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DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 1623	STATE OF ILLINOIS		STATE FILE NUMBER			
	REGISTERED NUMBER 750	MEDICAL CERTIFICATE OF DEATH					
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED-NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
	1. EARL C. SNYDER		2. MALE	3. JUNE 1, 1991			
	COUNTY OF DEATH		AGE-LAST BIRTHDAY (Y/M)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
	4. Cook		5a. 66	5b. 5c.	5d. May 25, 1925		
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			IF HOSP. OR INST. INDICATE D.O.A. OR EMER. FUL. INPATIENT (SPECIFY)	
	6a. Evanston		6b. Evanston Hospital			6c. Inpatient	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
	7. Mishawaka, IN		8a. Married	8b. Irene Steffens		9. Yes	
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
	10. 317 22 7704		11a. Designer	11b. Floral		12. 12	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY		
13a. 2208 Wilmette Avenue		13b. Wilmette		13c. Yes	13d. Cook		
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)			
13a. Illinois		13i. 60091	14a. White	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST					
15. O. Snyder		16. Thelma Powell					
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)				
17a. Mrs. Irene Snyder		17b. Wife	17c. 2208 Wilmette Avenue, Wilmette, IL 60091				
18. PART I		Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.				APPROXIMATE DURATION (MONTHS, YEARS)	
Immediate Cause (Final disease or condition resulting in death)		(a) Acute Myocardial Infarction				5 DAYS	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) Atherosclerotic Heart Disease				YEARS	
PART II		Other important conditions contributing to death but not resulting in the underlying cause given in PART I.				AUTOPSY (YES/NO)	
19a. Ruptured Myocardium						19b. YES	
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?			
20a.		20b.		20c. YES <input type="checkbox"/> NO <input type="checkbox"/>			
WHO (S) LAST ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOURLY OF DEATH	
21a. MAY 31, 1991				21b. No		21c. 1:30 P.M.	
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. JUNE 3, 1991					
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22c. E. Dennis Murphy, M.D.		ILLINOIS LICENSE NUMBER			
22a. 530 WILMETTE WILMETTE		22c. (60091)		22d. 36-45607			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		23.		NOTE: IF AN INJURY WAS INVOLVED IN THE DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION	CITY OR TOWN	DATE (MONTH, DAY, YEAR)	
24a. Burial		24b. Sacred Heart		24c. Northbrook, Illinois	24d. June 4, 1991		
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	
25a. DONNELLAN-FITZGERALD-FRANKLIN		10045 Skokie Blvd., Skokie, Illinois		60077			
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER					
25b. [Signature]		25c. 8260					
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
26a. [Signature]		26b. June 3, 1991					

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 June 3, 1991 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.

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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 Irene S. Snyder, widow
(name and capacity)
and reside at 2208 Wilmette Ave., Wilmette, IL 60091.

(2) I am personally acquainted with the affairs of the Estate of _____
Earl C. Snyder, who died on 6/1/91.

(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.

Irene S. Snyder
x _____

SUBSCRIBED AND SWORN to before

me this 20th day of

June

19 91.

Roberta S. Lotsoff
Notary Public



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Property of Cook County Clerk's Office

UNOFFICIAL COPY 3977661

AFFIDAVIT BY SURVIVING JOINT TENANT

L.R. 15167

Doc. No. 2942724
2942725

Certificate No. 1279173

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

Irene S. Snyder, being first duly sworn, upon oath deposes and says:

That s he resides at 2208 Wilmette Avenue in the ~~City~~ (Village) of Wilmette, Illinois and that s 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. 1279173 situated in said Cook County, Illinois, described as follows:

SEE EXHIBIT "A" ATTACHED

Affiant states that Earl C. Snyder, one of the said owners in joint tenancy, died ~~intestate~~, in the ~~City (Village)~~ of Evanston 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 her marital status since the issuance of Certificate of Title Number 1279173 (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.

Irene S. Snyder

SUBSCRIBED AND SWORN to before me this 20th day of

June, 1991.

Roberta S. Lotsoff
Notary Public

OFFICIAL SEAL
ROBERTA S. LOTSOFF
Notary Public, State of Illinois
My Commission Expires 3-2-99

3977661

REI TITLE SERVICES # 877-170

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THAT PART OF LOT SIX (6), DESCRIBED AS FOLLOWS: COMMENCING AT THE INTERSECTION OF THE WEST LINE OF SAID LOT 6, WITH THE NORTH LINE OF WILMETTE ROAD, RUNNING THENCE NORTH ALONG SAID WEST LINE TO A POINT 335 FEET NORTH OF THE SOUTHWEST CORNER OF SAID LOT, THENCE EAST TO A POINT IN THE EAST LINE OF SAID LOT, 335 FEET NORTH OF THE SOUTHEAST CORNER THEREOF, THENCE SOUTH ALONG SAID EAST LINE TO THE NORTH LINE OF WILMETTE ROAD, THENCE WEST ALONG SAID NORTH LINE TO THE PLACE OF BEGINNING, (EXCEPTING FROM SAID TRACT THE NORTH 145 FEET THEREOF IN SCHAEFGEN'S SUBDIVISION OF LOTS 6 AND 7 IN COUNTY CLERK'S DIVISION OF (EXCEPTING SEEGER'S SUBDIVISION) THE WEST HALF OF FRACTIONAL SECTION 33, TOWNSHIP 42 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN.

19977661

PIN #05-33-116-057

County Clerk's Office

JUL 13 1997
COUNTY CLERK
REGISTRAR

39977661

RECORDED
No.
COUNTY CLERK
L. MOSELEY BRAUN
R. S. MARTINEZ

REAL ESTATE BROKER
1820 Ridge Avenue
Evanston, IL 60121
Order # 1997-17661

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