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Property of Cook County Clerk's Office

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. **16**
REGISTERED NUMBER

UNOFFICIAL COPY MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
JANUARY 1989

Type of Print or Permanent Ink See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED-NAME: **KARL MAHLER JR.** SEX: **MALE** DATE OF BIRTH: **OCTOBER 12, 1989**

COUNTY OF DEATH: **COOK** AGE: **60** DATE OF DEATH: **OCTOBER 12, 1989**

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: **PARK RIDGE** HOSPITAL OR OTHER INSTITUTION: **LUTHERAN GENERAL HOSPITAL** STATUS: **INPATIENT**

BIRTHPLACE: **ILLINOIS** MARRIED, WIDOWED, DIVORCED: **MARRIED** NAME OF SURVIVING SPOUSE: **MARGARET H. Stubenrauch**

SOCIAL SECURITY NUMBER: **36 20 5711** OCCUPATION: **Sales Representative** KIND OF BUSINESS OR INDUSTRY: **Financial Printing**

RESIDENCE: **5327 GREENLEAF SKOKIE** INSIDE CITY: **Yes** COUNTY: **COOK**

STATE: **ILLINOIS** ZIP CODE: **60076** RACE: **WHITE** OF HISPANIC ORIGIN? **No**

FATHER: **KARL MAHLER** MOTHER: **ANNA RHINEHARDT**

INFORMANT: **CAROL ANNE JACOBSEN, REGISTRAR** RELATIONSHIP: **HOSP REC** MAILING ADDRESS: **3775 DEMPSTER, PARK RIDGE, ILLINOIS 60068**

PART I. Immediate Cause (Final disease or condition resulting in death): **Cerebral aneurysm**
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **1 year**
(b) **1 year**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: **None**

DATE OF OPERATION, IF ANY: **None** MAJOR FINDINGS OF OPERATION: **None**

WAS CONSUMER OR MEDICAL EXAMINER NOTIFIED? **No** HOUR OF DEATH: **6:45 A**

TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE (B) STATED: **OCT 11, 1989**

22a. SIGNATURE: **[Signature]** DATE SIGNED: **10/13/89**

22c. NAME AND ADDRESS OF CERTIFIER: **3675 Dempster Park Ridge, IL 60068**

23. BURIAL, CREMATION, REMOVAL (SPECIFY): **Cremation** CEMETERY OR CREMATORY-NAME: **Montrose** LOCATION: **Chicago, Illinois** DATE: **Oct. 16, 1989**

24a. FUNERAL HOME: **Smith-Corcoran Funeral Home 8150 N. Cicero Avenue Chicago, Illinois 60646**

25a. FUNERAL DIRECTOR'S SIGNATURE: **[Signature]** 25c. **7308**

26a. LOCAL REGISTRAR'S SIGNATURE: **[Signature]** 26b. DATE FILED IN LOCAL REGISTRY: **Oct 13, 1989**

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 in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE: **October 13, 1989** SIGNED: **[Signature]**

AT: **Evanston, Illinois** OFFICIAL TITLE: **Local Registrar**

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

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 Margaret H. Mahler - Wife
(name and capacity)

and reside at 5322 Greenleaf - Skokie, IL 60077.

(2) I am personally acquainted with the affairs of the Estate of KARL MAHLER, JR., who died on October 12, 1989.

(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 MM
- 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.

Margaret H. Mahler

Subscribed and sworn to before me this 17~~th~~ day of October, 1989.



Victoria Henry
Notary Public

J

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(FORM 302)

Affidavit by Surviving Joint Tenant

L. R. 14546 Doc. No. 2095987 Certificate No. 92111

State of ILL
County of COOK ss.

Margaret A. Mahler being first
duly sworn, upon oath deposes and says:

That she... resides at 5225 Greenleaf in the City of SKOKIE, IL
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. 92111 situated in said Cook County, Illinois,
described as follows: 10-21-116-057

East Twenty (20) feet of LOT THIRTY TWO (32)
LOT THIRTY THREE (except the East Ten (10) feet thereof) (33)

In Block Four (4) in Arthur Dunas' Terminal Subdivision of the North Three Quarters (3/4) (Except the
South 30 rods thereof) of the East Half (1) of the Northwest Quarter (1) of Section 21, Town 41 North,
Range 13, East of the Third Principal Meridian TC2

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Affiant states that KARL MAHLER one of the said owners in joint
tenancy, died intestate, in the city (Village) of PARK RIDGE in the State of ILL
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 92111 (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.

Margaret A. Mahler

Subscribed and sworn to before me
this 17th day of October 1959

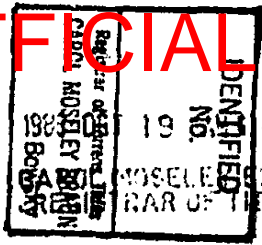
Victoria Henry
NOTARY PUBLIC.

" OFFICIAL SEAL "
VICTORIA HENRY
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 2/1/60

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*11/11/11
DIN
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*Margaret M. McLean
5337 Glenview
Shoreline, IL 60077*

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