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AFFIDAVIT OF NO ESTATE TAX DUE

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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 Number 6 Gappi Ja
(name and capacity)
and reside at 3614 maison

(2) I am personally acquainted with the affairs of the Estate of MARIE P.
CAVIER, who died on 1/28/84

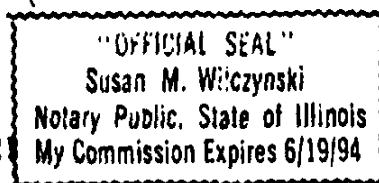
(3) That, based on the total value of the Estate of the deceased, I know that no Federal Estate Tax Return has been filed, is contemplated or is necessary.

(4) That, as a consequence, I represent to the Registrar of Titles that no Federal Estate Tax or State Inheritance Tax is due*, 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.

Subscribed and sworn to before

me this 13 day of September,
19 90.

Susan M. Wilczynski
Notary Public



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

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DECEDENT'S BIRTH NO.

 REGISTRATION DISTRICT NO. 16.0F
 REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

Type of Print in PERMANENT INK See Funeral Director's, Hospital, or Physician's Handbook for INSTRUCTIONS

DECEASED
PARENTS
CAUSE
CERTIFIER
DISPOSITION

DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH - (MONTH, DAY, YEAR)	
1. <u>MARIE P GROPPI</u>					2. <u>FEMALE</u>	3. <u>JANUARY 28, 1988</u>	
RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)	ORIGIN OR DESCENT	AGE - LAST BIRTHDAY (YR)	UNDER 1 YEAR MO. DATE	UNDER 1 MO. HRS. MIN.	DATE OF BIRTH - (MO., DAY, YEAR)	COUNTY OF DEATH	
4a. <u>WHITE</u>	<u>IRISH</u>	<u>68</u>			<u>NOVEMBER 16, 1919</u>	7a. <u>COOK</u>	
7b. <u>LAGRANGE</u>			HOSPITAL OR OTHER INSTITUTION - NAME IF NOT IN EITHER, GIVE STREET AND NUMBER			IF HOSP. OR INST. INDICATE DOA OPENED, INPATIENT (SPECIFY)	
7c. <u>LAGRANGE MEMORIAL HOSPITAL</u>						7d. <u>INPATIENT</u>	
STATE OF BIRTH - (IF NOT U.S.A. NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE - (MARRIAGE NAME, IF WIFE)			
8. <u>ILLINOIS</u>	9. <u>U.S.A.</u>	10. <u>MARRIED</u>		11. <u>HUMBERT G GROPPI</u>			
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY		WAS DECEASED EVER IN U.S. ARMED FORCES? YES / NO	WAR OR DATES OF SERVICE		
<u>356-07-6692</u>	<u>HOUSE WIFE</u>	<u>HOME MAKER</u>		13c. <u>YES</u>	13d. <u>21/21/21</u>		
RESIDENCE STREET AND NUMBER	CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY YES / NO	COUNTY	STATE			
14a. <u>3619 MADISON</u>	14b. <u>BELLWOOD</u>	14c. <u>YES</u>	14d. <u>COOK</u>	14e. <u>ILLINOIS</u>			
FATHER - NAME		FIRST	MIDDLE	LAST	MOTHER - MAIDEN NAME		FIRST
15. <u>GUY WILLIAMS</u>					16. <u>MARIE CORCRON</u>		
INFORMANT NAME (IT & OR PRINT)		ADM REG	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY, TOWN, STATE)			
17a. <u>ROSE MARY NAUSS</u>			<u>HOSPITAL RECORDS</u>	17c. <u>3101 SOUTH WILLOW SPRINGS ROAD LA GRANGE, ILLINOIS 60525</u>			
18. DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE		(a) <u>Ventricular fibrillation</u>					<u>Immediate</u>
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST.		(b) <u>Cerebral ischemia</u>					<u>10 days</u>
		(c) <u>Subarachnoid hemorrhage</u>					<u>10-16 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)							
<u>Hypertension, Rheumatic heart disease</u>							
DATE OF OPERATION, IF ANY	MAJOR FINDINGS OR OPERATION			IF FEMALE, AND THERE A PREGNANT IN PAST THREE MONTHS?		IF YES, BEAR FURNISH COMBINED IN DETERMINING CAUSE OF DEATH	
20a.	20b.			20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20d.	
I (DO) (DO NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		MONTH, DAY, YEAR	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? YES / NO		HOUR OF DEATH		
21a.		<u>1-28-88</u>	21b. <u>No</u>		21c. <u>4:53 p.m.</u>		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.						DATE SIGNED - (MONTH, DAY, YEAR)	
22a. SIGNATURE		22b. <u>Mildred K. Geiger MD</u>				22c. <u>1-29-88</u>	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER					
22d. <u>606 W. Burlington La Grange</u>		22e. <u>30606</u>					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.					
23.							
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY - NAME	LOCATION	CITY OR TOWN	STATE	DATE	MONTH, DAY, YEAR	
24a. <u>BURIAL</u>	<u>QUEEN OF HEAVEN</u>	24b. <u>HILLSIDE</u>	<u>ILL</u>	<u>FEB 1, 1988</u>			
FUNERAL HOME NAME	STREET AND NUMBER OR P.O.	CITY OR TOWN	STATE				
25. <u>WILSON WOOD FUNERAL HOME</u>	<u>4000 ST. CHARLES RD.</u>	<u>BELLWOOD</u>	<u>ILL</u>				
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S LICENSE NUMBER					
25a. <u>[Signature]</u>		25b. <u>5458</u>					
LOCAL REGISTRAR'S SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)						
26a. <u>[Signature]</u>	26b. <u>JAN 29 1988</u>						

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 with the local Registrar of Registrations District No. 16.0F in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths, and deaths.

 DATE:
 AT LA GRANGE, ILLINOIS

 SIGNED Elaine M. Ronovsky
 OFFICIAL TITLE: SUB REGISTRAR

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2001 SEP 14 PM 4:20
CLERK OF TITLE
REGISTRAR OF TITLE

3911338

REGISTERED
IDENTIFIED
No.
REGISTRAR OF TITLE'S OFFICE CAROL MOSELEY ENGLISH GIL/GONZALES

GREATER ILLINOIS
TITLE COMPANY

BOX 116
992225

Property of Cook County Clerk's Office