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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 LILLIAN M. MUELLER
(name and capacity)

and reside at 121 SOUTH HAROLD NORTHLAKE, ILLINOIS 60164

(2) I am personally acquainted with the affairs of the Estate of WILLIAM L. MUELLER, who died on APRIL 26, 1991

(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)

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

Lillian M. Mueller
LILLIAN M. MUELLER

Subscribed and sworn to before

me this 2nd day of JULY

19 91

[Signature]
Notary Public

"OFFICIAL SEAL"
Yolanda Belts
Notary Public, State of Illinois
My Commission Expires 9/1/93

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Certified Copy of a Death Record

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 1692		STATE OF ILLINOIS			STATE FILE NUMBER	
		REGISTERED NUMBER 564		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. WILLIAM L. MUELLER		2. MALE		3. APRIL 26, 1991			
	COUNTY OF DEATH		AGE-LAST BIRTHDAY (YY99)		UNDER 1 YEAR		DATE OF BIRTH (MONTH, DAY, YEAR)	
	4. COOK		5a. 63		5b. MO. DAYS		5c. APRIL 15, 1925	
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT REGISTERED, GIVE STREET AND NUMBER)				IF HOME OR INST. INDICATE DO A OPERATOR, NURSE, PATIENT (SPECIFY)	
	6a. PROVISO TOWNSHIP		6b. FOSTER G MCGAW 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. INDIANIS		8a. MARRIED		8b. LILLIAN M. MASE			9. YES
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
	10. 360 S 6218		11a. POLICE OFFICER		11b. COUNTY		12. 12	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.			INDICATE CITY (YES/NO)	COUNTY		
13a. 121 S HAROLD		13b. NORTHLAKE			13c. YES	13d. COOK		
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY YES OR NO - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)			
13a. ILLINOIS		13b. 60164	14a. WHITE		14b. NO (YES SPECIFY)			
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE LAST						
15. WILLIAM MUELLER		16. ELIZABETH RUDNICK						
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP)				
17a. JENNIFER L PIENKOWSKI		HOSPITAL RECORDS		17b. 2160 S 1ST AVE MAYWOOD IL 60153				
18. PART I. Enter the diseases, or conditions, or injuries 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.								
Immediate Cause (Final disease or condition resulting in death)		(a) Myocardial infarction				4/23/91		
		(b) Coronary Artery Disease				Distal part		
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(c)						
PART II. Other disorders (including toxicologic) contributing to death but not resulting in the underlying cause given in PART I.						AUTOPSY (YES/NO)	IF THE AUTOPSY FINDINGS REVEAL ANOTHER CAUSE OF DEATH (YES/NO)	
						19a. YES	19b. NO	
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PART THREE MONTHS		20c. YES <input type="checkbox"/> NO <input type="checkbox"/>		
20a. NONE		20b.		20c.		20d. NO		
(100) (100) (100) (100) (100) (100) (100) (100)		(100) (100) (100) (100) (100) (100) (100) (100)		(100) (100) (100) (100) (100) (100) (100) (100)		(100) (100) (100) (100) (100) (100) (100) (100)		
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PART THREE MONTHS		20c. YES <input type="checkbox"/> NO <input type="checkbox"/>		
20a. NONE		20b.		20c.		20d. NO		
TIME OF DEATH (MONTH, DAY, YEAR)		HOURS OF DEATH		HOUR OF DEATH (MONTH, DAY, YEAR)				
21a. 4/26/91		21b. NO		21c. 2:53 9:53 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 G. Holcomb		22b. 4/28/91						
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER						
22c. 2160 S 1ST AVE MAYWOOD IL 60153		22d. 12502K836						
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		IF AN ANEMALY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.						
23. DR. P. SCALLAN								
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)		
24a. Burial		24b. Fairview Cemetery		24c. Northlake IL.		24d. 5-1-91		
FUNERAL HOME NAME		STREET AND NUMBER ON R.F.D.		CITY OR TOWN STATE ZIP				
25a. Hursen Funeral Home		4001 W. Roosevelt Rd.		Hillside, IL.		60162		
FUNERAL DIRECTOR'S SIGNATURE				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER				
25b. William S. P...				25c. 8597				
LOCAL CORONER'S SIGNATURE				DATE PREPARED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)				
26a. Richard J. Bullis				26b. APRIL 30, 1991				

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named as 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 **APR 30 1991** SIGNED **Richard J. Bullis**

AT **BROADVIEW, IL 60153**, Illinois OFFICIAL TITLE Local Registrar of Vital Statistics

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 verifications 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 of the fact.

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3977838

(FORM 302)

Affidavit by Surviving Joint Tenant

L. R. 3143 Doc. No. 1720337 Certificate No. 751505

State of Illinois
County of Cook

LILLIAN M. MUELLER being first
duly sworn upon oath deposes and says:

That she resides at 222 S. Harold in the City of Northlake
and that she 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. 751505 situated in said Cook County, Illinois,
described as follows:

LOT 21 IN BLOCK 12, IN MIDLAND DEVELOPMENT COMPANY'S NORTH LAKE VILLAGE
BEING A SUBDIVISION OF THE NORTH 1/2 OF THE NORTHWEST 1/4 OF SECTION 5,
TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN
COOK COUNTY, ILLINOIS.

Affiant states that WILLIAM L. MUELLER one of the said owners in joint
tenancy, died intestate, in the city (Village) of Northlake 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 751505 (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 Register 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.

Lillian M. Mueller
LILLIAN M. MUELLER

Subscribed and sworn to before me

this 2nd day of July 1991

[Signature]

OFFICIAL SEAL
Yolanda Betts
Notary Public, State of Illinois
My Commission Expires 9/1/93

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2
751 525
N/A

3977838
N/A

3977838

CAROL MOULTON BRAUN
REGISTRAR OF TITLES
1991 JUL -3 - PM 2:45

3977838

REGISTERED
No.
Registrar of TITLES Titles
CAROL MOULTON BRAUN
6115 CONRALES

GREATER ILLINOIS
TITLE COMPANY

BOX 116
4103045

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