

# UNOFFICIAL COPY

## EXECUTOR'S DEED

THE GRANTOR, Bobbie Williams  
 300 Park, apt 748, of the city of Oak met City,  
 State of Illinois as Executor of the estate of  
 Earnstine Beecham, deceased, by virtue of letters  
 testamentary issued to her the Last Will and  
 Testament of Earnstine Beecham, dated  
 August 19, 1981 and filed with the Clerk of the  
 Circuit Court of Cook County, Illinois on  
 January 13, 1997 and in exercise of the power of  
 sale granted to her in and by said Last Will and  
 Testament of Earnstine Beecham and in pursuance  
 of every other power and authority enabling, and in  
 consideration of Ten (\$ 10.00) DOLLARS, and  
 other good and valuable considerations in hand  
 paid, receipt of which is hereby acknowledged,  
 do hereby quit claim and convey unto  
 Bobbie Williams, a married person and to  
 Kathleen Hayes, an unmarried person

### 97436204

DEPT-01 RECORDING 137.50  
 T15555 TRAM 0450 06/19/97 14:01:20  
 12540 + JJ \* -97-436204  
 COOK COUNTY RECORDER

DEPT-10 PENALTY \$32.00

the following described Real Estate situated in the County of COOK in the State of Illinois, to wit:  
 Lot Eleven (11) in Block 19 in South Lynne a Subdivision of the North one-half (1/2) of  
 Section 19, Township 38 North, Range 14, East of the Third Principal Meridian in Cook  
 County, Illinois

hereby releasing and waiving all rights under, and by virtue of the Homestead Exemption Laws of  
 the State of Illinois, TO HAVE AND TO HOLD said premises forever, SUBJECT TO: covenants,  
 conditions and restrictions of record; and to General Taxes for 1996 and subsequent years.

Permanent Real Estate Index Number 20-19-110-030-000 vol.  
 Commonly known as 6426 South Hal Street, Chicago, Illinois, 60636

DATED this 9th day of June, 1997

*Bobbie Williams*  
 Bobbie Williams

Handwritten notes: 3550, 3250, 67, 2

State of Illinois, County of Cook, ss I, the undersigned, a Notary Public in and for said County, in the  
 State aforesaid, DO HEREBY CERTIFY that Bobbie Williams personally known to me to be the same  
 person whose name is subscribed to the foregoing instrument, appeared before me this day in person,  
 and acknowledged that she signed, sealed and delivered the said instrument as her free and voluntary  
 act, for the uses and purposes therein set forth, including the release and waiver of the right of  
 homestead.

Given under my hand and official seal, this 9th day of June, 1997

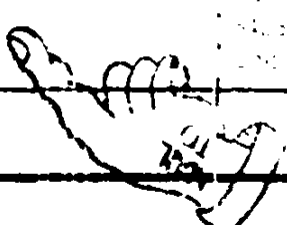
Commission expires:

*Frank C. Garcia*  
 "OFFICIAL SEAL"  
 Frank C. Garcia  
 Notary Public, State of Illinois  
 My Commission Expires 04/02/00

This instrument was prepared by W James Brown Attorney at Law -134 N. Dearborn, suite 2222,  
 Chicago, Illinois 60602, 1.312.236.5666.

97436204

<p>Notary Public</p> <p>Notary Public</p> <p>Notary Public</p> <p>Notary Public</p>	<p>Notary Public</p> <p>Notary Public</p> <p>Notary Public</p> <p>Notary Public</p>
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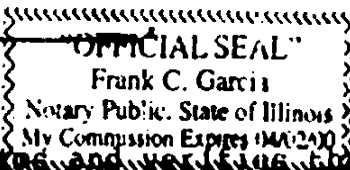
## STATEMENT BY GRANTOR AND GRANTEE

The grantor or his agent affirms that, to the best of his knowledge, the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

Dated 6-9-, 1997 Signature: Dorothy Wilson  
Grantor or Agent

Subscribed and sworn to before me by the said \_\_\_\_\_ this 9 day of June 1997.

Frank C. Garcia

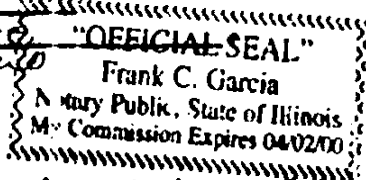


The grantee or his agent affirms and warrants that the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated 6-9, 1997 Signature: Kathleen Hayes  
Grantee or Agent

Subscribed and sworn to before me by the said \_\_\_\_\_ this 9 day of June 1997.

Frank C. Garcia



NOTE: Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

(Attach to deed or ABI to be recorded in Cook County, Illinois, if exempt under the provisions of Section 4 of the Illinois Real Estate Transfer Tax Act.)

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LAST WILL AND TESTAMENT

OF

EARNSTINE BEECHAM

I, Earnstine Beecham, of Chicago, Illinois, of the County of Cook, being of sound and disposing mind and memory, but realizing the uncertainty of life and the certainty of death, and being desirous of disposing of my worldly affairs while I possess the strength and capacity so to do, do make, publish, and declare this my last will and testament, hereby revoking all will by me, at any time heretofore made.

ONE: (A) I give any automobiles, household furniture or furnishings, silverware, china, crystal, books, wearing apparel and other tangible personal effects owned by me at my death to my husband, Willie Beecham if he survives me for a period of thirty (30) days.

(B) I give the residue of my estate to my husband, Willie Beecham, if he survives me for a period of thirty days.

TWO: If my husband, Willie Beecham, does not survive me for a period of thirty (30) days, I hereby will, devise and bequeath unto Barbara Jean Williams and Kathline Hayes, in equal shares, who survive me for a period of thirty days all the rest, residue and remainder of my property, both real and personal, of which I shall seized and possessed and to which I may be entitled at the time of my decease, and to have and to hold the same in equal shares or portions.

THREE: In the event that any of the bequests or provisions of this my will contained lapse according to law by reason, without a proper direction herein as to how such interest or provisions should pass, then and in that event, I order and direct that such interests or provisions shall pass into my residuary estate and become part thereof and be administered and distributed as provided

97435201

*Earnstine Beecham*  
*W. Beecham*  
*Barbara Jean Williams*  
*Kathline Hayes*

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in paragraph ONE (B) of this my will.

FOUR: I declare that except as otherwise provided in this will, I have intentionally omitted to provide herein for any of my heirs, including any child and the issue of any deceased child.

FIVE: (A) I nominate Barbara Jean Williams to be the executor hereunder. If she does not so act, for any reason, I nominate Kathline Hayes, to be the executor hereunder.

(B) I empower the personal representative of my estate, without order of court and without notice to anyone; to sell, convey, option, lease or mortgage any property real or personal, publicly or privately, upon such terms and conditions as shall seem best to such personal representative; to settle, compromise or pay any claim including taxes, asserted in favor of or against me or my estate; and to permit any of the beneficiaries hereunder to enjoy the use in kind, during the administration of my estate of any tangible personal property without liability on the part of the personal representative for injury, consumption or loss of the property so used.

SIX: I direct that no guardian, executor or other fiduciary shall be required to provide security or surety on any bond for the performance of any official duty.

SIGNED AT CHICAGO, ILLINOIS, THIS 19 DAY OF AUGUST, 1981.

*Earnstine Beecham*  
EARNSTINE BEECHAM

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REGISTRATION DISTRICT NO. 16-10 REGISTERED NUMBER

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

1700630

DECEASED NAME ERNESTINE EARNESTINE

LAST NAME BECHAM

SEX

DATE OF DEATH JANUARY 9, 1997

CITY OF DEATH COOK COUNTY, ILLINOIS

AGE LAST BIRTHDAY 75

DATE OF BIRTH JANUARY 13, 1922

HOSPITAL OR OTHER INSTITUTION (NAME AND STREET ADDRESS)

HOLY CROSS HOSPITAL

STATUS OF DECEASED (e.g., INPATIENT)

INPATIENT

5A CHICAGO

5B POLY

5C GROSS

5D HOSPITAL

5E INPATIENT

1A WHITE MALE

1B WHITE

1C WHITE

1D WHITE

1E WHITE

2A 2701 West 69th Street Chicago, Illinois 60629

2B HALEYUR P. ARUN, M.D.

2C 036 061424

2D 1-10-97

2E 10-50 P M

3A 2701 West 69th Street Chicago, Illinois 60629

3B HALEYUR P. ARUN, M.D.

3C 036 061424

3D 1-10-97

3E 10-50 P M

4A 2701 West 69th Street Chicago, Illinois 60629

4B HALEYUR P. ARUN, M.D.

4C 036 061424

4D 1-10-97

4E 10-50 P M

5A 2701 West 69th Street Chicago, Illinois 60629

5B HALEYUR P. ARUN, M.D.

5C 036 061424

5D 1-10-97

5E 10-50 P M

6A 2701 West 69th Street Chicago, Illinois 60629

6B HALEYUR P. ARUN, M.D.

6C 036 061424

6D 1-10-97

6E 10-50 P M

7A 2701 West 69th Street Chicago, Illinois 60629

7B HALEYUR P. ARUN, M.D.

7C 036 061424

7D 1-10-97

7E 10-50 P M

8A 2701 West 69th Street Chicago, Illinois 60629

8B HALEYUR P. ARUN, M.D.

8C 036 061424

8D 1-10-97

8E 10-50 P M

9A 2701 West 69th Street Chicago, Illinois 60629

9B HALEYUR P. ARUN, M.D.

9C 036 061424

9D 1-10-97

9E 10-50 P M

10A 2701 West 69th Street Chicago, Illinois 60629

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10E 10-50 P M

11A 2701 West 69th Street Chicago, Illinois 60629

11B HALEYUR P. ARUN, M.D.

11C 036 061424

11D 1-10-97

11E 10-50 P M

12A 2701 West 69th Street Chicago, Illinois 60629

12B HALEYUR P. ARUN, M.D.

12C 036 061424

12D 1-10-97

12E 10-50 P M

13A 2701 West 69th Street Chicago, Illinois 60629

13B HALEYUR P. ARUN, M.D.

13C 036 061424

13D 1-10-97

13E 10-50 P M

14A 2701 West 69th Street Chicago, Illinois 60629

14B HALEYUR P. ARUN, M.D.

14C 036 061424

14D 1-10-97

14E 10-50 P M

15A 2701 West 69th Street Chicago, Illinois 60629

15B HALEYUR P. ARUN, M.D.

15C 036 061424

15D 1-10-97

15E 10-50 P M

16A 2701 West 69th Street Chicago, Illinois 60629

16B HALEYUR P. ARUN, M.D.

16C 036 061424

16D 1-10-97

16E 10-50 P M

17A 2701 West 69th Street Chicago, Illinois 60629

17B HALEYUR P. ARUN, M.D.

17C 036 061424

17D 1-10-97

17E 10-50 P M

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STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

JAN 24 1997

I, SHEILA LYNE, TSW, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, BIRTHMARRIAGES 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.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS ATTACHED.

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