



Doc#: 1010655061 Fee: \$38.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 04/16/2010 01:40 PM Pg: 1 of 2

DECEASED JOINT TENANCY
AFFIDAVIT

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

Bonnie J. Nelligan being duly sworn states that she resides at 4240 N. Keystone, Unit 3-E, Chicago, IL 60641, in the City of Chicago, State of Illinois.

That she was acquainted with Arthur R. Beitz, deceased, who, at the time of his death, was one of the owners in the land in Cook County, Illinois, described as:

Unit 3-E as delineated on Survey of the following described parcel of real estate: Lots 7, 10 and 11 in Block 9 in Irving Park, a subdivision in the South East ¼ of Section 15 and the North ½ of the North East ¼ of Section 22, Township 40 North, Range 13 East, which is attached as Exhibit 'A' to the Declaration made by the Harris Trust and Savings Bank, As Trustee under Trust Agreement dated April 4, 1966, and known as Trust No. 32301 Recorded in the office of the Recorder of Cook County, Illinois as Document No. 20470624 together with an undivided 3.59 per cent interest in said parcel (excepting from said parcel of the land, property and space comprising all of the units of said property as units are delineated on said survey) in Cook County, Illinois.

Permanent Real Estate Index Number: 13-15-411-025-1018
Address of Real Estate: 4240 N. Keystone, Unit 3-E, Chicago, IL 60641

That the deceased died June 17, 2003, as evidenced by a certified copy of death certificate of the deceased attached hereto.

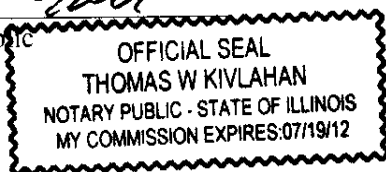
That the deceased died:

- Leaving no Last Will and Testament.
- Leaving a Last Will and Testament. The original of the unproven will should be filed with the Clerk of the Probated Division of the Circuit Court of * County, Illinois.
- Leaving a Last Will and Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of * County, Illinois, about _____.

Subscribed and Sworn to before me this 9th day of April, 2010.
4/9, 2010.

[Signature]

Notary Public



[Signature: Bonnie J. Nelligan]
Bonnie J. Nelligan, Affiant

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

STATE FILE NUMBER
 609857

JUN 23 2003

I, JOHN L. WILHELM M.D., LOCAL
 REGISTRAR OF VITAL STATISTICS OF
 THE CITY OF CHICAGO, DO HEREBY
 CERTIFY THAT I AM THE KEEPER OF
 THE RECORDS FOR THE CITY OF CHICAGO
 AND DEATHS FOR 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 OF A RECORD
 KEPT BY ME IN ORDINANCE OF SAID
 LAW AND ORDINANCES.

**CITY OF CHICAGO
 DEPARTMENT OF PUBLIC HEALTH**

**MULTI-COLORED
 STAMP**

John L. Wilhelm, M.D.
 LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN
 MULTICOLOR SIGNATURE SEAL IS
 AFFIXED.

REGISTRATION NO. **16.10** STATE OF ILLINOIS
 REGISTERED NUMBER **609857** STATE FILE NUMBER

DECEASED-NAME **ARTHUR R BEITZ** FIRST MIDDLE LAST
 SEX **MALE** DATE OF DEATH (MONTH, DAY, YEAR) **JUNE 17, 2003**

COUNTY OF DEATH **COOK** AGE LAST BIRTHDAY (MONTH, DAY, YEAR) **88**
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **CHICAGO** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT NETHER, GIVE STREET AND NUMBER) **RESURRECTION MEDICAL CENTER**
 DATE OF BIRTH (MONTH, DAY, YEAR) **5d December 17, 1914**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Chicago IL** MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY) **Married**
 NAME OF SURVIVING SPOUSE (Maiden Name, if wife) **Helen Coomber**

SC NUMBER **-4239** USUAL OCCUPATION **11a Delivery** KIND OF BUSINESS OR INDUSTRY **11b Food Service** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **12g**
 RESIDENCE (STREET AND NUMBER) **13a 4240 Keystone** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **13b Chicago** INSIDE CITY (YES/NO) **13c Yes** COUNTY **13d Cook**

FATHER-NAME **Walter** FIRST MIDDLE LAST **Beitz** MOTHER-NAME **Margaret** FIRST MIDDLE LAST **Barewaid**

DECEASED'S NAME (TYPE OR PRINT) **17a Bonny Nelligan** RELATIONSHIP **17b Daughter** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) **17c 17 Daughte hz 1033 Arbor Ct. M. Prospect IL 60051**

Immediate Cause (Final disease or condition resulting in death) **18a PROSTATE CANCER**
 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) **18b DUE TO, OR AS A CONSEQUENCE OF**
 CAUSE LAST. **18c DUE TO, OR AS A CONSEQUENCE OF**

DATE OF OPERATION, IF ANY **20b** MAJOR FINDINGS OF OPERATION **21a** **JUNE 17, 2003**
 (DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON **21b** **JUNE 17, 2003**)
 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

NAME AND ADDRESS OF CERTIFIER **22a STEVEN A. SANDLER M.D.** **714 WEST TALCOTT AVE. CHICAGO, IL 60631**
 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER **22c**

BURIAL OR CREMATION **23a** CEMETERY OR CREMATORY-NAME **23b** LOCATION **23c** CITY OR TOWN **23d** STATE **23e** DATE (MONTH, DAY, YEAR)
23a **Removal (Specify)** **23b** **Cremation Services** **23c** **Schiller Park IL** **23d** **IL** **23e** **6-23-03**

FUNERAL HOME **24a** NAME **24b** STREET AND NUMBER OR R.F.D. **24c** CITY OR TOWN **24d** STATE **24e** ZIP
24a **Cooney Funeral Home** **24b** **625 Busse Hwy Park Ridge IL** **24c** **60068** **24d** **IL** **24e** **60068**

FUNERAL DIRECTOR'S SIGNATURE **25a** **John A. Wilhelms, M.D.** **25c** **11875**
 LOCAL REGISTRAR'S SIGNATURE **25b** **John A. Wilhelms, M.D.** **25d** **JUN 23 2003**

DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **26a** **JUN 23 2003**

(BASED ON 1989 U.S. STANDARD CERTIFICATE) (REV. 5/89)