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REG. TITLE SERVICES ■ STATE FIRE

REGISTRATION DISTRICT NO.	22.02
REGISTERED NUMBER	
DECEASED NAME	HARRY

MEDICAL CERTIFICATE OF DEATH

NAME		LAST		SEX		DATE OF BIRTH		MONTH, DAY, YEAR	
HARRY		MCBRIDE		2 MALE		JANUARY 23, 1985		1985	
1. PLACE OF BIRTH AND DATE OF DECEASED		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, TAPIED?		NAME OF SURVIVING SPOUSE (WIDOW NAME IF WIFE)			
State: Illinois City: Hinsdale		U.S.A.		10. Married		Elisabeth Morency			
2. SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		11. ADDRESS OF VETERAN IN U.S. OR NO. NO		12. DUPAGE	
324-18-3121		Punch Press Operator		Hotpoint		13. COOK		IN-PATIENT	
RESIDENCE STREET AND NUMBER		CITY, TOWN, TOWNSHIP, OR ROAD DISTRICT NO.		INSIDE CITY YES/NO		CITY, TOWN, STATE ZIP		14. Illinois	
142 3626 S. 61st. Ct.		Cicero		14c. YES		17. Agnes McGraw Wade		STATE LAST	
FATHER—NAME		RELATIONSHIP		16. MARRIED NAME		18. DEATH WAS CAUSED BY			
15. John McBride		17b. Wife		17c. 1621 S. 61st. Ct. Cicero, Illinois 60650		[Enter ONLY ONE CAUSE. Check for (a), (b), and (c)]			
INFORMANT NAME (TYPE OR PRINT)		MAILING ADDRESS		19. AGONIZING TIME SPECIFY MINUTES AND SECONDS		20. IMMEDIATE CAUSE		21. Sudden	
17d. Elisabeth McBride		17e. 1621 S. 61st. Ct. Cicero, Illinois 60650		20a. Cardiac Arrest		20b. Due to on or as a consequence of:		2-3 weeks	
18. DEATH WAS CAUSED BY		20c. Cause of death		20d. Auto. / Cause of death		20e. To the best of my knowledge deceased at the time of death was not related to cause given in part 16		20f. Yes, wear running shoes No, wear athletic shoes 19g. No 19h. Nancy in past three months 30c. Yes □ No □	
PART I.		21. OTHER SIGNIFICANT CONDITIONS		22. MAJOR FINDINGS OF OPERATION		23. DATE OF DEATH		24. DATE SIGNED (MO.-DAY-YR)	
21a. Did anyone attend the deceased and last saw him/her alive on		22a. Name and address of certifier		23a. Month, Day, Year		24a. Illinois license number		25a. Notes if an injury was involved in this death the coroner or medical examiner must be notified.	
21b. To the best of my knowledge deceased at the time of death was not related to cause given in part 16		22b. Name and address of certifier other than physician		23b. Location		24b. City or town		25b. Date (month, day, year)	
21c. Signature		22c. Signature		23c. Signature		24c. State		25c. Date rec'd. by local registrar (month, day, year)	
22d. Printed name of physician		22e. Printed name of certifier		23d. Signature		24d. Jan. 26, 1985		25d. JAN 26 1985	
22f. Name and address of certifier		22g. Name and address of certifier		23e. Signature		24e. State		25e. Standard certificate	
22h. Name and address of certifier		22i. Name and address of certifier		23f. Signature		24f. State		25f. (Based on 1978 U.S. Standard Certificate)	
22j. Name and address of certifier		22k. Name and address of certifier		23g. Signature		24g. State		25g. Illinois Department of Public Health - Office of Vital Records	
22l. Name and address of certifier		22m. Name and address of certifier		23h. Signature		24h. State		25h. Funeral Director's Illinois license number	
22n. Name and address of certifier		22o. Name and address of certifier		23i. Signature		24i. State		25i. 7374	
22p. Name and address of certifier		22q. Name and address of certifier		23j. Signature		24j. State		25j. Local Registrar (month, day, year)	
22r. Name and address of certifier		22s. Name and address of certifier		23k. Signature		24k. State		25k. JAN 26 1985	

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. Palermo, M.D.

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

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AFFIDAVIT OF NO STATE 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 reside 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.

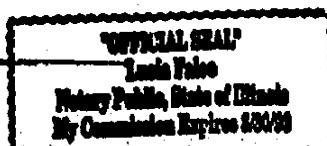
(4) That, as a consequence, I represent to the Registrar of Titles that no Federal Estate Tax or State Inheritance Tax is due*, and I make this affidavit for the purpose of inducing the Registrar of Titles of Cook County, Illinois, to issue a Certificate of Title without additional evidence of non-liability, 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.

Lucia Falco
Notary Public



RE: 3626 South 61st Court
Cicero, IL 60650

PIN: 16-32-312-040-0000

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THE STATE OF ILLINOIS

COOK COUNTY, ILLINOIS, Plaintiff,
v. ROBERT LEE COOPER, Defendant.

Defendant's Motion to Dismiss, Plaintiff's Motion to Dismiss, and Plaintiff's Motion to Dismiss for Lack of Jurisdiction.

Argued: October 1, 1968. Decided: October 1, 1968.

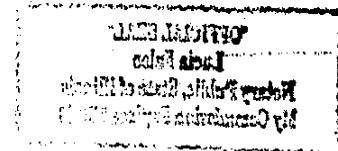
Cochran

Attala, Tamm, & Cochran

Attala, Tamm, & Cochran

Defendant's Motion to Dismiss, Plaintiff's Motion to Dismiss, and Plaintiff's Motion to Dismiss for Lack of Jurisdiction.

Argued: October 1, 1968. Decided: October 1, 1968.



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3986377

(FORM 302)

Affidavit by Surviving Joint Tenant

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

State of Illinois } ss.
County of Cook }

R78-150
Property of Cook County Clerk's Office
RE TITLE SERVICES #
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 ($\frac{1}{2}$) of the North Half ($\frac{1}{2}$) of the East three-quarters
($\frac{3}{4}$) of the Southwest Quarter ($\frac{1}{4}$) 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 now to attached.

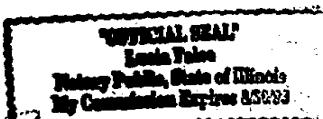
Affiant states that the remaining joint tenant.... has... not changed.... her....marital status since
the issuance of Certificate of Title Number.... 1185277.....(except who
has been married but once since acquiring said real estate and then to.....).

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 1991.

Lucia Salas
NOTARY PUBLIC.



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CO
CO
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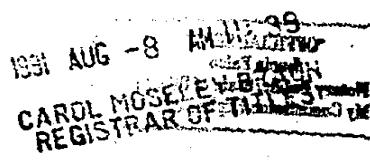
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Property of Cook County Clerk's Office
1920 Ridge Avenue
Evanston, IL 60201
Phone # 847-648-1150



3986377

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NO.	

REAL ESTATE INDEX GROUP
1920 Ridge Avenue
Evanston, IL 60201
Phone # 847-648-1150