

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 Dorothy G. Hall widow of Charles C. Hall, Jr.
(name and capacity)

and reside at 800 Ridge Road, Wilmette, Illinois 60091

(2) I am personally acquainted with the affairs of the Estate of Charles C. Hall, Jr., who died on 8/18/91

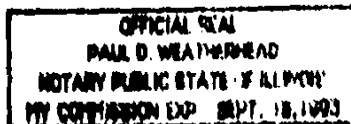
(3) That as a consequence, I represent to the Registrar of Titles that regarding Federal Estate Tax or State Inheritance Tax;
(elect one - initial choice)

- 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.

Dorothy G. Hall
Dorothy G. Hall

Subscribed and sworn to before me this 10th day of September 1991



Paul D. Weatherhead
Notary Public

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STATE OF ILLINOIS

STATE FILE
NUMBER

MEDICAL CERTIFICATE OF DEATH

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <u>1623</u>			STATE OF ILLINOIS	STATE FILE NUMBER	
	REGISTERED NUMBER <u>1101</u>	MEDICAL CERTIFICATE OF DEATH				
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS A B C D E FATHER 1 2 3 4 5 N P CERTIFIER 23 24a 25a 25b 26a	DECEASED-NAME FIRST MIDDLE LAST <u>Charles C. Hall, Jr.</u>		SEX <u>Male</u>	DATE OF DEATH (MONTH DAY YEAR) <u>Aug. 18-91</u>		
	COUNTY OF DEATH <u>Cook</u>		AGE LAST BIRTHDAY (YRS.) <u>50</u>	UNDER 1 YEAR MONTHS <u>00</u>	UNDER 1 DAY HOURS <u>00</u>	DATE OF BIRTH (MONTH DAY YEAR) <u>September 8, 1913</u>
	CITY, TOWN, TWP OR ROAD DISTRICT NAME <u>Evanston</u>		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) <u>Evanston Hospital</u>		IF HOSP. OR INST. INDICATE DOA OF-EMER. OR INPATIENT (SPECIFY) <u>Inpatient</u>	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <u>Chicago, IL</u>		MARRIED NEVER MARRIED, WIDOWED DIVORCED (SPECIFY) <u>Married</u>	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <u>Dorothy Rauen</u>		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) <u>Yes</u>
	SOCIAL SECURITY NUMBER <u>10345 09 1649</u>		USUAL OCCUPATION <u>Maintainence</u>	KIND OF BUSINESS OR INDUSTRY <u>Municipal</u>	EDUCATION (SPECIFY ON 12) (HIGHEST GRADE COMPLETED) Elementary Secondary (1-12) <u>12</u> College (1-4) U.S. 1	
	RESIDENCE (STREET AND NUMBER) <u>800 Ridge Rd.</u>		CITY, TOWN, TWP OR ROAD DISTRICT NO. <u>Wilmette</u>		INSIDE CITY (YES/NO) <u>Yes</u>	COUNTY <u>Cook</u>
	STATE <u>Illinois</u>	ZIP CODE <u>13160091</u>	RACE (WHITE BLACK AMERICAN INDIAN OR (SPECIFY)) <u>White</u>	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES SPECIFY CUBAN MEXICAN PUERTO RICAN, ETC.) <u>NO</u>		
	FATHER-NAME FIRST MIDDLE LAST <u>Charles C. Hall, Sr.</u>		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST <u>Emma Eimer</u>			
	INFORMANT'S NAME (TYPE OR PRINT) <u>Mrs. Dorothy Hall</u>		RELATIONSHIP <u>wife</u>	MAILING ADDRESS (STREET AND NO. OR P.O. CITY OR TOWN STATE ZIP) <u>800 Ridge Rd. Wilmette, Illinois 6009</u>		
	18. PART I Immediate Cause (Final disease or condition resulting in death) <u>Gastrointestinal Hemorrhage</u>		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. <u>Dropical Ulcer</u>		APPROPRIATE TO ENTER IN THIS SPACE? (YES/NO) <u>NO</u>	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST <u>Diabetes</u>		(b) DUE TO, OR AS A CONSEQUENCE OF <u>Dropical Ulcer</u>				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause (PART I) <u>Diabetes</u>		AUTOPSY (YES/NO) <u>NO</u>		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) <u>NO</u>		
DATE OF OPERATION, IF ANY <u>8/1/91</u>		MAJOR FINDINGS OF OPERATION <u>Severe coronary disease</u>		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <u>NO</u>		
(10a) (DO NOT) ATTEND THE DECEASED AND/OR SAW HIM/HER ALIVE ON <u>8/18/91</u>		(10b) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <u>NO</u>		HOUR OF DEATH <u>1:25 A M</u>		
21a TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED <u>Kick</u>		21b		DATE SIGNED (MONTH DAY YEAR) <u>8/18/91</u>		
22a SIGNATURE <u>Kim Meyers</u>		22b		ILLINOIS LICENSE NUMBER <u>36-057448</u>		
22c NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <u>Kim Meyers 2500 Ridge Evanson</u>		22d		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
23		23		23		
BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		CEMETERY OR CREMATORY-NAME <u>St. Joseph Cemetery</u>		LOCATION CITY OR TOWN STATE <u>Wilmette, Illinois</u>	DATE (MONTH DAY YEAR) <u>Aug 20, 1991</u>	
FUNERAL HOME NAME STREET AND NUMBER OR P.O. CITY OR TOWN STATE ZIP <u>Wm. H. Scott Funeral Home 1100 Greenleaf Ave. Wilmette, Illinois 60091</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Karl R. Meyers</u>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <u>034-010566</u>		
LOCAL REGISTRAR'S SIGNATURE <u>Laura Brown</u>		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) <u>August 19, 1991</u>		26b		

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

DATE August 19, 1991

SIGNED

AT EVANSTON

Illinois OFFICIAL TITLE LOCAL REGISTRAR

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.

4011767

(FORM 302)

Affidavit by Surviving Joint Tenant

L. R. 72-415 Doc. No. 1577659 Certificate No. 681390

State of Illinois } ss.
County of Cook }

[Handwritten signature]

Rorothy G. Hall being first
duly sworn, upon oath deposes and says:

That s. he... resides at 300 Ridge Road in the City of Wilmette
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. 681390 situated in said Cook County, Illinois,
Lot Six (6) and Lot (7)
described as follows: In Block Two (2) in L. Nathan's Subdivision of Lot Four (4)
of C. Lauerman's Subdivision of the South 100 acres of the Southwest Quarter
(1/4) of Section 28, Town 42 North, range 13, East of the Third Principal
Meridian, in Cook County, Illinois.

05-27-404-011
914 Elmwood, Wilmette, Illinois

Affiant states that Charles C. Hall, Jr. one of the said owners in joint
tenancy, died intestate, in the city (Village) of Wilmette in the State of Illinois
as is confirmed by a Certificate of the health department of said municipality hereto attached.

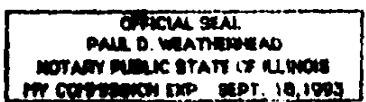
Affiant states that the remaining joint tenant has not changed her marital status since
the issuance of Certificate of Title Number 681390 (except who
has been married but once since acquiring said real estate and then to)

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.

Rorothy G. Hall

Subscribed and sworn to before me
this 15th day of September 1971

[Handwritten signature]
NOTARY PUBLIC.



4011767

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N 10

4011767

1991 NOV 19 AM 10:04
CAROL MOSELEY BRAUN
REGISTRAR OF TITLES

4011767

IDENTIFIED
No
Registered Torrens Titles
CAROL MOSELEY BRAUN
AT G/F/D/C/A/M/O

Property of Cook County Clerk's Office

ATTORNEY'S TITLE
GUARANTY FUND, INC.
29 S. LA SALLE 5TH FLOOR
CHICAGO, IL 60603
312-372-9361