

STATE OF ILLINOIS, OFFICIAL TITLE, BLUE ISLAND LOCAL REGISTRAR

DATE SFP 29 1976 (SIGNED) *Edward J. Neitz*

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 Statutes relating to the registration of Birth, Stillbirths and Deaths.

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO 1631
REGISTERED NUMBER 497

1. DECEASED—NAME: **William Burke** SEX: **Male** DATE OF BIRTH: **March 11, 1906** PLACE OF BIRTH: **Cook** DATE OF DEATH: **September 25, 1976**

2. RACE: **White** SEX: **Male** AGE: **70** HEIGHT: **5' 7"** WEIGHT: **160** HAIR: **Grey** EYES: **Blue** BUILD: **Slender**

3. PLACE OF DEATH: **Blue Island** NAME OF HOSPITAL: **Saint Francis Hospital** NAME OF SURVEILLING SPECIALIST: **Mary Melone**

4. ILLINOIS SOCIAL SECURITY NUMBER: **33-03-706** US MARITAL STATUS: **Married** DATE OF MARRIAGE: **1935** DATE OF SERVICE: **1935-03-706**

5. OCCUPATION: **Police Officer in Police Department** NO. OF YEARS IN PRESENT OCCUPATION: **41**

6. RESIDENCE: **Chicago** ADDRESS: **5000 West 63rd Street, Chicago, Illinois 60638**

7. DEATH CAUSED BY: **Cardiac infarction**

8. DATE OF OPERATION: **None**

9. SIGNATURE: **Edward J. Neitz** DATE SIGNED: **September 29, 1976**

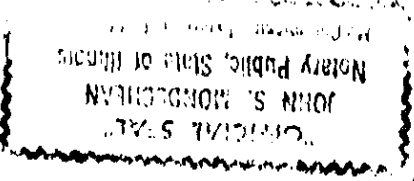
10. LOCAL REGISTRAR'S SIGNATURE: **Edward J. Neitz** DATE: **September 29, 1976**

11. I ATTESTED THE DECEASED FROM: **September 25, 1976** TO: **September 25, 1976** HOUR OF DEATH: **11:30 A.M.**

12. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE AT THE TIME AND PLACE AND FROM THE CAUSE(S) STATED. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.

13. SIGNATURE: **Edward J. Neitz** DATE SIGNED: **September 29, 1976**

14. LOCAL REGISTRAR'S SIGNATURE: **Edward J. Neitz** DATE: **September 29, 1976**



Notary Public in

[Signature]

19 *50*

me this *3rd* day of *Nov*

Subscribed and sworn to before me

Mary E. Burke

the truth of the statements herein contained.

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

to issue a Certificate of Title without additional evidence of non-liability,

for the purpose of inducing the Registrar of Titles of Cook County, Illinois,

Federal Estate Tax or State Inheritance Tax is due, and I make this affidavit

(4) That, as a consequence, I represent to the Registrar of Titles that no

necessary.

that no Federal Estate Tax Return has been filed, is contemplated or is

(3) That, based on the total value of the Estate of the deceased, I know

William M. Burke, deceased, who died on 9-25-76

(2) I am personally acquainted with the affairs of the Estate of

and reside at 6445 S. Long, Chicago, Illinois

(name and capacity)

(1) I am the surviving spouse of William M. Burke

deposes and states as follows:

for the Estate of decedent herein, being first duly sworn upon oath,

The Affiant, regarding the possible liability for State Inheritance Tax

AFFIDAVIT OF NO ESTATE TAX DUE

[Handwritten mark]

3929610

184 SM 5.47 (FORM 302)

Affidavit by Surviving Joint Tenant

L. R.

Doc. No.

Certificate No. 707040

State of Illinois }
County of Cook } ss.

Mary E. Burke being first

duly sworn, upon oath deposes and says:

That s/he... resides at 6445 S. Long in the City of Chicago
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. 707040 situated in said Cook County, Illinois,
described as follows:

LOT 13 (EXCEPT NORTH 5 FEET 7 INCHES THEREOF) AND (EXCEPT SOUTH 8 FEET 5 INCHES THEREOF) IN BLOCK 2 IN SECOND S. LONG AVENUE SUBDIVISION, BEING PART OF THE NORTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 21, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF REGISTERED AS DOCUMENT NUMBER 959025, IN COOK COUNTY, ILLINOIS.

Affiant states that William M. Burke one of the said owners in joint tenancy, died intestate, in the city (Village) of Chicago the State of Illinois as is confirmed by a Certificate of the health department of said municipality hereto attached.

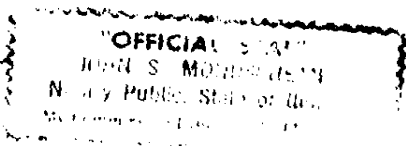
Affiant states that the remaining joint tenant... has not changed... marital status since the issuance of Certificate of Title Number 707040 (except... who has been married but once since acquiring said real estate and then to...).

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.

Mary E. Burke

Subscribed and sworn to before me this 29th day of Nov 1920

NOTARY PUBLIC



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UNOFFICIAL COPY

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Property of Cook County Clerk's Office

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REGISTRAR OF TITLES
CAROL ROSELEY BRAUN
JAN 30 1988

IDENTIFIED No.	3929610
REGISTRAR OF TITLES CAROL ROSELEY BRAUN	3929610
TICOR MOORE	

TICOR TITLE INSURANCE
69 WEST WASHINGTON STREET
CHICAGO, ILLINOIS 60604
BOX

262184