UNOFFICIAL CO-09/045365

1999-11-05 10:53:46

Cook County Recorder

25.50

15,

09045365

DECEASED JOINT TENANCY AFFIDAVIT

The undersigned, RUTH M. BAKER, a Widow not since remarried, being first duly sworn on oath, state that she is a Cook County resident and resides at: 2284 Oak Tree Lane, in the City of Park Ridge, Colinois 60068.

That she was acquainted with JOHN M. BAKER, Leceased, who, at the time of his death, was a Joint Tenant with the Affiant and TERYL J. SHEWFELT in real property located in Cook County, Illinois, described is follows:

Lot 26 in Smith and Hills Parkridge
Manor Unit #2, being a Surdivision of
the South Half of the Northeast
Quarter and the Southeast Quarter of
the Northwest Quarter (except che
West 217 feet measured on the North
and South lines thereof) of Section
22, Township 41 North, Range 12, East
of the Third principal Meridian, in
Cook County, Illinois.

Permanent Index Number: 09-22-115-019-0000

Property Address: 2284 Oak Tree Lane Park Ridge, IL. 60068

That the deceased died October 16, 1998, as evidenced by a certified copy of death certificate of the deceased attached hereto;

That the decedent died testate, with all assets bequeathed to the Affiant;

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That all valid claims have been paid in full and that the Illinois Inheritance tax and the Federal Estate Tax, if any was due from the decedent's estate, have been paid in full;

UNOFFICIAL COPY

PINERINAL YOU BUT IN HELD OF HEITER

The interest of No. 4 bearing the rest of the second of th

TENT Mais testinistant and who doubt to and the first testing and testing the second of the first testing and test

ted of in anity and this Perkuage on the city of the contraction of the city o

निकुत्र राज्यसङ्ख्या स्वतिकाल क्षेत्रका स्वतिकाल सङ्ख्या । (१९ % महिल्ल स्वतिकाल स्वतिकाल स्वतिकाल स्वतिकाल स

ender not to also kade a recorded by a less some entre of the transfer of the second

ార్డ్ కాంటా ఉంటాతున్నాయి. ఈ మార్డ్ కార్డ్ కార్డ్ కార్డ్ కార్డ్ కార్డ్ కార్డు కూడానుకుండాని కాంటా కోడింది. ఈ ఈ కోట్ట్ కాంట్ కాంట్ కాంట్ కోట్లు కోట్లు కార్డ్ కార్డ్ కాంట్ కోట్లు కోట్లు కూడానా కొండుకుండి. మందర్శామ్

Year have exceeded diena deligeliet, table il seppend bogades for the seppending and the factorial for the seppending the sepp

មិនផ្លូវ និងការប្រសាស មិនផ្លែក ប្រជាពី គឺ ប្រជាពី មិនការប្រជាពី មិនការប្រជាពី មិនការប្រជាពី មិនការប្រជាពី មិនក ស្រុវៈ នៃនៅសម្បីប្រជាពី មិនការប្រជាពី មិនប្រជាពី មិនប្រជាពី មិនប្រជាពី មិនការប្រជាពី មិនការប្រជាពី មិនប្រជាពី ម នៃបានមន្តិសិស ប្រជាពី សារ ស្រេស ស្រុវៈ មិនប្រជាពី មានប្រជាពី ស្រុវៈ ស្រែស ស្រុវៈ ប្រជាពី មិនប្រជាពី មិនប្រជាពី របស់សាស្រ្តីសាស ស្រុវៈ ស្រុវៈ មិនប្រជាពី មិនប្រជាពី ស្រុវៈ ស្រុវៈ ស្រុវៈ ស្រុវៈ ស្រុវៈ ស្រុវៈ ស្រុវៈ ស្រុវៈ ស្

imas ali vakin misit oson pero sero sero la cali samo fina tita. Uklania dribari isance kan esa din distre e marcine inica se ompetenta in care la competenta in termina di sec Urba kinom can meno entre mantan mantako care keuro naka ica kan kan kan mantan mantan di seka kan kan kan kan

UNOFFICIAL COPY

That Affiant makes this Affidavit for the purpose of inducing the Cook County Recorder of Deeds to remove the said decedent's name from title and to permit the conveyance of the subject real estate to the Affiant as Trustee of the RUTH M. BAKER TRUST, dated September 28, 1999 and known as Trust No 001.

RUTH M. BAKER

Subscribed and Sworn to before me this 30 day of october, 1999.

Notary Public

٠٠٠ . سام

EXEMPT FROM TAX PURSUANT TO THE PROVISIONS OF 35 ILCS 200/31-45 PARAGRAPH (e), OF THE REAL ESTATE TRANSFER TAX ACT.

DATED: 10 /30 / 99

WILBUR O. WHAMOND JR ATTORNEY

This instrument prepared by: Wilbur O. Whamond Jr.

Attorney at Law

1005 N. Northwest Highway Park Ridge, IL. 60068

After Recording Mail to:

Wilbur O. Whamond Jr.

Attorney at Law

1005 N. Northwest Highway Park Ridge, IL. 60068

UNOFFICIAL COPY

grander that the second of the control of the second of the second of the control of the second of the second ි දර් දිශ්ය කතුට එකි. එම වැනිසු කතුරු සහතා සිට වැනිසු රාම්මත්ව සිතු පැහැතිවලට මෙනිස් ද්රාප්ථාවක් සිට කතුරු මෙස සුපුරුවට පත්කද්ව වෙනිස් සිතුවට වෙන සඳහා වෙන කට වෙන ස්වාද්ධ වෙනුවට එම වැනුවට වේම දින් කතුරුවේ සිට වෙන in 1965, a time of the first start of the contract was appealable belongs for strained FOR HER SHEET HE WELL OF A REPORT OF THE HER SHEET HOTELS

STATE OF La franchise to the Signer in the southern make a in and the time of the particular THE CONTRACTOR OF THE STATE SHOPE

Name For College Colle

ask on the book of out of own one one one attached a gr LAS JA FAIT, T. -PROMITED SO METERAL TO CHOICE

WITE A CONTROL OF THE CO Marie Specification of the Specific Specific Specification of the Specific Specific

TENNER OF THE PROPERTY OF

一种美国建筑设施,到1950年1960年,自然有效

DENT'S BIRTH NO.	REGISTRATION	The	OFI		SIA	E OE I	LLINOIS	Jt	Y		STA	Page TE FILE IBER		
	REGISTRATION DISTRICT NO. (O. (REGISTERED NUMBER	25	MEDICAL CERTIFICATE OF DEATH											
ype or Print in FRMANENT INK	DECEASED-NAME	FIRST							MALE	0000000 16 1000				
Funeral Directors, oltal, or Physicians	1. COUNTY OF DEATH	JOH	Α	M. GE-LAST		RIYEAR	UNDER		DATEOF	BIRTH (MC	ONTH, DAY, Y	EAR)		
Handbook for NSTRUCTIONS	4. COOK		5a. 86 5t			ומסקק וויים ויים ויים ויים ויים ויים ויים ו					UARY 21, 1912 DINIMBERI IF HOSP, OR INST. INDICATE D.O.A. OPEMER RIM, INPATIENT (SPECIFY)			
•	CITY, TOWN, TWP, OR ROAD			TD A	RK RII				, GIVE STAR	FF I WAT MON			ATIENT	ก
	6a. PARK RID	OR MAR	RIED NEVER	MARRIED.	NAV		VIVING SPO		DEN NAME,	IF WIFE)		W	AS DECEASED EVER	
DECEASED	7. EVANSTON, JL.		WIDOWED, DIVORCED (SPEC 8a. MARRIED		8b. RUTH KAUFMAN					_	9. NO			
	SOCIAL SECURITY NUMBER		AL OCCUPAT	ION	KINI		NESSORIN			ATION (SPE ary/Secondary		<u>nGHEST GRA</u> College (1	DECOMPLETED) 1-4 or 5 +)	
	10. 487-09-352	1114	ARTI	ST .	11b		VERTIS		12.).	INSIDEC	TY (COUNTY	<u> </u>	
	RESIDENCE (STREET AND NUI		ANE	ļ			RIDGE			(YES/NO)	es l	13d. C	оок	
	13a. 7.04 UAR	ZIPCODE	RACE	E (WHITE, BLA	CK, AMERICAN		OF HISPANIC	ORIGIN?	(SPECIFY)			Y CUBAN, ME	XICAN, PLIERTO RICA	l, etc.)
Į	13e. ILLUNOIS	13f. 600	50068 NDIAN, etc.) (SPECIFY) 14a. WHITE			14b. 🕅 NO 🔲 YE				SPECIF	_	(MAIDEN) LAST		
ABENIE	FATHER-NAME FIRST		E	LAST		- 1	MOTHER-AV		rst NES	MIDD	LE.	•	RHEAD	
PARENTS	15. MOP.			BAKE	R		16. MAILIN			ET AND NO. (OR R.F.D., CIT		STATE, ZP 6006	-
	PIITH BAK				1	IFE	17c.						RIDGE,	
	1/a.	En e diseas	ses, or complic	ations that ca	used the deat	h. Do not e	inter the mode	of dying,	such as ca	rdiac or resp	iratory arres	st,	APPROXIMATE INTERVAL BETWEEN ONSEY AND DEA	н
	immediate Cause (Final	shock, or he	Salure. List of	nry one caus	on each un	s. 1	φ_{Δ}	PA	770	-4				
	disease or condition resulting in death)	(a)	ORA! ACO!	SEQUENCE	<u> </u>	00	10	1	110					
	CONDITIONS, IF ANY		OHA AGOI)	.									
CAUSE	WHICH GIVE RISE TO IMMEDIATE CAUSE (a)		ORASACON	SFJULNCE	OF								_	
0.002	STATING THE UNDERLYIN CAUSE LAST.	(c)	·····	4						ALIT	OPSY	THESE ALTICO	SY FINCINGS AVAILABLE P	
	PARTII. Other significant condi	ions contributing to	death but not res	uiting in the unde	rt ∡ig cs. 'se giv	in in PART!				(YES			OF CAUSE OF DEATH? (YE	
.,,,,	DATE OF OPERATION, IF AN	Y MAJ	OR FINDINGS	OF OPERAT	TION O					1 130		, WAS THERE	A PREGNANCY IN PA	ST
	202	206				6					20c.	YES 🗆 N		
	(1(DID) (DID NOT) ATTEND THAN AST SAW HIMHER AL	E DECEASED	(MONTH, D/	′ ເ				WASC EXAMI	ORONER!	OR MEDICA FIED? (YESA	NO)	OF DEATH		
	01-	, market	OCCUPPED		DATE AND	PLACE AL	ND DUF (O)	21b. HE CAUS	N(E(S) STAT		21c.	SIGNED,	7:43 P.	M. A)
	TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUF 10 1/1E CAUSE(S) STATED.									220. (0/17				
CERTIFIER	22a. SIGNATURE NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)										ILLINOIS LICENSE NUMBER			
	MORRIS MAUER, MD 518 E. GOLF, DES PLAINES, IL 60016									6	22d.	- 2 (_
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)										DEATH	F AN INJURY THE CORONI LE NOTIFIED.	WAS INVOLVED IN TH ER OR MEDICAL EXAM	MER
	23. BURIAL CREMATION,	CEMETER	Y OR CREMA	TORY-NAME		jLOC	ATION	спуо	TOWN	ST ITE		DATE	(MONTH, DAY, YE.	A)
	REMOVAL (SPECIFY) 24a. CREMATION		EMORIA			240	SKO	KIE,	ILLI	S10N	Ċ.	24d.	10-19-98	
	FUNERAL HOME	NAJ			ET AND NUMB	ER OA R.F	D.	(OT RO YTS	MN	6	STATE	ZIP	
ISPOSITION	25a. DR	AKE AND	SON F	<u>UNERAL</u>	HOME	62	5 BUS	SE HW	Y.,]	PARK J	RID E	II.	60068 ENUMBER	
	FUNERAL DIRECTOR'S SIG	NATURE .	•	<u></u>		рΩп	SPARA	ACTO.	1		34-014			
1	25b. LOCAL REGISTRAR'S SIGN	ATÉRIT, M		4		BUE		1010	6				ITH, DAY, YEAR)	
	LOCAL REGISTRAR'S SIGN AREN 26a. REGISTRA	AN	٠, ٢	0	u	こん	Ma	m	2	66	<u>et.</u>	19) 8	
	20a. P 47.515		Minois I	Department o	f Public Heal	n-Divisi	on of Vital Re	ecords			(BASE	Ď ON 1989 U.	S. STANDARD CERTIF	CATE
	VR200 (Rev. 5/89)					of the	doorb so	cord fo	or the A	ieceden	t named	i at iten	ı I. and that	thi
				-2 4000	<i>~! ~^</i> ~								,	
HEREBY CE.		oregoing is ny office li	a true a	nd corre	ct copy the pro	risions	of the I	ungle	Virgit	ecords	Act.			
HEREBY CE.	RTIFY THAT the fo blished and filed in m	oregoing is ny office in	a true a a accorda	nd corre ince with			of the I	ugi.	VII JA	ecords	Act.	seur	✓ _	
HEREBY CE.		oregoing is ny office li	a true a a accorda	nd corre		visions NED	of the I	. 0	pu	L RE	0	Sewy	✓	

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfuld. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the clerks and local registrar or county clerk shall be prima facile evidence in all courts and places of the facts therein stated.