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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 Hilda Mayer, the daughter of the decedent
(name and capacity)

and reside at 6310 North Lakewood Ave., Chicago, Illinois.

(2) I am personally acquainted with the affairs of the Estate of
Anna Bambach, who died on September 2, 1987.

(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)

- X 1) that no Tax is due; ~~XXXXXXXXXX~~
- 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.

Hilda Mayer
Hilda Mayer

Subscribed and sworn to before
me this 1st day of March;

1988.

Jesse H. Cichon
Notary Public

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STATE FILE NUMBER

REGISTRATION DISTRICT NO.

16.23

REGISTERED NUMBER

1103

MEDICAL CERTIFICATE OF DEATH

DECEASED—NAME

1. ANNA BAMBACH

2. FEMALE 3. SEPTEMBER 2, 1987

RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)

No. WHITE

No. AUSTRIAN

No. 73

6. JANUARY 17, 1914

COUNTY OF DEATH

7. COOK

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

7. EVANSTON

HOSPITAL OR OTHER INSTITUTION

8. ST FRANCIS HOSPITAL

IF HOSP. OR INDY. (INDICATE MEDICAL RECORDS FILE NO. IF APPLICABLE)

9. IN PATIENT

STATE OF BIRTH (IF NOT U.S.A. NAME AND COUNTRY)

8. YUGOSLAVIA

CITIZEN OF WHAT COUNTRY

9. USA

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

10. WIDOWED

NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)

SOCIAL SECURITY NUMBER

11. 361 30 4705

USUAL OCCUPATION

12. HOMEMAKER

KIND OF BUSINESS OR INDUSTRY

13. OWN HOME

WAS DETAINED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)

13. NO

NAME OR DATES OF SERVICE

13d. NONE

RESIDENCE STREET AND NUMBER

14. 6312 LAKEWOOD

CITY, TOWN, TWP. OR ROAD DISTRICT NO.

14b. CHICAGO

IF IN CITY YES/NO

15. YES

COUNTY

16. COOK

STATE

16. ILLINOIS

FATHER—NAME

15. STEFAN BISCHOF

MOTHER—MAIDEN NAME

16. SUSANNA WILMS

INFORMANT NAME (TYPE OR PRINT)

17. SYNDA FOX, CLERK

HOSPITAL

17b. RECORDS

MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)

17c. 355 RIDGE AVE., EVANSTON, ILLINOIS 60201

DEATH WAS CAUSED BY:

(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I.

(a) CARCINOMA OF PANCREAS

4 months

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST.

(b) DUE TO OR AS A CONSEQUENCE OF

(c) DUE TO OR AS A CONSEQUENCE OF

PART II. OTHER SIGNIFICANT CONDITIONS, LONG-TERM, CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a).

AUTOPSY (YES/NO)

19. NO

IF YES, GIVE TIME AND DATE WHEN TO BE DETERMINED CAUSE OF DEATH

DATE OF OPERATION, IF ANY

MAJOR FINDINGS OF OPERATION

IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?

20. YES NO

IF DECEASED DID NOT ATTEND THE DECEASED AND LAST SAW HIM/LER ALIVE ON

21. SEPTEMBER 2, 1987

(MONTH, DAY, YEAR)

WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO)

21b. NO

HOUR OF DEATH

21c. 4:15 P. M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT (TIME, DATE AND PLACE) AND DUE TO THE CAUSE(S) STATED

DATE SIGNED (MO., DAY, YR.)

22a. SIGNATURE

NAME AND ADDRESS OF CERTIFIER

Allan B. Sitow MD

22b. SEPTEMBER 3, 1987

22c. ALLAN B. SITOW MD., 7126 N LINCOLN AVE., LINCOLNWOOD, ILLINOIS 60646

ILLINOIS LICENSE NUMBER

22d. 036-048363

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

BURIAL, CREMATION, OR OTHER DISPOSAL (SPECIFY)

24a. BURIAL

CEMETERY OR CREMATORY—NAME

24b. ROSEHILL

LOCATION

24c. CHICAGO, ILLINOIS

CITY OR TOWN

STATE

DATE (MONTH, DAY, YEAR)

24d. SEPTEMBER 5, 1987

FUNERAL HOME

25. DRAKE & SON GUARDIAN CHAPEL, 5303 NORTH WESTERN AVENUE, CHICAGO, ILLINOIS 60625

FUNERAL DIRECTOR'S SIGNATURE

25b. *William C. Hollemans*

25c. William C. Hollemans

25d. 5649

LOCAL REGISTRAR'S SIGNATURE

26a. *Janice Brown*

DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26b. September 4, 1987

VR200 REV. 5/82

Illinois Department of Public Health - Office of Vital Records

(BASED ON 1978 U.S. STANDARD CERTIFICATE)

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 September 4, 1987

SIGNED *Janice Brown*

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.

VR-201B (1968)
(25M 4/78r)

OFFICE OF VITAL RECORDS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SPRINGFIELD 62706

NOTARY PUBLIC

Ann H. ...

this day of *March* 1988

Subscribed and sworn to before me

Hilda Mayer

Hilda Mayer

the truth of the statements herein contained.

described premises, relying on this statement as true, and in consideration thereof affiant guarantees

of Cook County, Illinois, to issue a certificate of title to the surviving joint Tenant, as said above

Further, that the affiant makes this affidavit for the purpose of inducing the Registrar of Titles

the issuance of Certificate of Title Number 1459 247

Affiant states that the remaining joint tenant, has not changed marital status since

as is confirmed by a Certificate of the health department of said municipality hereto attached.

tenancy, died intestate, in the city (County) of *Chicago*, in the State of *Illinois*.

Affiant states that *Anna Bannach* one of the said owners in joint

and more commonly known as 6312 North Lakewood Ave., Chicago, Illinois

Township 40 North, Range 14, East of the Third Principal Meridian,

the East Half (1/2) of the Northwest Quarter (1/4) of Section 5,

Addition to Edgewater, being a subdivision of the North 60 rods of

Lot 10 (10) in Block three (3) in Brockhausen and Pascher's First

described as follows:

to real estate shown in Certificate of Title No. 1459 247 situated in said Cook County, Illinois,

and that she is one of the parties who took title, not in tenancy in common, but in joint tenancy,

That she resides at 6310 North Lakewood

in the City of *Chicago*

being first

Hilda Mayer

State of *Illinois*
County of *Cook*

L. R. No. *13766* Doc. No. *3640862* Certificate No. *1459247*

Affidavit by Surviving Joint Tenant

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1459247

3838023

WIP

3838023

1989 NOV -3 PM 4:07
CAROL MOSELEY BRAUN
REGISTRAR OF TITLES

3838023

IDENTIFIED No.	REGISTRAR OF TITLES CAROL MOSELEY BRAUN
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*Austin L Wymant Jr
111 W Washington St
Chicago, IL 60602*