

# UNOFFICIAL COPY

## Certified Copy of a Death Record

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <b>16.92</b>	STATE OF ILLINOIS			STATE FILE NUMBER	
	REGISTERED NUMBER <b>840</b>	<b>MEDICAL CERTIFICATE OF DEATH</b>				
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS  A DECEASED  B  C  D  E  PARENTS  1  2  3  4  5  N  P  CERTIFIER  25a  25b  26a	DECEASED-NAME FIRST MIDDLE LAST <b>1. BLANCHE L CONNOLLY</b>		SEX <b>2. FEMALE</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>3. JUNE 28, 1991</b>		
	COUNTY OF DEATH <b>4. COOK</b>		AGE-LAST BIRTHDAY (YRS) <b>5a. 86</b>	UNDER 1 YEAR MOS. DAYS <b>5b.</b>	UNDER 1 DAY HOURS MIN. <b>5c.</b>	DATE OF BIRTH (MONTH, DAY, YEAR) <b>5d. MARCH 9, 1905</b>
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>6a. PROVISIO TOWNSHIP</b>		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>6b. FOSTER G. MCGAW HOSPITAL</b>		IF HOSP. OR INST. INDICATE D.O.J. OF EMER. PAT. INPATIENT (SPECIFY) <b>6c. INPATIENT</b>	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>7. Chicago Il.</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>8a. WIDOWED</b>	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>8b. None</b>		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) <b>8. No</b>
	SOCIAL SECURITY NUMBER <b>10. 346-20-6570</b>		USUAL OCCUPATION <b>11a. Homemaker</b>	KIND OF BUSINESS OR INDUSTRY <b>11b. Own Home</b>	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (1-4 or 5+) <b>12. 8</b>	
	RESIDENCE (STREET AND NUMBER) <b>13a. 1044 DUNLOP AVENUE</b>		CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>13b. FOREST PARK</b>		INSIDE CITY (YES/NO) <b>13c. YES</b>	COUNTY <b>13d. COOK</b>
	STATE <b>13a. ILLINOIS</b>	ZIP CODE <b>13i. 60130</b>	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>14a. WHITE</b>	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <b>14b. NO</b> YES SPECIFY:		
	FATHER-NAME FIRST MIDDLE LAST <b>15. Joseph Malina</b>		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST <b>16. Julia Masek</b>			
	INFORMANT'S NAME (TYPE OR PRINT) <b>17a. LILLIE BATCHELOR</b>		RELATIONSHIP <b>17b. HOSPITAL RECORDS</b>	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>17c. 2160 S 1ST AVE MAYWOOD, IL 60153</b>		
	18. PART I. Enter the diseases, 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 INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death) → <b>(a) Progressive Resp Failure</b>					<b>6/28/90</b>	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <b>(b) Metastatic Breast Cancer</b>					<b>1988</b>	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause per PART I. <b>CAD, 5/6 ME 1989</b>						
DATE OF OPERATION, IF ANY <b>20a. 0</b>		MAJOR FINDINGS OF OPERATION <b>20b.</b>		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <b>20c. YES NO</b>		
I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <b>21a. 6/29/91</b>		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>21b. No</b>		HOUR OF DEATH <b>21c. 0515 A.M.</b>		
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) <b>22b. 6/29/91</b>		
SIGNATURE <b>22a. [Signature]</b>		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>22c. FOSTER G. MCGAW HOSPITAL 2160 S 1ST AVE MAYWOOD, IL 60153</b>		ILLINOIS LICENSE NUMBER <b>22d. 125-027033</b>		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) <b>23. Dr. Ann Rudner</b>		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.				
BURIAL CREMATION, REMOVAL (SPECIFY) <b>24a. Burial</b>	CEMETERY OR CREMATORY-NAME <b>24b. All Saints</b>	LOCATION CITY OR TOWN STATE <b>24c. Des Plaines Illinois</b>	DATE (MONTH, DAY, YEAR) <b>24d. July 1, 1991</b>			
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP <b>25a. Zimmerman-Ehringer 7319 Madison Street Forest Park Illinois 60130</b>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>25c. 012259</b>				
LOCAL REGISTRAR'S SIGNATURE <b>26a. [Signature]</b>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>26b. July 1, 1991</b>				

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.

JUL 1 1991  
 SIGNED Richard J. Billie  
 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 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 of the facts.

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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 John B. Connolly  
(name and capacity)

and reside at 12514 Fairhaven Baton Rouge, La

(2) I am personally acquainted with the affairs of the Estate of BLANCHE L. CONNOLLY, who died on January 12, 1968

(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.

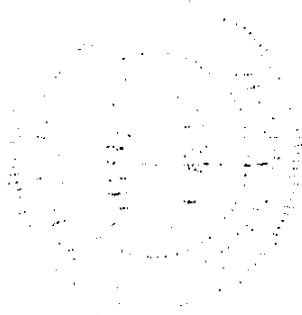
John B. Connolly  
John B. Connolly

Subscribed and sworn to before me this 6<sup>th</sup> day of September;

19 91  
[Signature]  
Notary Public

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Property of Cook County Clerk's Office



4002549

DCS 164 SM 5.47 (FORM 302)

Affidavit by Surviving Joint Tenant

L. R. 1909

Doc. No. 2428934

Certificate No. 1062665

State of Illinois ss.
County of Cook

John B. Connolly being first
duly sworn, upon oath deposes and says:

That he resides at 12514 Fairhaven in the City of Baton Rouge
and that 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. 1062665 situated in said Cook County, Illinois,
described as follows: Lot Twenty Five in Block Sixteen (16) in the
subdivision of Block Seven (7) (except the Southwest Quarter (1/4)
thereof and of block 16, (except the North 75 feet of the West
half (1/2) thereof) and all of Block 17, in Joseph K. Dunlop's
Subdivision of the West Half (1/2) of the Southeast Quarter (1/4)
and that part of the East 1/3 of the East Half (1/2) of the Southwest
Quarter (1/4) lying East of the Center of Desplains Avenue, in Section
13 Town 39 North, Range 12, East of the Third Principal Meridian.

Affiant states that John B. Connolly one of the said owners in joint
tenancy, died intestate, in the city (Village) of Forest Park 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 1062665 (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.

Handwritten signature of John B. Connolly

Subscribed and sworn to before me
this 6th day of September 19 91

Notary Public signature and text

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Amount Total (including tax and fees)

~~1062667~~

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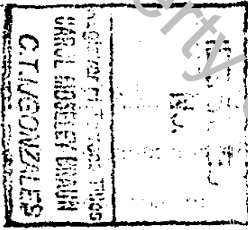
Sub  
55

4002549

1991 OCT 10 PM 3 38  
CAROL MOSELEY BRAJIN  
REGISTRAR OF TITLES

4002549

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Property of Cook County Clerk's Office

CHICAGO TITLE INS.  
G#

4002549  
78.22.232

