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STATE OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH**

REGISTRATION DISTRICT NO. 160  
 REGISTERED NUMBER 160

DECEASED NAME: ELIZABETH J. OLSON  
 SEX: FEMALE  
 DATE OF DEATH: APRIL 28, 1988  
 COUNTY OF DEATH: COOK

RACE: WHITE  
 ETHNIC ORIGIN: IRISH/FRENCH  
 AGE: 50  
 DATE OF BIRTH: JUNE 12, 1931  
 COUNTY OF BIRTH: COOK

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: PARK-RIDGE  
 HOSPITAL OR OTHER INSTITUTION: LUTHERAN GENERAL HOSPITAL  
 NAME OF SURVIVING SPOUSE: CARL OLSON  
 IF HOSP. OR INST. INDICATE ODA (OP EMER. RN INPATIENT SPECIFY) INPATIENT

CITIZEN OF WHAT COUNTRY: UNITED STATES  
 USUAL OCCUPATION: HOMEMAKER  
 KIND OF BUSINESS OR INDUSTRY: OWN HOME  
 WAS DECEASED EVER IN U.S. ARMED FORCES: YES / NO

SOCIAL SECURITY NUMBER: 400-40-2803  
 RESIDENCE STREET AND NUMBER: 1871 STOCKTON  
 CITY, TOWN, TWP. OR ROAD DISTRICT NO.: DES PLAINES  
 COUNTY: COOK

FATHER - NAME: THOMAS MILLS  
 MOTHER - MAIDEN NAME: MARGARET WATHEN  
 RELATIONSHIP: WIFE  
 MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN STATE ZIP): 1775 DEMPSTER ST., PARK RIDGE, ILLINOIS 60069

DEATH WAS CAUSED BY: (NOTE: ONLY ONE CAUSE PER LINE FOR ILL. DL AND ICE)  
 IMMEDIATE CAUSE: (1) Cardiac Pulmonary Arrest  
 (2) Ischemic Cardiac Arrest  
 (3) Severe Diffuse Arteriosclerotic Occlusive Disease

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST:  
 (1) Cardiac Pulmonary Arrest  
 (2) Ischemic Cardiac Arrest  
 (3) Severe Diffuse Arteriosclerotic Occlusive Disease

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I(A)  
 (1) Acute Myocardial Infarction  
 (2) Recent Subarachnoid Hemorrhage  
 (3) Myocardial Infarction

IF YES, STATE MONTH, DAY, YEAR OF DEATH: NO  
 IF YES, STATE MONTH, DAY, YEAR OF DEATH: NO

20a. (1) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: 4/27/88  
 (2) TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

21a. SIGNATURE: [Signature]  
 NAME AND ADDRESS OF CERTIFIER: [Address]

22a. SIGNATURE: [Signature]  
 NAME OF ATTENDING PHYSICIAN (OTHER THAN CERTIFIER): [Address]

23. BIRTH, CREMATION, REMOVAL (SPECIFY): BURNING  
 CEMETERY OR CREMATORY - NAME: ALL SAINTS CEMETERY  
 LOCATION: DES PLAINES, ILLINOIS  
 STREET AND NUMBER OR R.F.D.: [Address]

24a. BURNING: YES / NO  
 DATE: MAY 2, 1988  
 TIME: 3:40  
 MONTH, DAY, YEAR: [Address]

25a. FUNERAL HOME: OEHLER FUNERAL HOME 555 LEE AT PERRY STREETS - DES PLAINES, ILLINOIS 60016  
 FUNERAL DIRECTOR'S SIGNATURE: [Signature]  
 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 4922

26a. LOCAL REGISTRAR'S SIGNATURE: [Signature]  
 REGISTRAR: KAREN L. SCOTT, MD  
 DATE RECEIVED BY: APR 29 1988  
 MONTH, DAY, YEAR: [Address]

27. REGISTRATION DISTRICT NO. 160  
 REGISTERED NUMBER 160

STATE OF ILLINOIS  
 Illinois Department of Public Health - Office of Vital Records  
 (BASED ON 1978 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is true and correct copy of the death record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths and deaths.

DATE: OCT 20 1989  
 SIGNED: Nadine McCurry

At Cook County Department of Public Health  
 1500 S. Maybrook Drive - Maywood, Illinois 60154  
 Official Title: Deputy Registrar

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AFFIDAVIT OF NO ESTATE TAX DUE

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 Carl R. Olson  
(name and capacity)

and reside at 1871 Stockton Avenue, Des Plaines, Illinois 60018

(2) I am personally acquainted with the affairs of the Estate of Elizabeth Jean Olson, who died on April 28, 1982

(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)

X 1) that no Tax is due; or \_\_\_\_\_

\_\_\_\_\_ 2) that if any Tax due, there are sufficient other assets to pay such Tax; or \_\_\_\_\_

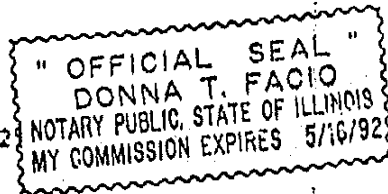
\_\_\_\_\_ 3) that any Tax due has been paid. \_\_\_\_\_

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 on non-liability, relying on this statement as true, and in consideration thereof affiant guarantees the truth of the statements herein contained.

Carl R. Olson

Subscribed and sworn to before me this 28th day of October, 1982

[Signature]  
Notary Public



\*Pursant to H.B. 93, P.A. 82-102

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3835255

(FORM 302)

Affidavit by Surviving Joint Tenant

L. R. Doc. No. 2563850-F Certificate No. 1121066

State of Illinois }
County of Cook } ss.

CARL R. OLSON being first
duly sworn, upon oath deposes and says:

That he resides at 1971 SUTTON AVE in the City of Des Plaines
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. 1121066 situated in said Cook County, Illinois,
described as follows:

Affiant states that Elizabeth Jean Olson one of the said owners in joint
tenancy, died intestate, (in the city (Village) of Des Plaines 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 marital status since
the issuance of Certificate of Title Number 1121066 (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.

Carl R. Olson

Subscribed and sworn to before me
this 24th day of OCTOBER 1989

NOTARY PUBLIC
DONNA T. FACIO
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 5/16/92

COOK COUNTY CLERK'S OFFICE
RECORDS & DEEDS
11/21/89

3835255

1234540 P2 J... (handwritten)

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LOT 17 IN BLOCK 1 IN McKAY-NEAL'S SUBDIVISION OF PART OF THE NORTH 1/2 OF SECTION 28, TOWNSHIP 41 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS, ON MAY 16, 1958, AS DOCUMENT 1796434, IN COOK COUNTY, ILLINOIS.

3835255

*1871 Jackson Ave  
Chicago Ill*

*SOT  
1/21/66  
U.P.P.*

3835255

1959 OCT 25 PM 2:38  
CAROL MOSELEY BRAUN  
REGISTRAR OF TITLES

3835255

IDENTIFIED  
3835255  
Registrar of Titles  
CAROL MOSELEY BRAUN

5575383

REGISTER TITLE INS

ONS-42-2L  
72-34-540