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Doc# 2413123008 Fee \$88.00

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CEDRIC GILES

COOK COUNTY CLERK'S OFFICE

DATE: 5/10/2024 10:30 AM

PAGE: 1 OF 4

The Above Area is Reserved for the Recorder's Stamp

DISCLAIMER OF INTEREST IN PROPERTY PURSUANT TO § 755 ILCS 5/2-7

I, Estate of Kevin Wheeler, the statutory heir of Wayne Wheeler, who died intestate (without a will)

on 06/18/1997 and was the owner in fee simple of the property/ies located at:

1 10149 S. Calhoun Ave.

Chicago, IL 60617

In COOK COUNTY

In COOK COUNTY

In COOK COUNTY

with the Property Identification Number(s) of:

1	2	5	1	2	4	2	2	0	5	0	0	0	0
2													
3													

and Legal Description(s) of:

1 See attached

2

3

do hereby invoke my right to disclaim interest in property, pursuant to §755 ILCS 5/2-7, and am now disclaiming any property interest (in its entirety) to the above referenced property/ies. Furthermore,

S Y
P 4
S Y-L
SC Y
INTEK

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CONTINUED FROM FIRST PAGE

I seek to disclaim any interest which would have passed to any of my heirs by virtue of my interest.

This disclaimer is done so irrevocably and without further qualification of the disclaimed right to any and all of the aforementioned and referenced property/ies (with respective PIN's & Legal Descriptions), and no interest whatsoever in the property/ies listed above is sought concerning any portion of the intestate succession according to Illinois law.

This "Disclaimer of Interest" was completed by Estate of Kevin Wheeler under sound

mind and with the full understanding that it eliminates any and all interest in the property/ies

listed above which belonged to the now deceased, Vayne Wheeler

signed & sworn to by,

Estate of Kevin Wheeler



Signature of the Heir Seeking to Disclaim an Interest in Property

NOTARY PUBLIC SECTION

This Disclaimer of Interest in Property was completed and presented to me by: Estate of Kevin Wheeler

Print Name of Presenter Above

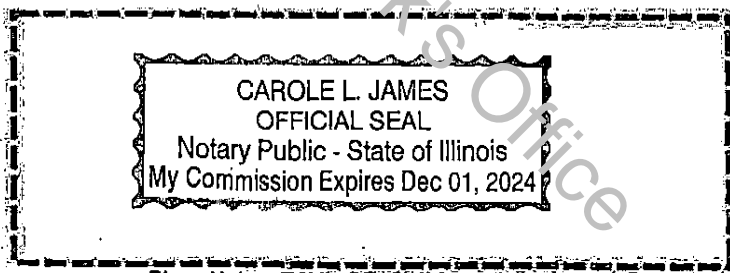
on this: 5th day of: April in the year of: 2024

Carole L. James

Print Name of Notary Public



Signature of Notary Public



Place Notary Public Stamp Information Above

PREPARER'S INFORMATION

MAIL TO:

Prepared By: Matthew R. Wildermuth \ Law Offices of M. Baysinger

1900 75th St., Woodridge, IL 60517 Phone: 630 324 9928

mrw@baysingerlawoffices.com

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Legal Description

PIN #25-12-422-050-0000

LOT 22 (EXCEPT THE SOUTH 5.25 FEET THEREOF) AND THE SOUTH 16.5 FEET OF LOT 23 IN BLOCK 25 IN CALUMET TRUSTS SUBDIVISION IN SECTION 12, NORTH AND SOUTH OF THE INDIAN BOUNDARY LINES IN TOWNSHIP 37 NORTH, RANGE 14, AND FRACTIONAL SECTION 7-"N" OF THE INDIAN BOUNDARY LINE IN TOWNSHIP 37 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED DECEMBER 30, 1925 AS DOCUMENT NO. 9137462, IN COOK COUNTY, ILLINOIS.

COMMONLY KNOWN AS: 10149 S. CALHOUN AVE. CHICAGO, IL 60617

Property of Cook County Clerk's Office

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STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO 16.10

STATE FILE NUMBER

612461

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JUN 25 1997

I, SHEILA LYNE, RSW, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS 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 PURSUANCE OF SAID LAWS AND ORDINANCES.

LOCAL REGISTRAR

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

REGISTRATION DISTRICT NO 16.10

DECEASED NAME: FIRST MIDDLE LAST: Augusta Wheeler 2 male

DATE OF DEATH: 3 June 18, 1997

AGE LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY UNDER 1 HOUR UNDER 1 MIN: 52 50 50 50

DATE OF BIRTH: 54 August 16, 1944

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: Chicago

HOSPITAL OR OTHER INSTITUTION (NAME IF NOT IN EITHER, GIVE STREET AND NUMBER): Trinity Hospital

NAME OF SURVIVING SPOUSE (Maiden Name, if wife): None

EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): Chicago Police Department

INDUSTRY (Specify if 10-12): Chicago Police Department

INSIDE CITY (YES/NO): 12c. Yes

CITY, TOWN, TWP, OR ROAD DISTRICT NO.: Chicago

OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): No

RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): 14a. Black

RELATIONSHIP: 17c. Mother

MOTHER-NAME FIRST MIDDLE LAST: Esther Grant

Mailing Address (Street and No. or R.F.D., Ct. or Town, State, Zip): 17c. 13340 So. Greenwood Chicago, IL 60627

18. PART I. Immediate Cause (Final disease or condition causing death): MULTIPLE SCLEROSIS

CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF: (a) MULTIPLE SCLEROSIS

STATING THE UNDERLYING CAUSE LAST: (b) DUE TO, OR AS A CONSEQUENCE OF

PART II. Other significant etiologies contributing to death but not resulting in the underlying cause given in PART I. (c)

DATE OF OPERATION, IF ANY: 20a. None

MAJOR FINDINGS OF OPERATION: 20b. None

DATE (MONTH, DAY, YEAR): 21a. June 17, 1997

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE: [Signature]

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): 22b. VAGH

ILLINOIS LICENSE NUMBER: 22d. 036083469

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: 23c. DR. C. PATRICK 2075 INDIANAPOLIS BLDG WILMING 2ND 46394

24. BUREL, CREMATION, REMOVAL, SPECIFY: 24a. Burial

CEMETERY OR CREMATORY-NAME: 24b. Oakland Memory Lanes

LOCATION: 24c. Dolton, Illinois

CITY OR TOWN: 24d. Chicago

STATE: 24e. Illinois

FUNERAL HOME: 25a. Gatling's Chapel Inc. 10133 So. Halsted Chicago IL 60628

FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 25c. 034-015236

LOCAL REGISTRAR'S SIGNATURE: [Signature]

DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): 26b. JUN 25 1997

DATE

FILE