not enter the cause of death until you are certain of responsibility. <b>8197 MULTIPLE BLIND FORCE INJURIES</b>					
41. PART II: Cause of death (Specify underlying condition(s) contributing to death last one resulting in the underlying cause given in Part I) <b>8197</b>					
42. CERTIFY (Check one box) <input type="checkbox"/> I certify that the deceased died of natural causes and that the death was not the result of an accident or homicide. <input type="checkbox"/> I certify that the deceased died of natural causes and that the death was the result of an accident or homicide. <input checked="" type="checkbox"/> I certify that the deceased died of natural causes and that the death was the result of an accident or homicide.		43. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		44. DATE SIGNED (Month, Day, Year) <b>FEB 4, 1988</b>	
45. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH FROM PART I (Type/Print) <b>DENNIS J. NICHOLAS, M.D., / 40 South Labara Street Indianapolis, Indiana 46204</b>					
46. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				47. DATE SIGNED (Month, Day, Year) <b>FEB 11 1988</b>	
48. MANNER OF DEATH <input type="checkbox"/> Heart <input type="checkbox"/> Poisoning <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Unknown		49. DATE OF DEATH (Month, Day, Year) <b>1-22-88</b>		50. TIME OF DEATH (Type or AM) <b>6:30A</b>	
51. PLACE OF DEATH (Home, Hotel, Street, Store, Office, etc.) <b>Street</b>		52. LOCATION (Street and Number or Rural Route Number, City or Town, State, Zip) <b>West 86th St. and Georgetown Road</b>			
53. OTHER INFORMATION (If any) <b>Logger gets hit by a Auto while running in path of Auto.</b>					

THIS IS A UNOFFICIAL COPY OF A CERTIFICATE OF DEATH. IT IS NOT VALID UNLESS SIGNED BY THE REGISTERED PROFESSIONAL PERSONNEL WITH THE COLOR RED INK ON THE REVERSE SIDE.

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Property of Cook County Clerk's Office

3749949

(FORM 302)

Affidavit by Surviving Joint Tenant

L. R. Doc. No. Certificate No.

State of Ill. County of Cook ss.

[Signature]

Diana T. Laske

being first

duly sworn, upon oath depose, and says:

That she resides at 7052 N. Elcott in the City of Chicago

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. 124395 situated in said Cook County, Illinois,

described as follows: The South 33 feet of the North 64 feet of lot 38 in mundays addition to Chicago, of lot one and northeasterly 33 feet of lots 2, 3, 4, 5 & 6 in the subdivision of West part of the East half of the South East 1/4 of Section 36 Township 41 North, Range 12 East of the Third Principal meridian lying north of the Railroad also part of Block 26, in Edison Park in the town of...

Affiant states that Brian E. Laske one of the said owners in joint tenancy, died intestate, in the city (Village) of Indianapolis in the State of Indiana

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 (except 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.

Diana T. Laske

Subscribed and sworn to before me

this 28th day of October 1928

[Signature]

OFFICIAL SEAL JAMES J. CONVERY NOTARY PUBLIC STATE OF ILLINOIS COMMISSION EXP. MAY 19, 1922

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RECORDS SECTION  
OCT 31 AM 9 50

REGISTERED	IN
FOR THE	OF
TOURRELL	KELLY

ATTORNEYS TITLE  
GUARANTY FUND INC.  
29 S. LA SALLE 5TH FLOOR  
CHICAGO, IL 60603

Property of Cook County Clerk's Office

12/21/11  
MIM