REGISTRATION DISTRICT NO. 22.0E

REGISTERED NUMBER

STATE OF ILLINOIS

REI TITLE SERVICES #

STATE FILE NUMBER RT8-150

MEDICAL CERTIFICATE OF DEATH

1. DECEASED—NAME (FIRST, MIDDLE, LAST): HARRY JAMES MCBRIDE
2. SEX: MALE
3. DATE OF DEATH (MONTH, DAY, YEAR): JANUARY 23, ~~1985~~ 1985
4a. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY): White
4b. ORIGIN OR DESCENT: American
5a. AGE—LAST BIRTHDAY (YEARS): 64
5b. UNDER 1 YEAR: MONTHS DAYS
5c. UNDER 1 DAY: HOURS MIN.
6. DATE OF BIRTH (MO., DAY, YEAR): May 6, 1920
7a. COUNTY OF DEATH: DUPAGE
7b. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: HINSDALE
7c. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): HINSDALE HOSPITAL
7d. IF HOSP. OR INST. INDICATE DOA OP/EMER. RM. INPATIENT (SPECIFY): INPATIENT
8. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY): Illinois
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): Eleanore Morency
12. SOCIAL SECURITY NUMBER: 324-18-3121
13a. USUAL OCCUPATION: Punch Press Oper.
13b. KIND OF BUSINESS OR INDUSTRY: Hotpoint
13c. WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): No
13d. WAR OR DATES OF SERVICE: None
14a. RESIDENCE—STREET AND NUMBER: 3626 S. 61st. Ct.
14b. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: Cicero
14c. INSIDE CITY (YES/NO): yes
14d. COUNTY: Cook
14e. STATE: Illinois
15. FATHER—NAME (FIRST, MIDDLE, LAST): John McBride
16. MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST): Agnes Mc Wade
17a. INFORMANT NAME (TYPE OR PRINT): Eleanore McBride
17b. RELATIONSHIP: Wife
17c. MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP): 3626 S. 61st. Ct. Cicero, Illinois 60650

18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE LINE FOR (a), (b), AND (c))

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

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) IMMEDIATE CAUSE	CARDIAC ARREST	SUDDEN
DUE TO OR AS A CONSEQUENCE OF: (b)	CARDIAC ARRYTHMIA	2-3 WEEKS
DUE TO OR AS A CONSEQUENCE OF: (c)	ARTERIOSCLEROTIC HEART DISEASE	—

PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (c): HYPERTENSION

19a. AUTOPSY (YES/NO): NO
19b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:

20a. DATE OF OPERATION, IF ANY: NONE
20b. MAJOR FINDINGS OF OPERATION:
20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES ☐ NO ☐

21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR): 1-23-85
21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO): NO
21c. HOUR OF DEATH: 4:33 P. M.

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

22a. SIGNATURE ▶ Edward W. Kallal M.D.
22b. DATE SIGNED (MO., DAY, YR.): 1-24-85
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): EDWARD W. KALLAL MD 509 N. CATHERINE LA GRANGE PARK, IL.
22d. ILLINOIS LICENSE NUMBER: 24832

23. NAME OF ATTENDING PHYSICIAN (OTHER THAN CERTIFIER) (TYPE OR PRINT):

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

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY OR CREMATORY—NAME: Queen of Heaven
24c. LOCATION (CITY OR TOWN, STATE): Hillside, Illinois
24d. DATE (MONTH, DAY, YEAR): Jan. 26, 1985
25a. FUNERAL HOME—NAME: Sourek Manor; STREET AND NUMBER OR R. F. D.: 5745 W. 35th St.; CITY OR TOWN: Cicero; STATE: Illinois; ZIP: 60650
25b. FUNERAL DIRECTOR'S SIGNATURE ▶ Charles J. Sourek Jr
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 7374
26a. LOCAL REGISTRAR'S SIGNATURE ▶ James P. Paulin MD / Ellen B. Mooney
26b. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR): JAN 26 1985

VR 200 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 statutes relating to the registration of births, stillbirths and deaths.

DATE JAN 28 1985

SIGNED James P. Paulin MD

AT HINSDALE, Illinois

OFFICIAL TITLE 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 or the local registrar or the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

YEAR 2011 DEPARTMENT OF PUBLIC HEALTH—Bureau of Statistics

Printed by the Authority of the State of Illinois

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 ELEANOR McBRIDE widow
(name and capacity)
and resides at 3626 South 61st Court, Cicero, IL 60650.

(2) I am personally acquainted with the affairs of the Estate of HARRY McBRIDE, who died on Jan. 23, 1985.

(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.

Eleanor McBride
ELEANOR McBRIDE

Subscribed and sworn to before me this 10th day of JUNE, 19 91.

RE: 3626 South 61st Court
Cicero, IL 60650

PIN: 16-32-312-040-0000

Lucia Falco
Notary Public

"OFFICIAL SEAL"
Lucia Falco
Notary Public, State of Illinois
My Commission Expires 8/30/93

*Pursuant to H.B. 93, P.A. 82-1021

3986377

(FORM 302)

Affidavit by Surviving Joint Tenant

L. R. 16849 Doc. No. 2726210 Certificate No. 1185277

State of Illinois
County of Cook } ss.

ELEANOR McBRIDE, widow being first duly sworn, upon oath deposes and says:

That she resides at 3626 South 61st Court in the City of Cicero 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. 1185277 situated in said Cook County, Illinois, described as follows:

The South 14 Feet of Lot Five (5), the North 16 Feet of Lot Six (6) in the resubdivision of Lots 17 and 18 and the South 12 Feet of Lot 19, in the Subdivision of South half (½) of the North Half (½) of the East three-quarters (3/4) of the Southwest Quarter (¼) of Section 32, Township 39 North, Range 13, East of the Third Principal Meridian in Cook County, Illinois.

P/A/ 3626 South 61st Court, Cicero, IL 60650 PIN 16-32-312-040-0000

Affiant states that HARRY McBRIDE one of the said owners in joint tenancy, died intestate, in the city (Village) of Cicero 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 1185277 (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.

Eleanor McBride
ELEANOR McBRIDE

Subscribed and sworn to before me this 10th day of JUNE 19 91

Lucia Falco
NOTARY PUBLIC.

"OFFICIAL SEAL"
Lucia Falco
Notary Public, State of Illinois
My Commission Expires 8/5/93

RT8-150

REI TITLE SERVICES #

3986377

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1185277

3986377

1991 AUG -8 AM 11:39
CAROL MOSELEY BRAUN
REGISTRAR OF TITLES
COOK COUNTY, ILL.

3986377

IDENTIFIED
No.

REAL ESTATE INDEX GROUP
1820 Ridge Avenue
Evanston, Il 60201
Order # R18-150

1185277
18

3986377

UNOFFICIAL COPY