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DECEASED JOINT TENANCY
AFFIDAVIT

Prepared By/Mail to:
William J. Payne
Samelson & Payne
575 Lee Street, Upper Level
Des Plaines, Illinois 60016
Order No.: NW 6124003

0010674482

6504/0288 45 001 Page 1 of 5
2001-07-26 13:19:19
Cook County Recorder 29.00

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

DECEASED JOINT TENANCY AFFIDAVIT

Affiant, **WARREN F. BEST**, a widower, being duly sworn states that he resides at 4110 N. Moody Avenue, in the City of Chicago, State of Illinois; and, that he was acquainted with the deceased, **DOROTHY L. BEST**, his late mother, who, at the time of her death, was one of the owners in joint tenancy with the Affiant of the land in Cook County, Illinois, described as:

Lot 20 and the South $\frac{1}{2}$ of Lot 19 in Block 1 in Collins and Gauntlett's Irving Park Gardens being a Subdivision of the West $\frac{1}{2}$ of the Southeast $\frac{1}{4}$ of the Southwest $\frac{1}{4}$ of Section 17, Township 40 North, Range 13 East of the Third Principal Meridian, in Cook County, Illinois.
Address: 4110 N. Moody Avenue, Chicago, IL 60634
PIN: 13-17-313-046-0000

That the deceased died September 18, 1976, as evidenced by a certified copy of the death certificate of the deceased attached hereto, leaving a Last Will and Testament, a copy of which is attached hereto; the original of the unproven Will should be filed with the Clerk of the Probate Division of the Circuit Court of Cook County, Illinois.

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of Seventy Five Thousand (\$75,000.00) dollars.

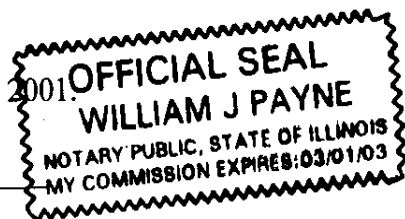
Affiant makes this affidavit for the purpose of inducing Chicago Title Company to issue its Title Insurance Policy, describing the above mentioned property.

Warren F. Best
Affiant, WARREN F. BEST

Subscribed and sworn to before me by the said

WARREN F. BEST, this 17th day of June, 2001.

William J. Payne
Notary Public



BOX 333-CT1

NW 6124003 LPA. 1

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Property of Cook County Clerk's Office

COOK COUNTY CLERK'S OFFICE
JAN 12 2011
BY: [illegible]
[illegible]

MEDICAL CERTIFICATE OF DEATH

REGISTRATION NO. 16.10
 REGISTERED NUMBER

DECEASED—NAME: **DOROTHY L. BEST**
 SEX: **FEMALE**
 DATE OF DEATH: **SEPTEMBER 18, 1976**
 RACE: **WHITE**
 AGE—LAST BIRTHDAY: **63**
 UNDER 1 YEAR: **NO**
 UNDER 1 DAY: **NO**
 DATE OF BIRTH: **NOV. 8, 1907**
 PLACE OF BIRTH: **COOK COUNTY**
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Chicago**
 INSIDE CITY: **YES**
 HOSPITAL OR OTHER INSTITUTION—NAME: **DOA RESURRECTION HOSPITAL**
 (IF NOT IN EITHER, GIVE STREET AND NUMBER)

BIRTHPLACE (STATE OR FOREIGN COUNTRY): **ILLINOIS**
 CITIZEN OF WHAT COUNTRY: **USA**
 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **NEVER MARRIED**
 NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF APPLICABLE): **NONE**
 SOCIAL SECURITY NUMBER: **357-38-9247**
 USUAL OCCUPATION: **HOUSEWIFE**
 KIND OF BUSINESS OR INDUSTRY: **OWN HOME**
 U.S. WAR VETERAN (YES/NO): **NO**
 WAR OR DATES OF SERVICE: **NONE**
 RESIDENCE: **ILLINOIS**
 CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **CHICAGO**
 INSIDE CITY (YES/NO): **YES**
 STREET AND NUMBER: **4110 N. MOODY**

FATHER—NAME: **WILLIAM J. REBSCHER**
 MOTHER—MAIDEN NAME: **LILLIAN H. BUSSE**
 INFORMANT'S SIGNATURE: **Henry C. Brown**
 RELATIONSHIP: **SON**
 MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP): **4110 N. MOODY AVE., CHICAGO, ILL. 60634**

DEATH WAS CAUSED BY: **Lactinorivosis**
 IMMEDIATE CAUSE: **Lactinorivosis**
 (a) **Due to DR. AS A CONSEQUENCE OF:**
 (b) **Adenocarcinoma of the pancreas**
 (c) **Due to OR AS A CONSEQUENCE OF:**
 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: **6 months**

PART II. OTHER SIGNIFICANT CONDITIONS: **CONDITIONS CONTINUED TO DEATH BUT NOT RELATED TO CAUSE OF DEATH (PART IIB)**
 DATE OF OPERATION, IF ANY: **NO**
 MAJOR FINDINGS OF OPERATION: **NO**
 ATTENDED THE DECEASED FROM: **JAN. 5 1976 TO SEP. 18, 1976**
 (MONTH, DAY, YEAR) (MONTH, DAY, YEAR)
 AND LAST SAW HIM/HER ALIVE ON: **9-18-76**
 (MONTH, DAY, YEAR)
 HOUR OF DEATH: **2:10 P. M.**
 (MONTH, DAY, YEAR) (MONTH, DAY, YEAR)
 ILLINOIS LICENSE NUMBER: **36213**
 NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.

SIGNATURE: **Henry C. Brown**
 MAILING ADDRESS: **2 Talcott Road, Park Ridge, Illinois 60068**
 STREET AND NUMBER, CITY OR TOWN, STATE, ZIP
 CEMETERY OR CREMATORY—NAME: **SCHILLER PARK, IL.**
 LOCATION: **Park Ridge, Illinois 60068**
 CITY OR TOWN, STATE, ZIP
 FUNERAL HOME: **OLSON FUNERAL HOME, 6467-77 N. NORTHWEST HIGHWAY CHICAGO, ILLINOIS 60631**
 STREET AND NUMBER OR R. F. D., CITY OR TOWN, STATE, ZIP
 FUNERAL DIRECTOR'S SIGNATURE: **NELS E. OLSON**
 NAME: **NELS E. OLSON**
 STREET AND NUMBER OR R. F. D., CITY OR TOWN, STATE, ZIP
 LOCAL BOARD OF HEALTH SIGNATURE: **Henry C. Brown**
 CHICAGO BOARD OF HEALTH: **7449**
 DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **SEP 21 1976**
 CHICAGO CIVIC CENTER, ROOM 105, CONCOURSE LEVEL, CHICAGO 60602-1265

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 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED.
 LOCAL BOARD OF HEALTH SIGNATURE: **Henry C. Brown**
 CHICAGO BOARD OF HEALTH: **7449**
 DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **SEP 21 1976**
 CHICAGO CIVIC CENTER, ROOM 105, CONCOURSE LEVEL, CHICAGO 60602-1265
 BOARD OF HEALTH—CITY OF CHICAGO

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

SS

I, Murray C. Brown, M.D. Local Registrar of Vital Statistics of the City of Chicago, do hereby certify that I am the keeper of the records of births, stillbirths and deaths of the City of Chicago by virtue of the laws of the State of Illinois and the ordinances of the City of Chicago; that the accompanying certificate on this sheet is a true copy as a record kept by me in pursuance of said laws and ordinances.

This Certified Copy VALID Only When Original BLUE SEAL And BLUE SIGNATURE Are Affixed.



LOCAL REGISTRAR

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LAW OFFICES
JOHN E. MCPARLAND

IN THE NAME OF GOD, AMEN

COPY

RETAIN FOR YOUR FILES DOROTHY L. BEST, a widow, of the County of Cook, and

State of Illinois, being of sound mind and memory, do hereby make,

publish and declare this to be my LAST WILL AND TESTAMENT. I

hereby revoke all wills and codicils by me heretofore made.

FIRST. I hereby order and direct my Executor hereinafter named, as soon as practicable upon my death, to pay all my just debts, taxes, funeral and administration expenses.

SECOND. I give, devise and bequeath all my property, whatsoever and wheresoever located, real, personal or mixed, of which I may die seized or possessed or over which I may have power of appointment at the time of my death, to my beloved son, WARREN F. BEST, absolutely.

THIRD. Should my beloved son, WARREN F. BEST, predecease me, leaving a descendant or descendants, then I give, devise and bequeath all of my estate aforesaid unto such descendant(s), share and share alike. Should my beloved son, WARREN F. BEST, predecease me, leaving no descendants, then and in that event I give, devise and bequeath all of my estate aforesaid, to my dear friend, LEUCRETTA M. PENNOCK, absolutely. And should my dear friend, LEUCRETTA M. PENNOCK, also predecease me, then I give, devise and bequeath all of my estate aforesaid as follows:

(a) FIVE HUNDRED AND NO/100 (\$500.00) DOLLARS

thereof, I give, devise and bequeath to the ANTI CRUELTY SOCIETY OF LAW OFFICES

CHICAGO, in memory of my late husband FRANK J. BEST.

(b) ~~One-half (1/2)~~ of the rest, residue and remainder

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RETAIN FOR YOUR FILES

(Signed) DOROTHY L. BEST

J. E. M.

O. E. K.

T. J. G.

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of my estate aforesaid I give, devise and bequeath to the NORWOOD PARK LUTHERAN CHURCH, now of 5917 North Nina Avenue, Chicago, D. L. B. Illinois.

(c) The remaining one-half (1/2) of my residuary estate I give, devise and bequeath to the PEACE LUTHERAN CHURCH, now of 5944 West Cullom Avenue, Chicago, Illinois.

FOURTH. I give to my Executor hereinafter named, full power and authority to sell, convey and convert the whole or any part of my estate, real, personal or mixed, at such prices and on such terms and to such persons as my said Executor may deem proper without order of Court; to settle and correspond with any or of and against the estate, and for such purposes to execute and deliver all necessary and proper transfers, receipts and discharges.

RETAIN FOR YOUR FILES

FIFTH. I do hereby nominate and appoint my beloved son, WARREN F. BEST, as Executor of this, my LAST WILL AND TESTAMENT, and direct that no bond or other undertaking shall be required of him as such Executor.

In case my beloved son, WARREN F. BEST, should predecease me, or for any reason be unable or unwilling to act, I do then and in that event nominate and appoint my dear friend, LEUCRETTA M. PENNOCK, as Successor Executor of this, my LAST WILL AND TESTAMENT, and direct that no bond or other undertaking shall be required of her as such Successor Executor.

In case both my beloved son, WARREN F. BEST, and my dear friend, LEUCRETTA M. PENNOCK, should predecease me, or for any reason be unable or unwilling to act, I do then and in that event nominate and appoint the Reverend ROBERT J. MARSHALL, as Second Successor Executor of this, my LAST WILL AND TESTAMENT, and

RETAIN FOR YOUR FILES

(Signed) DOROTHY L. BEST

J. E. M.
O. E. K.
T. J. G.

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direct that no bond or other undertaking shall be required of him as such Second Successor Executor.

My Executor is counselled to seek the guidance of my attorney, JOHN E. McPARLAND, in matters relating to my estate.

SIXTH. If any beneficiary or beneficiaries under this Will and I should die in a common accident or disaster, or under such circumstances that it is doubtful which of us died first, then all of the provisions of this Will shall take effect in like manner as if such beneficiary or beneficiaries had predeceased me.

IN WITNESS WHEREOF, I have set my hand and seal to this, my LAST WILL AND TESTAMENT, consisting of three (3) typewritten pages, on each of which I have placed my signature, this 22nd day of December, A. JOHN E. McPARLAND

COPY
(Signed) DOROTHY L. BEST (SEAL)
RETAIN FOR YOUR FILES

The foregoing instrument, consisting of three (3) typewritten pages, each page thereof having the signature of the Testator, was this 22nd day of December, A. D. 1964, signed, sealed, published and declared by the said Testator as and for her LAST WILL AND TESTAMENT, in the presence of us, who at her request and in her presence, and in the presence of each other, have hereunto subscribed our names as witnesses thereto, we and each of us certifying the said Testator to be of sound and disposing mind and memory at the date hereof.

(Signed) OLGA E. KOETKE Address 5759 W. Pensacola
JOHN E. McPARLAND
Chicago 34, Ill.

(Signed) THOMAS J. GEORGIS Address 3345 S. Harlem
Beverly, Ill.

(Signed) JOHN E. McPARLAND Address 632 N. Franklin
River Forest, Ill.

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