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and share alike, or to such of them as are then living.
BETTY FOSTER, LYMAN YATES, PAUL YATES and RICHARD YATES, share
she not be living, then I give, devise and bequeath my estate to
wheresoever situated, to my mother, LUELLA G. YATES, and should
my estate of every kind and character, whether real or personal,
ARTICLE SECOND: I give, devise and bequeath all of

the principal of my estate.
hereafter named pay all my just debts and funeral expenses out of
ARTICLE FIRST: It is my will that my Executor here-

codicils thereto heretofore made by me.
and Testament, hereby revoking any and all other wills and
make, publish and declare the following to be my last will
nois, being of sound and disposing mind and memory, do hereby
I, FERN L. YATES, of the City of Des Plaines, Illi-

FERN L. YATES

OF

LAST WILL AND TESTAMENT

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by my Executrix or successor Executor may be at public or private convey the same to the purchasers thereof. Such sale or sales in writing, under seal or otherwise, to fully and effectually deem adequate, and full power to execute any and all instruments personal property for such consideration as she or he shall herein named shall have full power of sale of both real and

ARTICLE FIFTH: My Executrix or successor Executor

be required to furnish bond with surety. appoint, LYMAN YATES, as successor Executor, and he shall not predecease me, refuse or be unable to act, I designate and to act without bond with surety, and in the event she should LUELLA G. YATES, as Executrix of this, my Last Will and Testament,

ARTICLE FOURTH: I hereby designate and appoint,

broker if, in her opinion, it will expedite such sale. Executor is authorized to engage the services of a real estate as soon as convenient at either public or private sale, and my at my death, I direct my Executor to sell said real estate

ARTICLE THIRD: In the event I own any real estate

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CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

10

Division of Probate

10

THE CIRCUIT COURT OF COOK COUNTY, PROBATE DEPARTMENT FILED IN THE OFFICE OF THE CLERK OF

Wm. H. ...

RESIDING AT ...

THIS CERTIFICATION IS VERIFIED AS TRUE AND CORRECT COPY OF AN INSTRUMENT IN WRITING WHICH TO THE BEST OF MY KNOWLEDGE AND BELIEF I HEREBY CERTIFY THAT THE DOCUMENT TO WHICH

1015 ...

day of ... 1983.

The foregoing instrument consisting of three (3) pages, this page included, was at the date thereof, signed, sealed, published and declared by the said FERN L. RATES, as and for her last will and testament, in the presence of us, who at her request and in her presence and in the presence of each other, have subscribed our names as witnesses hereto, and we further certify that at the time of signing, we believe the said testatrix to be of sound and disposing mind and memory, this ... day of ... 1983.

Fern L. Rates
(SEAL)

IN WITNESS WHEREOF, I hereunto set my hand and seal this 15 day of Nov, 1983.

according to the provisions hereof.
power necessary to fully administer and distribute my estate
sale in her or his discretion, giving her or him full and every

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CLERK OF THE CIRCUIT COURT
OF COOK COUNTY, ILLINOIS

Michelle Escobar
June 19 19 91

DIVISION ON *March 28* 19 91
THE CIRCUIT COURT OF COOK COUNTY, PROBATE
DECEASED, FILED IN THE OFFICE OF THE CLERK OF

OF *Tom J. O'Connell*
PURPORTING TO BE THE LAST WILL AND TESTAMENT
CORRECT COPY OF AN INSTRUMENT IN WRITING
THIS CERTIFICATION IS AFFIXED IS A TRUE AND
I HEREBY CERTIFY THAT THE DOCUMENT TO WHICH

PROBATE DIVISION
IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

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AFFIDAVIT OF NO ESTATE TAX DUE

The Affiant, regarding the possible liability for State Inheritance Tax for the Estate of decedent herein, being first duly sworn upon oath, deposes and states as follows:

(1) I am LUELLA G. YATES, EXECUTOR
(name and capacity)

and reside at 410 DOROTHY DRIVE, DES PLAINES, IL 60016.

(2) I am personally acquainted with the affairs of the Estate of FERN L. YATES, who died on 12-26-90.

(3) That as a consequence, I represent to the Registrar of Titles that regarding Federal Estate Tax or State Inheritance Tax;

(elect one - initial choice)

- X 1) that no Tax is due; or _____
_____ 2) that if any Tax due, there are sufficient other assets to pay such Tax; or _____
_____ 3) that any Tax due has been paid. _____

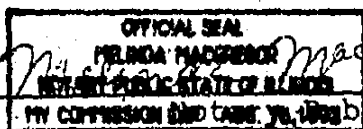
and I make this affidavit for the purpose of inducing the Registrar of Titles of Cook County, Illinois, to issue a Certificate of Title without additional evidence of non-liability, relying on this statement as true, and in consideration thereof affiant guarantees the truth of the statements herein contained.

LUELLA G. YATES

Subscribed and sworn to before

me this 30 day of July;

19 91.



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CLERK OF COURT
JUDICIAL BRANCH
STATE OF ILLINOIS
JAN 10 1993

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DEC 28 1990

DATE

SIGNED *David A. Skokie*
 Director of Health

Skokie

Illinois OFFICIAL TITLE

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 prima facie evidence in all courts and places of the facts therein stated.

OFFICE OF VITAL RECORDS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH • SPRINGFIELD 62761

VR-201C (1978)

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STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.36
 REGISTERED NUMBER 12001

DECEASED-NAME FIRST Fern MIDDLE L. LAST Yates SEX Female DATE OF BIRTH (MONTH, DAY, YEAR) 3 December 26, 1990

COUNTY OF DEATH Cook CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 5d December 24, 1925

AGE-LAST BIRTHDAY (YRS) 65 UNDER 1 DAY (HRS) 5c DATE OF DEATH (MONTH, DAY, YEAR) 3 December 26, 1990

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) North Shore Medical Center

6a. Skokie BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Illinois

8a. Never Married MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

7. Head Nurse OCCUPATION

8b. Rush North Shore Medical Center NAME OF SURVIVING SPOUSE (LAST NAME, IF WIFE)

10358-14-6551 RESIDENCE (STREET AND NUMBER)

11b. Nursing KIND OF BUSINESS OR INDUSTRY

12. 12 yrs EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) College (1-4 yrs)

13a. 13410 Dorothy Drive CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Des Plaines INSIDE CITY (YES/NO) Yes COUNTY 13d. Cook

13c. Illinois RACE (WHITE, BLACK, AMERICAN INDIAN, OR ISPECIFY)

14a. White COLOR OF HAIR

14b. NO YES NO SPECIFY: Months

15. Lyman P. Yates FATHER-NAME FIRST MIDDLE LAST Luella G. Weaver MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST

17a. Capital Records MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

17b. 17c-9600 Gross Pt. Rd. Skokie, Ill.

18. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

(a) Immediate Cause (Final disease or condition resulting in death) Carcinoma of Pancreas

(b) DUE TO, OR AS A CONSEQUENCE OF

(c) DUE TO, OR AS A CONSEQUENCE OF

PART II. Other significant conditions contributing to death, but not resulting in the underlying cause given in PART I.

DATE OF OPERATION, IF ANY 12-26-90 FINDINGS OF OPERATION pancreatic m. D

20a. NO DID (NOT) ATTEND THE DECEASED AND LAST SAW HIM/LER ALIVE ON 12-26-90

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE Jack M. Moskalis, M.D. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)

22b. 1600 Dempsey, Suite 103 CITY, STATE AND ZIP (TYPE OR PRINT)

22c. Park Ridge, Ill. 60068 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

23. Des Plaines CEMETERY OR CREMATORY-NAME CITY OR TOWN STATE

24a. Burial FUNERAL HOME

24b. Memory Gardens cemetery LOCATION CITY OR TOWN STATE

25a. Oehler Funeral Home 555 Lee Street FUNERAL HOME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE

25b. Des Plaines, Illinois 60016 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

25c. 5187 FUNERAL DIRECTOR'S SIGNATURE

26a. David A. Skokie LOCAL REGISTRAR'S SIGNATURE

26b. DEC 28 1990 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26c. 260 ILLINOIS LICENSE NUMBER

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

19a. NO AUTOPSY (YES/NO)

19b. NO WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETE FILING OF THIS CERTIFICATE?

20c. NO IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES NO

21b. NO WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)

21c. 7:35 P.M. HOUR OF DEATH

22d. 12-27-90 DATE SIGNED (MONTH, DAY, YEAR)

22e. 36-48772 ILLINOIS LICENSE NUMBER

26d. DEC 28 1990 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26e. 260 ILLINOIS LICENSE NUMBER

VR200 (Rev. 5/89)

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DEC 5 9 1980

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3990544

(FORM 302)

Affidavit by Surviving Joint Tenant

L. R. 18993 Doc. No. 2939396 Certificate No. 1363278

State of ILLINOIS }
County of COOK } ss.

3990544

LUELLA G. YATES being first

duly sworn, upon oath deposes and says:

That She... resides at... 410 DOROTHY DR... in the City of... DES PLAINES... and that She... 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. 1363278... situated in said Cook County, Illinois,

described as follows:

LOT THIRTY-FIVE (35)
IN PLEASANT MANOR ESTATES UNIT NO. 2, A SUBDIVISION OF THAT PART LYING NORTH OF ALGONQUIN ROAD OF THE SOUTHEAST QUARTER (1/4) OF THE NORTHWEST (1/4) OF SECTION 24, TOWNSHIP 41 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO PLAT THEREOF REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS, ON APRIL 5, 1960 AS DOCUMENT NUMBER 1916025.

Affiant states that... FERN L. YATES... one of the said owners in joint tenancy, died testate, in the city (Village) of... SKOKIE... 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... marital status since the issuance of Certificate of Title Number... 1363278... (except... who has been married but once since acquiring said real estate and then to...).

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.

L. Luella G. Yates
LUELLA G. YATES

Subscribed and sworn to before me this... 30... day of... July... 1991.

Melinda Mae Fresh
OFFICIAL SEAL
MELINDA MAE FRESH
NOTARY PUBLIC
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXPIRES AUG. 10, 1993

Copy of will attached

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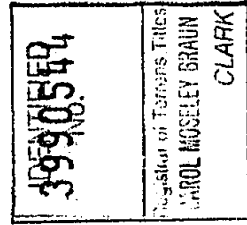
1363278

INSTRUMENT

1991 AUG 26 AM 9:56
CAROL MOSELEY BRAUN
REGISTER OF TITLES

3990544

3990544



3990544
LaSusa & LaSusa
2093 Rand Rd
Des Plaines, IL 60016

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COOK COUNTY CLERK'S OFFICE
100 N. LAUREL ST.
CHICAGO, ILL. 60602