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03029952

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 Gunnar C. Larson, joint tenant  
(name and capacity)

and reside at 801 Joyce, Northlake, Il 60164

(2) I am personally acquainted with the affairs of the Estate of Maculate L. Larson, who died on June 24, 1985

(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)

- XXXXXXX 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.

Gunnar C. Larson  
GUNNAR C. LARSON

Subscribed and sworn to before me this 29th day of September 19 89.

Norman M. Schild  
Notary Public



RE TITLE SERVICES # RT/10-14

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DuPage County Health Department



REGISTRATION DISTRICT NO 220  
 REGISTERED NUMBER 2025  
 STATE OF ILLINOIS  
 MEDICAL CERTIFICATE OF DEATH

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH MONTH, DAY, YEAR  
 MACULATE L LARSON FEMALE 24 JUNE 1985

RACE OR DESCENT COLOR OR COMPLEXION SEXUALITY DATE OF BIRTH MONTH, DAY, YEAR COUNTY OF DEATH  
 WHITE ITALIAN 73 DECEMBER 15 1917 DUPAGE

CITY, TOWN, VILL. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION—STREET, VILL. OR ROAD DISTRICT, CITY STATE OF DEATH (COUNTY OF DUPAGE)  
 ELMHURST ELMHURST MEMORIAL HOSPITAL INPATIENT

STATE OF BIRTH (U.S.A. OR FOREIGN) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MARRIED, NEVER MARRIED)  
 ILLINOIS U. S. A. (MARRIED) GUNNAR

IDENTIFICATION NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY HAS DECEASED EVER IN U.S. ARMED FORCES? (YES OR NO) YEAR OF DATES OF SERVICE  
 06-03-4815 ASSEMBLER FACTORY NO 130

RESIDENCE—STREET AND NUMBER CITY, TOWN, VILL. OR ROAD DISTRICT NO. INSIDE CITY COUNTY STATE  
 801 JOYCE MELROSE PARK YES COOK ILLINOIS

FATHER—NAME MOTHER—MADEN NAME  
 CONSTANTINO BIANCO AINA DESTEPHING

IMPORTANT NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (PRINT AND BY DO NOT TYPE CITY STATE)  
 BARBARA HOFFMAN RECORDS 200 BERTEAU ELMHURST ILLINOIS

DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE—SEE INSTRUCTIONS) 60126  
 PART I  
 1. *White fungal infection* 10-20 days  
 2. *Tumor in left breast* 3-4 months  
 3. *Metastatic lymphoma* 6-8 months

PART II. OTHER SIGNIFICANT CONDITIONS (OTHER CAUSES OF DEATH NOT RELATED TO CAUSE GIVEN IN PART I)  
 DATE OF ORATION, IF ANY MAJOR FINDINGS OF ORATION  
 AUTOPSY (YES OR NO) YES ( ) NO ( )

LAST KNOWN NOT ATTENDING THE DECEASED AND LAST CARE RENDERED ALIVE (TYPE OR PRINT) DATE, MONTH, DAY, YEAR HOUR OF DEATH  
 June 24, 1985 10 6:10PM

TO THE BODY OF MY DECEASED, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND ONE TO THE LAST (AS STATED). (DATE, MONTH, DAY, YEAR)  
 Death in the home of the decedent  
 NAME OF ATTENDING PHYSICIAN OR OTHER THAN CERTIFIED (TYPE OR PRINT) LICENSE NUMBER  
 MILTON OSTROWY, M.D. 20986

NAME OF ATTENDING PHYSICIAN OR OTHER THAN CERTIFIED (TYPE OR PRINT) NOTE: IF AND WHOEVER INVOLVED IN THIS DEATH THE DECEASED OR THE DECEASED'S NEAREST RELATIVE IS NOTIFIED.  
 NAME OF FUNERAL HOME CITY OR TOWN STATE DATE MONTH, DAY, YEAR  
 BURIAL MT. CARMEL HILLSIDE ILLINOIS JUNE 27, 1985

FUNERAL HOME NAME STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP  
 140 E. NORTH AVE. NORTHLAKE ILL. NORTHLAKE FUNERAL HOME 60164

LOCAL REGISTRAR (TYPE OR PRINT) DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR)  
 James P. Paulissen, M.D. JUN 26 1985

VR200 REV. 8/82 Illinois Department of Public Health - Office of Vital Records MADE IN 1978 U.S. (MEDICAL CERTIFICATE)

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

James P. Paulissen, M.D.  
Local Registrar

Not valid without the embossed seal of DuPage County Health Department  
111 North County Farm Road Wheaton, Illinois 60187

3829952

(FORM 302)

Affidavit by Surviving Joint Tenant

L. R. 26722 Doc. No. 1821421-F Certificate No. 798527

State of Illinois }
County of Cook } ss.

[Handwritten signature]

Gunnar C. Larson being first
duly sworn, upon oath deposes and says:

That he resides at 801 Joyce in the City of Northlake
and that he 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. 798527 situated in said Cook County, Illinois,
described as follows:

Lot 33 in Block 9 in 4th Addition to Grand Avenue Highlands, being a Subdivision
of parts of the Southwest 1/4 and the Northwest 1/4 of Section 29, Township 40 North,
Range 12, East of the Third Principal Meridian, according to Plat thereof registered
in the Office of the Registrar of Titles of Cook County, Illinois, as Document
Number 1478096.

801 Joyce, Northlake, Il 60164 P.I.N. 12-29-323-017-0000 ed

Affiant states that Maculate L. Larson one of the said owners in joint
tenancy, died intestate, in the city (Village) of Elmhurst 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 his marital status since
the issuance of Certificate of Title Number 798527 (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.

[Handwritten signature: Gunnar C. Larson]
GUNNAR C. LARSON

Subscribed and sworn to before me
this 29th day of September 1989

[Handwritten signature: Norman M. Schild]
NOTARY PUBLIC.



RT 10-14

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*[Handwritten signature]*

3829952

1999 OCT -3 PM 3:02  
CAROL MOSELEY BRAUN  
REGISTRAR OF TITLES

Property of Cook County Clerk's Office

3829952

IDENTIFIED No.	Register of Tereens Titles CAROL MOSELEY BRAUN
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REAL ESTATE INDEX GROUP  
1820 Ridge Avenue  
Evanston, IL 60201

Order # *110-11*