

UNOFFICIAL COPY

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the Court at Chicago, Illinois, this 1st day of January, 1911.

CLERK OF THE COURT

That the within and foregoing is a true and correct copy of the original as the same appears from the records of the Court is hereby certified.

Witness my hand and the seal of the Court at Chicago, Illinois, this 1st day of January, 1911.

That the within and foregoing is a true and correct copy of the original as the same appears from the records of the Court is hereby certified.

CLERK OF THE COURT

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the Court at Chicago, Illinois, this 1st day of January, 1911.

That the within and foregoing is a true and correct copy of the original as the same appears from the records of the Court is hereby certified.

CLERK OF THE COURT

That the within and foregoing is a true and correct copy of the original as the same appears from the records of the Court is hereby certified.

CLERK OF THE COURT

Property of Cook County Clerk's Office

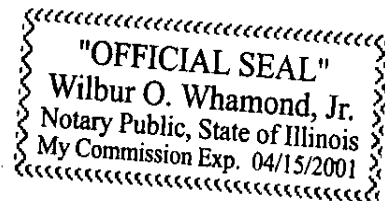
UNOFFICIAL COPY

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.

x *Ruth M. Baker*
RUTH M. BAKER

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

Wilbur O. Whamond Jr.
Notary Public



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.
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

1. Before the execution of this instrument, each party shall first read the contents of the same and shall understand the nature and consequences of the same. Each party shall be deemed to have read the contents of the same and to understand the nature and consequences of the same.

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals at the City of Chicago, Illinois, this _____ day of _____, 20__.

[Signature]

[Signature]

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals at the City of Chicago, Illinois, this _____ day of _____, 20__.

[Signature]

[Signature]

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals at the City of Chicago, Illinois, this _____ day of _____, 20__.

[Signature]

[Signature]

Property of Cook County Clerk's Office

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 16.05

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR) 1. JOHN M. BAKER 2. MALE 3. OCTOBER 16, 1998

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) 4. COOK 5a. 86 5b. 5c. 5d. FEBRUARY 21, 1912

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. OPENER, FM, INPATIENT (SPECIFY) 6a. PARK RIDGE 6b. PARK RIDGE CARE CENTER 6c. INPATIENT

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. EVANSTON, IL. 8a. MARRIED 8b. RUTH KAUFMAN 9. NO

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 10. 487-09-3525 11a. ARTIST 11b. ADVERTISING 12. 4

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY 13a. 2284 OAK TREE LANE 13b. PARK RIDGE 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. 60068 14a. WHITE 14b. NO YES SPECIFY:

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 15. MORRIS BAKER 16. AGNES MOORHEAD

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17a. RUTH BAKER 17b. WIFE 17c. 2284 OAK TREE LANE, PARK RIDGE, IL. 60068

18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hemorrhage. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

AUTOPSY (YES/NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19a. NO 19b.

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20a. 20b. 20c. YES NO

(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. 21b. NO 21c. 7:43 P.M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED 22a. SIGNATURE 22b. 10/19

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER 22c. MORRIS MAUER, MD 518 E. GOLF, DES PLAINES, IL 60016 22d. 036049

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 DATE (MONTH, DAY, YEAR) 24a. CREMATION 24b. MEMORIAL PARK 24c. SKOKIE, ILLINOIS 24d. 10-19-98

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. DRAKE AND SON FUNERAL HOME 625 BUSSE HWY., PARK RIDGE, IL 60068

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25b. BOB SPARACIO 25c. 034-014800

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26a. KAREN L. BOETT, M.D. REGISTRAR 26b. 10-19-98

VR200 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1980 U.S. STANDARD CERTIFICATE)

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 OCT 19 1998 SIGNED LOCAL REGISTRAR AT EVANSTON, Illinois OFFICIAL TITLE

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.