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INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

March 21, 1990, Hammond, Ind. Date Issued Hammond Health Commissioner

Local No. 275

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CRONER USE ONLY

| | | | | |
|---|--|--|--|--|
| 1. DECEASED—NAME (First, Middle, Last) Ernest H. Neuman | | 2. SEX Male | 3a. TIME OF DEATH 1:03 a. | 3b. DATE OF DEATH (Month, Day, Year) March 24, 1990 |
| 4. SOCIAL SECURITY NUMBER 341-16-3963 | 5a. AGE—Last Birthday (Years) 66 | 5b. UNDER 1 YEAR Months Days | 5c. UNDER 1 DAY Hours Minutes | 6. DATE OF BIRTH (Mo., Day, Yr.) NOVEMBER 11, 1923 |
| 7. BIRTHPLACE (City and State or Foreign Country) CHICAGO, ILL. | 8a. WAS DECEDENT A U.S. VETERAN? YES | 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1945 | 9. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> E/O Outpatient <input type="checkbox"/> D/OA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence | |
| 9a. FACILITY NAME (If not institution, give street and number) ST. MARGARET HOSPITAL | 9b. CITY, TOWN OR LOCATION OF DEATH HAMMOND | 9c. COUNTY OF DEATH LAKE | | |
| 10. MARITAL STATUS (Specify) MARRIED | 11. SURVIVING SPOUSE (If wife, give maiden name) MILDRED HAMMERMEISTER | 12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use "retired") TRUCK DRIVER | 12b. KIND OF BUSINESS/INDUSTRY MARSHALL FIELD CO. | |
| 13a. RESIDENCE—STATE ILLINOIS | 13b. COUNTY COOK | 13c. CITY, TOWN OR LOCATION CHICAGO | 13d. STREET AND NUMBER 9008 S. HOUSTON AVE | |
| 13e. ZIP CODE 60617 | 13f. INSUR. CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | 14. CITIZEN OF WHAT COUNTRY? USA | 15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) | 16. RACE—American Indian, Black, White, etc. (Specify) WHITE |
| 17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 YRS College (1-4 or 5+) | | 18. FATHER'S NAME (First, Middle, Last) HENRY NEUMAN | | |
| 19. MOTHER'S NAME (First, Middle, Maiden Surname) PAULINE KRAN | | 20a. INFORMANT'S NAME (Type/Print) MILDRED NEUMAN | | |
| 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9008 S. HOUSTON AVE, CHICAGO, ILL. 60617 | | 20c. Relationship WIFE | | |
| 21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) | 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) MARCH 27, 1990 CONCORDIA CEMETERY | | 21c. LOCATION—City or Town, State HAMMOND, IND. | |
| 22a. EMBALMER'S NAME THOMAS J. BURNS | 22b. EMBALMER'S LICENSE NO. 1045184 | 23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 24a. SIGNATURE OF FUNERAL DIRECTOR <i>Thomas J. Burns</i> | | 24b. LICENSE NUMBER (of Licensee) 1045154 | 24c. MAIL ADDRESS AND LICENSE NUMBER OF FUNERAL HOME BURNS-KISH F H #3002819 5840 HOHMAN AVE HAMMOND, IND. (FOR GRIESEL F H CHICAGO, ILL.) | |
| 25. PART I: Enter the disease, injuries, or complications that caused the death. Do not enter nonfatal, or non-causal, conditions or interventions such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. CARDIO-PULMONARY ARREST SEPTICEMIA & SEPTIC SHOCK DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) | | | | |
| 26. PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I | | | | |
| 27a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. | | 27b. SIGNATURE AND TITLE OF CERTIFIER <i>N. Sardesai</i> | 28a. MEDICAL LICENSE NO. 29300 | 28b. DATE ISSUED (Month, Day, Year) 05/26/1990 |
| 29. NAME AND ADDRESS OF PERSON WHO REPORTED CAUSE OF DEATH (ITEM 25) (Type/Print) N. Sardesai, M.D., 9128 Columbia Avenue, Munster, Indiana 46321 | | | | |
| 30. HEALTH OFFICER'S SIGNATURE <i>Franklin G. Remuda, M.D.</i> | | | 31. DATE FILED (Month, Day, Year) MAR 26 1990 | |
| 32. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined | 33a. DATE OF INJURY (Month, Day, Year) | 33b. TIME OF INJURY | 33c. INJURY AT WORK? (Yes or no) | 33d. DESCRIBE HOW INJURY OCCURRED |
| 34a. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) | | 34b. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | |
| 35a. DATE PROHOUNCED DEAD (Month, Day, Year) | 35b. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. | | | |

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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 Mildred L. Neuman, Spouse
(name and capacity)

and reside at 9008 S. Honickson Chicago, Ill.

(2) I am personally acquainted with the affairs of the Estate of Ernest H. Neuman, who died on 3/24/90.

(3) That as a consequence, I represent to the Registrar of Titles that regarding Federal Estate Tax or State Inheritance Tax;
(select one - initial choice)

- initial 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.

Mildred L. Neuman

Subscribed and sworn to before

me this 22 day of DEC;

19 91.

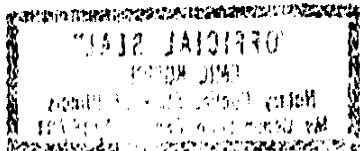
Emil Kosich

Notary Public



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ocs 164 5M 5.47 (FORM 302)

Affidavit by Surviving Joint Tenant

L. R. Doc. No. Certificate No.

State of ... County of ... ss.

... being first duly sworn, upon oath declares and says:

That ...he... resides at ... in the City of ... 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. ... situated in said Cook County, Illinois,

described as follows: Lot Four (4) In Block Fifty Four (54) in South Chicago, being a Subdivision by the Calumet and Chicago Canal and Dock Company of the East (1/2) of the West Half (1/2) and parts of the East Fractional Part (1/2) of Fractional Section 6, North of the Indian Boundary Line, and that part of Fractional Section 6, South of the Indian Boundary Line, lying North of the Michigan Southern Railroad and Fractional Section 5, North of the Indian Boundary Line, all in Township 37 North, Range 15, East of the Third Principal Meridian.

Affiant states that ... one of the said owners in joint tenancy, died intestate, in the city (Village) of ... in the State of ... 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 ... (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.

Michael L. ...

Subscribed and sworn to before me this 22 day of Dec 19 91

Emil Kosich NOTARY PUBLIC.



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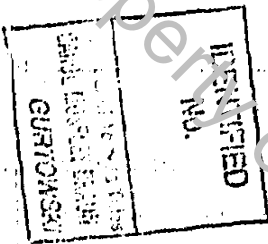
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REGISTRATION

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