

REGISTERED NUMBER

**UNOFFICIAL COPY**  
**MEDICAL CERTIFICATE OF DEATH**

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Manuals for INSTRUCTIONS

DECEASED NAME: **Walter Baum** (FIRST MIDDLE LAST) SEX: **Male** DATE OF DEATH: **April 28, 1990**

COUNTY OF DEATH: **Cook** ACB (LAST BIRTHDAY) (YR): **79** UNCLE (YR): **bc** UNCLE (DAY): **bc** DATE OF BIRTH: **July 3, 1910**

CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **Evanston** HOSPITAL OR OTHER INSTITUTION NAME: **St. Francis Hospital** IF DEPT. OR UNIT INDICATED (I) (I) A OR (I) B II FOR DEPARTMENT (SPECIFY): **Inpatient**

PLACE OF BIRTH: **Germany** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Married** NAME OF SURVIVING SPOUSE: **Hilde Gruenebaum** WAS IN CEASED DEPARTMENT (SPECIFY): **Yes**

SOCIAL SECURITY NUMBER: **335-12-3002** USUAL OCCUPATION: **Banker** KIND OF BUSINESS OR INDUSTRY: **Banking** EDUCATION (HIGHEST GRADE ATTAINED): **College 1, 4, 5, 11**

RESIDENCE (STREET AND NUMBER): **6415 N. Troy** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **Chicago** INHABITANT CITY (YES/NO): **Yes** COUNTY: **Cook**

STATE: **Illinois** ZIP CODE: **60645** RACE (WHITE, BLACK AMERICAN, HISPANIC OR OTHER (SPECIFY)): **White** OF HISPANIC ORIGIN? (SPECIFY YES OR NO): **NO** SPECIFY: **NO**

FATHER'S NAME: **Julius Baum** MOTHER'S NAME: **Elsa Mayer**

INFORMANT'S NAME (TYPE OR PRINT): **Hilda Baum** RELATIONSHIP: **Wife** MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP): **6415 N. Troy, Chicago, Illinois 60645**

**PART I** (For the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line.)

1. Irreversible Cause (Final disease or condition resulting in death): **Perioperative Myocardial Infarction with Shock** DUE TO, OR AS A CONSEQUENCE OF: **5 Days**

2. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **(b) Arteriosclerotic Heart Disease** DUE TO, OR AS A CONSEQUENCE OF: **Years**

**PART II** (Other significant conditions contributing to death but not resulting in the underlying cause given in PART I)

**Diabetes Mellitus** AUTOPSY (YES/NO): **NO** IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **NO**

DATE OF OPERATION, IF ANY: **20a** MAJOR FINDINGS OF OPERATION: **20b** IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **20c** YES  NO

WHO (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM HER ALIVE ON: **21a** **I did** (MONTH, DAY, YEAR): **April 28, 1990** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **21b** **NO** HOUR OF DEATH: **21c** **4:51 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: **Martin N. Sachman** DATE SIGNED: **April 29, 1990**

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **60646** ILLINOIS LICENSE NUMBER: **22c** **036-53022**

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): **24a** **Burial** CEMETERY OR CREMATORY NAME: **24b** **Jewish Oakridge** LOCATION: **24c** **Hillside, Illinois** DATE (MONTH, DAY, YEAR): **24d** **May 1, 1990**

FUNERAL HOME NAME: **25a** **Piser Weinstein Menorah Chapel** STREET AND NUMBER OR R.F.D.: **5206 N. Broadway Avenue** CITY OR TOWN: **Chicago** STATE: **Illinois** ZIP: **60640**

FUNERAL DIRECTOR'S SIGNATURE: **25b** **Alan M. Yaff** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **25c** **F6655**

LOCAL REGISTRAR'S SIGNATURE: **26a** **F. Louis Brown** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **26b** **April 30, 1990**

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: May 30, 1990 SIGNED: F. Louis Brown

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

*[Handwritten mark]*

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 Hilda Baum, a widower not since remarried  
(name and capacity)

and reside at 6415 N. Troy, Chicago, IL 60645

(2) I am personally acquainted with the affairs of the Estate of Walter Baum, who died on April 28, 1990

(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)

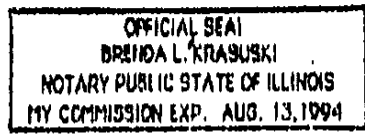
- 1) that no Tax is due; or \_\_\_\_\_
- 2) that if any Tax due, there are sufficient other assets to pay such Tax; or \_\_\_\_\_
- 3) that any Tax due has been paid. \_\_\_\_\_

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.

Hilda Baum  
Hilda Baum

Subscribed and sworn to before me this 23 day of August, 1991.

Bonnie Krasuski  
Notary Public



*[Handwritten signature]*

(FORA1 302)

**Affidavit by Surviving Joint Tenant**

L. R. 16868 Doc. No. 1374308 Certificate No. 587756

State of Illinois }  
County of Cook } ss.

3990481

Hilda Baum being first  
duly sworn, upon oath deposes and says:

That s/he... resides at 2415 N Troy in the City of Chicago IL  
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 587756 situated in said Cook County, Illinois,  
described as follows:

THE SOUTH 25.33 FEET OF LOT 51 IN REINBERG'S NORTH CHANNEL SUBDIVISION IN THE  
SOUTHWEST 1/4 OF THE FRACTIONAL SOUTHWEST 1/4 OF SECTION 36, TOWNSHIP 41 NORTH  
RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING SOUTH OF THE INDIAN  
BOUNDARY LINE.

10-36-321-050

Affiant states that Walter Baum one of the said owners in joint  
tenancy, died intestate, in the city (Village) of Chicago 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 587756 (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.

Hilda Baum

Subscribed and sworn to before me  
this 22nd day of August 1991

Jerrold S. Dorn  
NOTARY PUBLIC  
" OFFICIAL SEAL "  
JERROLD S. DORN  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 10/23/91

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Property of Cook County Clerk's Office

3990481

REALTY TITLE, INC.  
33 N. LaSalle Street  
Suite 1950  
Chicago, Illinois 60602

REGISTERED  
No. 3990481  
Registrar of Torts and Titles  
CAROL MOSELEY BRAUN  
REGISTRAR OF TITLES

3990481

1991 AUG 23 PM 3:36  
CAROL MOSELEY BRAUN  
REGISTRAR OF TITLES

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587756