



00162462

AFFIDAVIT REGARDING DECEASED JOINT TENANT

STATE OF ILLINOIS)
COUNTY OF COOK)

DATE: 2-24-00

COMMITMENT NO: 01805978

Joseph W. Hatfield
Kathleen B. Hatfield

being first duly sworn, for the purpose of inducing First American Title Insurance Company of the Mid-West to issue its' title insurance policy covering land described in the above captioned commitment, deposes and says;

1. That he/she resides at: 1020 N. Forrest Ave., Arlington Ht., Ill 60004

2. That he/she was acquainted with Ray J. Bers who died on 11-02-1995 as evidenced by the attached certified copy of the death certificate.

3. That said decedent was one of the owners of the land described in the above captioned commitment.

4. That said decedent died:
 leaving no last will and testament
 leaving a last will and testament, a copy of which is attached.

MAIL TO BOX 352

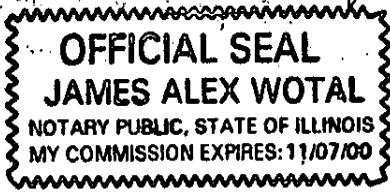
5. That the total value of said decedent's estate for State of Illinois Inheritance Tax/Estate Tax and Federal Estate Tax purposes does not exceed \$ 500,000

Joseph W. Hatfield
Affiant's Signature JOSEPH W. Hatfield

Subscribed and sworn to before me this 24th day of February 2000

Kathleen B. Hatfield
Kathleen B. Hatfield

James Alex Wotal
Notary Public



DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 101

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTERED NUMBER 2050

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

DECEASED-NAME Dr. Ray F. Beers, Jr. SEX Male DATE OF DEATH November 2, 1995

DECEASED

1. COUNTY OF DEATH Winnebago 2. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Rockford 3. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) New London, CT 4. SOCIAL SECURITY NUMBER 10-042-18-4800 5. RESIDENCE (STREET AND NUMBER) 2623 Highcrest Road Rockford, IL 61107 6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married 7. USUAL OCCUPATION Internist/Gist 8. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Virginia Walker 9. EDUCATION (SPECIFY COLLEGE, UNIVERSITY, ELEMENTARY, SECONDARY) (12) College (1-4 or 5-7) 5+ 10. INSIDE CITY (YES) YES 11. COUNTY Winnebago 12. DATE OF BIRTH (MONTH, DAY, YEAR) October 7, 1923 13. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White 14. MOTHER'S NAME (MRS.) Teresa Fogarty 15. FATHER'S NAME (MR.) Ray F. Beers 16. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 2623 Highcrest Road, Rockford, IL 61107

PARENTS

17a. Virginia Beers 17b. Wife 17c. 2623 Highcrest Road, Rockford, IL 61107

CAUSE

18. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory, or natural, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) (a) Hypertensive Refractory Myocardial Infarction (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c) PART II. Other significant conditions contributing to death but not resulting in the underlying cause (use given in PART I). (c) CVD

19a. DATE OF OPERATION, IF ANY 19b. MAJOR FINDINGS OF OPERATION 19c. ALTOPICT (YES/NO) NO 19d. HERE ALTOPICT (YES/NO) NO 19e. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES/NO

CERTIFIER

22a. SIGNATURE Dr. Wm Edwards, 2300 N. Rockton, Rockford, IL 22b. ILLINOIS LICENSE NUMBER 026-062705

DISPOSITION

23. BIRIAL CREMATION, REMOVAL (SPECIFY) 24a. Cremation 24b. Greenwood Crematory 24c. Rockford, IL 24d. DATE (MONTH, DAY, YEAR) Nov. 7, 1995 25a. FUNERAL HOME Fred C. Olsson Funeral Chapels, 1001 Second Avenue, Rockford, IL 61104 25b. FUNERAL DIRECTOR'S SIGNATURE Fred G. Muehlfelder 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 10957 25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) NOV 06 1995

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named as 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 NOV 09 1995 SIGNED Joseph Orthofer, D.V.M. BY: Linda Sue Malone REGISTRAR Deputy 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 considered as prima facie evidence of the facts therein stated.

UNOFFICIAL COPY

Property of Cook County Clerk's Office



EXHIBIT A

LOT 44 IN C. H. TAYLORS ARLINGTON TOWN GARDENS, BEING A
SUBDIVISION OF THE WEST HALF OF THE EAST HALF OF THE
NORTHWEST QUARTER OF SECTION 28, TOWNSHIP 42 NORTH, RANGE 11,
EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY,
ILLINOIS.

Permanent Parcel Number: 03-28-102-003
Joseph W. Hatfield and Kathleen B. Hatfield
1020 North Forrest Avenue, Arlington Heights IL 60004
First American Order No: 1805978

Property of Cook County Clerk's Office