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89248267



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

ss.

Order No. _____

_____ Fred W. Yant _____ being duly sworn
states that he resides at 4061 Sumter Drive _____ in the City of
Matteson _____

That he was acquainted with Dorothy M. Yant _____
deceased who, at the time of her death, was one of the owners of the land in Cook
County, Illinois, described as:

Lot 66 in Lincoln Terrace Subdivision Phase I, being a subdivision of part of
the Northeast 1/4 of Section 27, Township 35 North, Range 13, East of the Third
Principal Meridian, in Cook County, Illinois

PTN. 31-27-203-025

Address: 4061 Sumter, Matteson, Ill.

DEPT-01 \$13.00
145555 TRAN 1370 05/01/89 14:02:00
19418 # E * - 39 - 248267
COOK COUNTY RECORDER

That the deceased died April 14, 1989 _____ as evidenced by a
certified copy of death certificate of the deceased attached hereto

That the deceased died:

- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois about April 28, 1989 _____

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of _____ dollars.

Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Fred W. Yant

this 30th day of May, A.D. 19 89

Pat Polinsky
Notary Public

Fred W. Yant
(affiant's signature)

89248267

13th

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LAST WILL AND TESTAMENT

OF

DOROTHY M. YANT

I, DOROTHY M. YANT, of Markham in the State of Illinois, being of sound mind and memory, do hereby make, publish and declare this to be my last WILL and TESTAMENT, and I hereby revoke all Wills and Codicils heretofore made by me.

FIRST: I order and direct my Executor, hereinafter named, to pay all my just debts and funeral expenses as soon after my death as practicable.

SECOND: I give, devise and bequeath all of my property, real, personal and mixed, that I now own, might hereafter acquire or have the power to dispose of at the date of my death, to my husband, FRED W. YANT, to be his sole property.

THIRD: In the event that my husband, FRED W. YANT, departs this life before I do, or within fifteen (15) days from the date of my death, I give, devise and bequeath my entire estate to my children, DIANA WAGNER, JAMES YANT, GAYLE YANT, and SANDRA YANT, share and share alike; subject to the provision, however, that if I have any additional children, they shall share equally in my estate, the intention being that such children as I may have surviving me at the date of my death shall share my estate equally.

If this clause marked "THIRD" becomes effective and any of my children above named is deceased, the share of such deceased child shall descend to her or his children, as the case may be, and if any of my children depart this life leaving no child or children, then the surviving children shall inherit my estate, and if deceased, their share shall go to their children per stirpes.

FOURTH: If any of my children, above named, should become a beneficiary under this Will while a minor, then I appoint my daughter, DIANA WAGNER, as Guardian, without bond, of the persons and of the estates of any of my minor children, with full power and authority to use such part of the income and such part of the principal of the estate as said Guardian, in her discretion, feels is necessary for the support, maintenance and education of my minor children.

FIFTH: I hereby appoint my husband, FRED W. YANT, as Executor,, without bond, of this, my Last Will and Testament.

If my husband, FRED W. YANT, is deceased or unable to act as Executor, I hereby nominate and appoint my daughter, DIANA WAGNER, as Successor Executrix, without bond.

SIXTH: I hereby authorize whoever is acting as Executor to sell and dispose of my personal estate and my real estate for

Revised by M. Yant

XXXXXX

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such price and on such terms as he deems proper, and to execute bills of sale and assignments and other instruments necessary to transfer absolute title to the personal estate, and execute contracts of sale and warranty deeds to convey the fee simple title to the real estate, and no person need inquire into the necessity of sale or see to the application of the purchase money.

IN WITNESS WHEREOF, I have hereunto set my hand and seal to this, my Last Will and Testament, this 7th day of April, A. D. 1967.

Dorothy M. Yant (SEAL)

This instrument was, on the date thereof, signed, sealed, published and declared by the Testatrix as and for her Last Will and Testament, in our presence, who, at her request and in her presence, and in the presence of each of us, have subscribed our names hereto as witnesses thereof. And we do hereby certify that at the time of the execution thereof, the Testatrix was of sound and disposing mind and memory.

Grace Stevens Residence So. Holland, Ill

Judith McLaughlin Residence Green, Ill

Burton Evans Residence So. Holland, Ill

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Property of Cook County Clerk's Office

Return to:

MR. DEB AL. LANTIER & ED. PARLBERG, LTD.
Attorneys At Law
1630 Louis Avenue
South Holland, IL 60473

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STATE OF ILLINOIS

STATE FILE NUMBER

REGISTRATION DISTRICT NO 11032
REGISTERED NUMBER 213

MEDICAL CERTIFICATE OF DEATH

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH- MONTH DAY YEAR
 : Dorothy M. Yant 2 F. April 14, 1989

COUNTY OF DEATH AGE-LAST BIRTHDAY YRS. UNDER YEAR UNDER DAY DATE OF BIRTH MONTH DAY YEAR
 : Cook 58 60 58 60 58 May 19, 1928

CITY, TOWN, VILL OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME IF NOT A FATHER DAY STREET AND NUMBER IF NOT OF INST INDICATED OR OF EVER DAY HOSPITAL SPECIFY
 : 58 Chicago Heights 68 St. James Hospital Med.Center 58 D.O.H.

BIRTH PLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME & MARRIAGE) HAS DECEASED EVER IN U.S. ARMED FORCES? YES/NO
 : Chicago, Ill. 58 Married 58 Fred Yant 58 NO

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SCHOOL GRADUATION YEAR) HIGHEST GRADE COMPLETED
 : 10 336-20-9726 11a Housewife 11b Own Home 12 12

RESIDENCE (STREET AND NUMBER) CITY, TOWN OR ROAD DISTRICT AND STATE INSIDE CITY YES/NO COUNTY
 : 13a 4061 Sumner Drive 13b Matteson, Illinois 13c Yes 13c Cook

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, SPECIFY) OF HISPANIC ORIGIN SPECIFY OR YES/NO YES/NO OF OTHER RACE (SPECIFY) YES/NO
 : 13c IL 13c 60443 14a White 14b AND YES SPECIFY

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST
 : 15 Leslie Thomas 16 Vera Conway

INFORMANT'S NAME (PRINT OR TYPE) RELATIONSHIP MAILING ADDRESS (STREET AND NUMBER OR P.O. BOX AND CITY, TOWN AND STATE OF)
 : 17a Fred Yant 17b Husband 17c 4061 Sumner Dr. Matteson, Ill.

PART I: (1) ACENOCARCINOMA SIGMOID COLON YEARS
 (2) DIFUSE METASTASIS YEARS
 (3) RECTOVAGINAL FISTULA MONTHS

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (II) STATING THE UNDERLYING CAUSE LAST.

PART II: Other significant conditions contributing to death but not resulting in the underlying cause of death.

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION
 : 20a 1-10-89 20b ABDOMINAL CARCINOMATOSIS

IF FEMALE, WAS THERE A PREGNANCY IN LAST THREE MONTHS?
 : 20c YES NO

DO NOT ATTEND THE DECEASED AND LAST SAW HIM/HER LIVE ON MONTH DAY YEAR
 : 21a 4/12/89

WAS CORNER OR MEDICAL EXAMINER NOTIFIED? YES/NO
 : 21b YES

HOUR OF DEATH
 : 21c 11:21 PM

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED
 : 22a SIGNATURE Kathryn R. Burke
 : 22b 4/15/89

NAME AND ADDRESS OF CERTIFIER TYPE OF PRACT.
 : 22c 20303 South CRAWFORD OLYMPIA Fields, IL
 : 22d DR DAVID CHERNICOFF

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER TYPE OF PRACT.
 : 23 DR DAVID CHERNICOFF

NOTE: IF AN AUTOPSY WAS PERFORMED IN THIS DEATH, THE CORNER OR MEDICAL EXAMINER MUST BE NOTIFIED.

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE MONTH DAY YEAR
 : 24a Cremation 24b Oakland Mem. Lanes, 24c Dolton, Illinois, 24d 4/17/89

FUNERAL HOME NAME STREET AND NUMBER OF R.F.D. CITY OR TOWN STATE ZIP
 : 25a Kerr-Parzygnot Funeral Home 540 Dixie Hwy, Chicago Heights, Ill. 60411.

FUNERAL DIRECTOR'S SIGNATURE FURNACE NO. OR LICENSE NUMBER
 : 25c John J. Parzygnot 25d 7-8642

LOCAL REGISTRAR'S SIGNATURE DATE FILED LOCAL REGISTER MONTH DAY YEAR
 : 26a John M. Corabito (KP) 26b (New) 17 1989

I HEREBY CERTIFY that the foregoing is a true and correct copy of the DEATH RECORD for the deceased in Item No. 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths, and deaths.

DATE: APR 17 1989 SIGNED: John M. Corabito
 AT: CHICAGO HEIGHTS, IL 60411 TITLE: LOCAL REGISTRAR

892248207

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VAN DER BEEK, LANTING AND PARNBERG, LTD.
ATTORNEYS AT LAW
16230 Louis Avenue
South Holland, IL 60473

Robert L. Van Der BEEK