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D. 3 5 1 3 2 6 9

A large, stylized handwritten scribble or signature in the upper left corner of the page.

NEIL F. HARTIGAN
ATTORNEY GENERAL
STATE OF ILLINOIS
160 N. LA SALLE STREET
ROOM 900
CHICAGO, ILLINOIS 60601

(312) 793-2812

MAY 5, 1986

Property of Cook County Clerk's Office

TO WHOM IT MAY CONCERN

THE ESTATE OF WALTER L. BELAND

From an investigation of the above estate, it appears, at this time, that there is no inheritance tax due the State of Illinois by reason of the death of this decedent.

This letter is based on affidavit and documents filed with this Office. Included in the schedule of assets in which the decedent had an interest at the date of death is the Real Property shown on the rider attached hereto. Each parcel to which this letter pertains has the facsimile signature NEIL F. HARTIGAN stamped on the legal description.

If desired, a determination of this question may be had from the Circuit Judge (County Department-County Division).

Very truly yours,
A handwritten signature in cursive script, appearing to read "Neil F. Hartigan".
ATTORNEY GENERAL

148 E 10 20

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148 E/200

4. The land referred to in the Commitment is located in the County of **Cook** State of **Illinois** and described as follows:

Lot 16 in the subdivision of Lots 43, 46, 51 and 54 (except the West 26 feet thereof and Lot 59 (except the West 26 feet and South 27.63 feet thereof), of Gleason's subdivision of the South 1/2 of the East 1/2 of the Northwest 1/4 and the North 1/2 of the East 1/2 of the Southwest 1/4 of Section 14, Township 37 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Tax Number: 24-14-319-011 Volume: 446

Cook County Clerk's Office

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CERTIFIED COPY OF A DEATH RECORD

FILL IN WITH TYPEWRITER OR LEGIBLE PRINTING

STATE OF ILLINOIS

STATE FILE
NUMBER

DECEDENT'S BIRTH NO.		MEDICAL CERTIFICATE OF DEATH		REGISTRATION DISTRICT NO.	REGISTERED NUMBER 625
1. PLACE OF DEATH a. STATE ILLINOIS		b. COUNTY COOK		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) STATE Illinois COUNTY Cook	
c. <input type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town		c. <input checked="" type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town Chicago			
d. <input checked="" type="checkbox"/> OUTSIDE corporate limits and in Township name PROVINCETOWN Road District No.		e. LENGTH OF STAY (IN IC or II) 0-0-13		d. <input type="checkbox"/> OUTSIDE corporate limits and in Township name Road District No.	
f. NAME OF HOSPITAL OR INSTITUTION VETERANS ADM. HOSP. III		g. LENGTH OF STAY (IN II) 0-0-13		e. LENGTH OF RESIDENCE AT 2c or 2d Lifetime	
h. If not in hospital or institution, give Street & No. or R.F.D. and Post Office		f. RESIDENCE ADDRESS (Street & No. or P.F.D. and Post Office) 10743 S. Ridgeway Avenue			
3. NAME OF DECEASED a. (FIRST) WALTER		b. (MIDDLE) L.		c. (LAST) BELAND	
4. DATE OF DEATH (MONTH) (DAY) (YEAR) 6 1 1963		3. Did decedent reside ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
5. SEX Male	6. RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married		8. DATE OF BIRTH 12-8-1919	9. AGE (in years last birthday) 43
10a. USUAL OCCUPATION Plumber		10b. KIND OF BUSINESS OR INDUSTRY Plumbing		11. BIRTHPLACE (City and state or foreign country) Chicago, Illinois	
12. FATHER'S FULL NAME Clarence Beland		12. Citizen of what country? US			
13. FATHER'S FULL NAME Clarence Beland		14. MOTHER'S FULL MAIDEN NAME Veronica Hirlian			
15. Was deceased ever in U.S. Armed Forces? (Yes, no, or unknown) (Give war or dates of service) Yes World War II		16. SOCIAL SECURITY NUMBER Yes, not remembered		17. INFORMANT a. SIGNATURE PETER A. JENNINGS, Chief, Reg. Div.	
18. MEDICAL CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (A), (B), and (C)) IMMEDIATE CAUSE (A): Malignant hypertension.		b. ADDRESS CHICAGO, ILL.		c. RELATIONSHIP TO DECEASED Hospital records	
Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last: due to (B): Chronic renal disease.		due to (C):		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART (IA)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
19a. DATE OF OPERATION, IF ANY		19b. MAJOR FINDINGS OF OPERATION			
NOTE: If an injury was involved in this death, the Coroner must be notified.					
21. I hereby certify that I attended the deceased from May 19 1963 , to June 1 1963 , that I last saw the deceased alive on June 1 1963 , and death occurred at 6:23 p. M., from the causes and on the date stated above.					
SIGNATURE CARL HALLER		M.D. LIC. No. 36-37652		DATE 6-2-63	
ADDRESS		PHONE			
22. DISPOSITION BURIAL XXXXXXXXXXXX Date 6-5-63		23. FUNERAL DIRECTOR H. P. Sullivan & Son			
CEMETERY Holy Sepulchre		SIGNATURE Raymond J. Sullivan			
LOCATION Worth, Ill.		ADDRESS 2701 W. 63rd St. Chicago, Ill. License Number 4195			
24. Received for filing on June 3, 1963		FOREST PARK, ILLINOIS LOCAL REGISTRAR			

14821020

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 3 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to registration of births, stillbirths and deaths.

June 3, 1963

SIGNED: *Fred J. Rose*

_____, Illinois. OFFICIAL TITLE

This death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local health officers shall make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the local registrar or the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

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Property of Cook County Clerk's Office

AT _____
DATE _____
The original record of this
registrars are authorized to
Department of Public Health
VS&R-201A DEPARTMENT OF PUBLIC
38980-150M-6/61-355

3513269

(FORM 302)

Affidavit by Surviving Joint Tenant

L. R. 22664 Doc. No. 1102812-F Certificate No. 555261

State of Illinois
County of Cook ss.

Ardelle G. Beland being first
duly sworn, upon oath deposes and says:

That s/he resides at 10743 S. Ridgeway Ave. in the City of Chicago
and that s/he is one of the parties who took title, not in tenancy in common, but in joint tenancy,
to real estate shown in Certificate of Title No. 555261 situated in said Cook County, Illinois,
described as follows: 10743 S. RIDGEWAY AVE, CHGO, ILL

Lot Sixteen (16) in the Resubdivision of Lots 43, 46, 51 and 54
(except the West 26 feet thereof and Lot 59, (Except the West 26
feet and South 27.63 feet thereof) of Gleason's Subdivision of
the South Half (1/2) of the East Half (1/2) of the Northwest Quarter
(1/4) and the North Half (1/2) of the East Half (1/2) of the Southwest
Quarter (1/4) of Section 14, Township 37 North, Range 13 East of
3rd. P. M. in Cook County Illinois

Affiant states that Walter L. Beland one of the said owners in joint
tenancy, died intestate, in the city (Village) of SALEM, ILL. in the State of Illinois
as is confirmed by a Certificate of the health department of said municipality hereto attached.

Affiant states that the remaining joint tenant has not changed her marital status since
the issuance of Certificate of Title Number 555261 (except who
has been married but once since acquiring said real estate and then to Walter L. Beland).

Further, that the affiant makes this affidavit for the purpose of inducing the Registrar of Titles
of Cook County, Illinois, to issue a certificate of title to the surviving Joint Tenant to said above
described premises, relying on this statement as true, and in consideration thereof affiant guarantees
the truth of the statements herein contained.

Subscribed and sworn to before me
this 17 day of April 1986

Harry Jaune
NOTARY PUBLIC

Prepared by:
Harry Jaune
6901 W 111th St
Worth, Ill.

118912

3513269

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55526
N.F.D.

Property of Cook County Clerk's Office

21884

7100E WILSON INSURANCE
60 WEST WASHINGTON STREET
CHICAGO, ILLINOIS 60602

A.S.

IDENTIFIED
NO.
7100E

MAR 7 9 02 PM '55

55526

55526