

UNOFFICIAL COPY

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State of Illinois }
County of Cook } ss.

87192107

DECEASED JOINT TENANCY AFFIDAVIT

HENRIETTA G. BECKUS, being duly sworn on oath states the following:

1. I reside at 1831 Sunnyside Avenue, Westchester, Cook County, Illinois. At the time of the death of my husband, WALTER R. BECKUS ("the deceased"), we owned the real property at 1831 Sunnyside as joint tenants. The property is legally described as:

Lot 436 in George F. Nixon and Company's Civic Center Addition to Westchester in the East Half (½) of the Southeast Quarter (¼) of Section 20, Township 39 North, Range 12, East of the Third Principal Meridian in Cook County, Illinois.

HAO-15-20-405-019IT

2. The deceased died on April First, 1986, as evidenced by a certified copy of his death certificate attached hereto.

3. The deceased died leaving a Last Will and Testament, a copy of which is attached hereto. The total value of the deceased's estate, including personal property and property held in joint tenancy is, to the best of my knowledge and belief, less than \$200,000.

4. Affiant makes this affidavit for the purpose of inducing subsequent issuance of a title insurance policy for the above-mentioned property.

Henrietta G. Beckus
HENRIETTA G. BECKUS

Subscribed and sworn to before me this 7th day of March, 1987.

Marcus Cantley
Notary Public

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Certified Copy of a Death Record 7

REGISTRATION DISTRICT NO. 16.92	STATE OF ILLINOIS	STATE FILE NO. 87192107
REGISTERED NUMBER 452	MEDICAL CERTIFICATE OF DEATH	
DECEASED		
1. DECEASED—NAME FIRST MIDDLE LAST Walter R. Beckus 2. SEX Male 3. DATE OF DEATH (MONTH, DAY, YEAR) April 1, 1986		
4. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) WHITE 5. ETHNIC ORIGIN OR DESCENT (SPANISH, ITALIAN, POLISH, SWEDISH, ETC.) Swed 6. AGE (MONTHS, YEARS) 75 7. DATE OF BIRTH (MONTH, DAY, YEAR) August 14, 1910 8. COUNTY OF DEATH COOK		
9. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER PROVISO TOWNSHIP 10. HOSPITAL, CLINIC, NURSING HOME, OR OTHER PLACE OF DEATH (IF APPLICABLE) VETERANS ADM. HINES, IL 60141 11. IF HOME OR INST. (INDICATE DOA OR ICD-9-CM, IMPATIENT OR RESIDENT)		
12. STATE OF BIRTH (IF NOT U.S.A.) WISCONSIN 13. CITIZEN OF WHAT COUNTRY U.S.A. 14. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED 15. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Henrietta (Kladder)		
16. SOCIAL SECURITY NUMBER 326 07 3151 17. USUAL OCCUPATION General Foreman 18. KIND OF BUSINESS OR INDUSTRY APPLIANCE 19. WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) YES 20. WAR OR DATES OF SERVICE WW II		
21. RESIDENCE STREET AND NUMBER 1831 Sunnyside 22. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Westchester 23. INSIDE CITY (YES/NO) YES 24. COUNTY COOK 25. STATE ILLINOIS		
PARENTS		
26. FATHER—NAME FIRST MIDDLE LAST Peter Beckus 27. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Hulda Engstrom		
28. INFORMANT NAME (TYPE OR PRINT) LARRY ANDERSON, M.A.A. 29. HOSPITAL, CLINIC, NURSING HOME, OR OTHER PLACE OF DEATH (IF APPLICABLE) VETERANS ADM. HINES, IL 60141 30. MAILING ADDRESS (IF DIFFERENT FROM PLACE OF DEATH) RECORDS		
CAUSE		
31. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		
PART I. IMMEDIATE CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) Anoxic Encephalopathy.		Unknown
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST.		
(b) _____		_____
(c) _____		_____
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (e.g.)		
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION
20a. _____	20b. _____	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>
32. (A) (ID) (ID) (ID) ATTEND THE DECEASED (MONTH, DAY, YEAR) April 1, 1986 33. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO) YES 34. HOUR OF DEATH 1:00A.M.		
35. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MO., DAY, YR.)		
36. SIGNATURE S. Mundlurn 37. NAME AND ADDRESS OF CERTIFIER MUNDLURN M.D. VETERANS ADM. HINES, IL 60141		38. DATE SIGNED (MO., DAY, YR.) April 1, 1986
39. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		40. ILLINOIS LICENSE NUMBER 036-07-153
41. NOTE IF AN INQUEST WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED		
DISPOSITION		
42. BURIAL, CREMATION, REMOVAL, ETC. BURIAL 43. CEMETERY OR CREMATORY—NAME CHARL HILL WEST 44. LOCATION ELMHURST 45. CITY OR TOWN IL 46. DATE (MONTH, DAY, YEAR) APRIL 3, 1986		
47. FUNERAL HOME NAME Westchester FUNERAL HOME, INC. 48. STREET AND NUMBER OR R. F. D. 10501 W. CERMACK 49. CITY OR TOWN WHEATON 50. STATE IL		
51. FUNERAL DIRECTOR'S SIGNATURE Reta O. Cady		52. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 0995
53. LOCAL REGISTRAR'S SIGNATURE William W. ...		54. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) April 2, 1986
55. LOCAL REGISTRAR'S OFFICE BROADVIEW, ILLINOIS 60153		

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named above and that the record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE **APR 2 1986** SIGNED **[Signature]**

AT **BROADVIEW, ILLINOIS 60153** Illinois OFFICIAL TITLE **LOCAL REGISTRAR OF VITAL STATISTICS**

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 prime fact evidence of the facts therein stated.

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Return address:

Nancy J. Rich
2416 S. Highland Ave.
Berwyn, IL
60402

87192107



Property of Cook County Clerk's Office



DEPT-91 RECORDING \$12.25
1#1111 TRAM 8993 04/10/87 11:58:00
#8523 # 0 * 07-192107
COOK COUNTY RECORDER