

MAIL TO ➔ BOX 352



STATE OF ILLINOIS
COUNTY OF



DATE: 1/25/02

COMMITMENT NO: 3006957

Laura C. Jacobs, 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: 9218 W. 144th Pl. Orland Park IL 60462

2. That he/she was ~~acquainted with~~ ^{married to} Barry H. Becker

Who died on Dec. 11, 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.

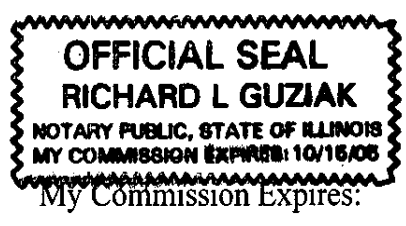
0020175731
1845/0069 21 001 Page 1 of 3
2002-02-13 10:26:40
Cook County Recorder 47.00

leaving a last will and testament, a copy of which is attached.

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

[Signature]
Affiant's Signature

Subscribed and sworn to
Before me this 25TH Day of JANUARY 2002



[Signature]
Notary Public

UNOFFICIAL COPY

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <u>16.00</u>		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH					
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. Barry H. Becker		2. Male		3. December 11, 1995			
COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR MO. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)		
4. Cook		5a. 40	5b.	5c.	5d. July 10, 1955		
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			IF HOSP. OR INST. INDICATE D.O.A., OP. MEMBER, INPATIENT (SPECIFY)		
6a. Orland Park		6b. 9218 W. 144th Place			6c.		
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
7. Chicago, Illinois		8a. Married		8b. Laura Jacobs		8c. No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10. 340-50-8331		11a. Trader		11b. Commodities		12. 4	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
13a. 9218 W. 144th Place		13b. Orland Park		13c. Yes		13d. Cook	
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)		
13e. Illinois		13f. 60462	14a. White		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE LAST					
15. Richard Becker		16. Thelma Epstein					
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)				
17a. Laura Becker		17b. Wife	17c. 9218 W. 144th Place, Orland Park, IL 60462				
18. PART I. Enter the disease, injury, or condition 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)		(a) Renal Cell Carcinoma		unknown			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF					
		(c) DUE TO, OR AS A CONSEQUENCE OF					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO)		WAS AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)			
		19a. No		19b. No			
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?			
20a.		20b.		20c. YES <input type="checkbox"/> NO <input type="checkbox"/>			
I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH			
21a. I did Dec. 11, 1995		21b. Yes		21c. 9:00P. M.			
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)					
22a. SIGNATURE <i>Merrill Kies M.D.</i>		22b. Dec. 12, 1995					
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER					
22c. Merrill Kies M.D., 233 E. Erie, Chicago, Illinois		22d. 036-054880					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.					
23.		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION CITY OR TOWN STATE	
24a. Cremation		24b. Phoenix Crematory		24c. Lombard, Illinois		24d. Dec. 15, 1995	
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN		STATE ZIP	
25a. Lloyd Mandel Levayah Funerals		4750 Dempster, Skokie, Illinois		60076			
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S LICENSE NUMBER					
25b. <i>Doran J. Rickett</i>		25c. 034-010756					
LOCAL REGISTRAR (SCOTT, M.D.) REGISTRAR		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
26a. REGISTRAR		26b. Dec. 15, 1995					

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 DECEMBER 15, 1995 AT EVANSTON SIGNED *C. Laurie Brown* LOCAL REGISTRAR
 OFFICIAL TITLE Illinois

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.

Exhibit "A"

Tax ID: 27-10-104-007

Legal Description:

Lot 19 in IDEAL ACRES, being a subdivision of the west 20 acres of the east 22 acres of the northeast 1/4 of the northwest 1/4 of section 10, township 36 north, range 17 east of the 3rd principal meridian, in COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office