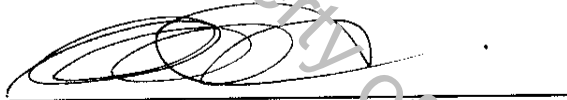


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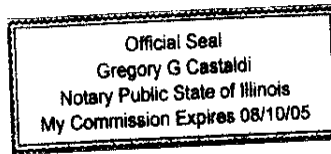
1. Claims against the Estate of Franz Fischer, the decedent.
2. Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent.
4. Rights of contribution.

× Anna Fischer (SEAL)

Subscribed and sworn to before me this
4th day of June, 2003.



Notary Public



Prepared by:
Gregory G. Castaldi
Attorney at Law
5521 N. Cumberland
Suite 1109
Chicago, Illinois 60656

Mail to:
Gregory G. Castaldi
Attorney at Law
5521 N. Cumberland
Suite 1109
Chicago, Illinois 60656

P.I.N. #12-23-201-042
COMMONLY KNOWN AS:

8315 W. Irving Park
Chicago, Illinois 60634

Note: If the decedent left a will, it will be necessary that the original or certified copy thereof be presented to us for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

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STATE OF ILLINOIS)
County of Cook)

DAVID ORR, County Clerk

I, DAVID ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David Orr
COUNTY CLERK

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 18.10	STATE OF ILLINOIS	STATE FILE NUMBER 605298		
MEDICAL CERTIFICATE OF DEATH					
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS DECEASED B C D E PARENTS 1 2 3 CAUSE 4 5 N P CERTIFIER DISPOSITION	1. DECEASED-NAME FIRST MIDDLE LAST FRANZ FISCHER		2. SEX MALE	3. DATE OF DEATH (MONTH, DAY, YEAR) APRIL 1, 2000	
	4. COUNTY OF DEATH COOK		AGE-LAST BIRTHDAY (YRS) 5a. 75	UNDER 1 YEAR MOS. UNDER 1 DAY HOURS MIN. 5b. 75	5d. DATE OF BIRTH (MONTH, DAY, YEAR) FEBRUARY 24, 1925
	6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER CHICAGO		6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) BETHESDA NURSING HOME		6c. IF HOSP. OR INST, INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY) INPATIENT
	7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) GERMANY		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED		8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) ANNA RILL
	10. SOCIAL SECURITY NUMBER 347-30-9508		11a. USUAL OCCUPATION GRINDER		11b. KIND OF BUSINESS OR INDUSTRY FACTORY
	13a. RESIDENCE (STREET AND NUMBER) 8315 W. IRVING PARK ROAD		13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO. CHICAGO		13c. INSIDE CITY (YES/NO) YES
	13e. STATE ILLINOIS		13f. ZIP CODE 60634	14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) WHITE	
	14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		16. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST ELIZABETH BRANER		
	17a. INFORMANT'S NAME (TYPE OR PRINT) ANNA FISCHER		17b. RELATIONSHIP WIFE		
	17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 8315 W. IRVING PARK RD., CHICAGO, IL 60634				
18. PART I. Enter the diseases, 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.				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Immediate Cause (Final disease or condition resulting in death) → (a) Metastatic Carcinoma of stomach				2 months	
(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.					
19a. ALIEN AUTOPSY (YES/NO) NO		19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) NO			
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 3/30/00		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO		21c. HOUR OF DEATH 9:00 P. M.	
22a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.				22b. DATE SIGNED (MONTH, DAY, YEAR) 4/3/00	
22a. SIGNATURE <i>[Signature]</i>				22c. ILLINOIS LICENSE NUMBER 36-65367	
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) S. D. SHASTRY, M.D., 4701 N. CUMBERLAND AVE., NORRIDGE, IL 60706				NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
23. BURIAL CREMATION, REMOVAL (SPECIFY) BURIAL		24b. CEMETERY OR CREMATORY-NAME ST. JOSEPH		24c. LOCATION CITY OR TOWN STATE RIVER GROVE, ILLINOIS	
24a. FUNERAL HOME NAME SCHIELKA ADDISON STREET FUNERAL HOME, LTD., 7710 W. ADDISON ST., CHICAGO, IL 60634		24d. DATE (MONTH, DAY, YEAR) APR. 5, 2000			
25a. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>				25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 9927	
25b. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>				26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) APR 04 2000	

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LAST WILL

OF

FRANZ FISCHER

I, FRANZ FISCHER, a resident of Cook County, Illinois declare this to be my Will, and I revoke all other wills and codicils that I may have made.

ARTICLE ONE

Administration Expenses and Taxes

I direct my executor to pay out of the residue of my estate all of my debts and the expenses of my last illness, my funeral and the administration of my estate, wherever situated, and all estate, inheritance, transfer and succession taxes (including interest and penalties, if any) which become due by reason of my death. My executor shall not seek contribution or reimbursement for any such payments.

ARTICLE TWO

Family

I am married to ANNA FISCHER who is hereinafter referred to as "my wife".

ARTICLE THREE

Bequests

I give all of my personal effects, household goods, automobile, and all other items of goods and chattels to my wife, if she survives me, otherwise to be divided between BARBARA SMITH and RALPH R. RILL, as my executor shall determine.

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ARTICLE FOUR **Residuary Estate**

I give the residue of my estate to my wife, if she survives me, otherwise as follows:

65% to my wife's cousin, BARBARA SMITH, of Lincolnwood, IL and

35% to my nephew, RALPH R. RILL, of Arlington Heights, IL.

ARTICLE FIVE **Survivorship**

No person named or described in this Will shall be deemed to have survived me unless he or she is living on the thirtieth (30th) day after the day of my death.

ARTICLE SIX **Executors**

1. I nominate my wife as executor of this Will. If for any reason my wife fails or ceases to act as executor, I nominate BARBARA SMITH, as successor executor.

2. I direct that no security on the executor's bond be required of any executor named herein.

3. I grant to my executor all the powers and discretion, in addition to those conferred by law, in each case to be exercisable without court order:

(a) To sell, to retain, to lease, to borrow money and for that purpose to pledge or mortgage, all or part of any property of my estate;

(b) To settle claims in favor of or against my estate;

(c) To exercise or not to exercise any election or option granted to executors by the Internal Revenue Code in force at my death;

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(d) To distribute property in cash or in kind or partly in each, and to allot different kinds or disproportionate shares of property or undivided interest in property among the distributive shares;

(e) To execute and deliver any deeds, contracts, mortgages, bills of sale or other instruments necessary or desirable for the exercise of the executor's powers and discretion.

4. I direct that, where permitted by law, my executor shall administer my estate independently of court supervision except my executor shall not be required to elect independent administration if it determines that such administration is not in the best interest of the beneficiaries of my estate.

I have signed this Will on June 4, 1999.

Franz Fischer
FRANZ FISCHER

We saw FRANZ FISCHER, in our presence, sign this instrument at its end; he then declared it to be his will and requested us to act as witnesses to it; we believed him to be of sound mind and memory and not under duress or constraint of any kind; and then we, in his presence and in the presence of each other, signed our names as attesting witnesses; all of which was done on the date of this instrument.

Berthold H. Schreiber

6035 Anderson
Chicago, IL 60631

Lisa Dine

8037 W. Kensington
Norridge, IL 60656

This instrument prepared by:
BERTHOLD H. SCHREIBER
Attorney at Law
7601 W. Montrose
Norridge, IL 60634
(708) 453-1611

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Property of Cook County Clerk's Office

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
PROBATE DIVISION

I HEREBY CERTIFY THAT THE DOCUMENT TO WHICH THIS CERTIFICATION IS AFFIXED IS A TRUE AND CORRECT COPY OF AN INSTRUMENT IN WRITING PURPORTING TO BE THE LAST WILL AND TESTAMENT OF Franz Fischer DECEASED, FILED IN THE OFFICE OF THE CLERK OF THE CIRCUIT COURT OF COOK COUNTY, PROBATE

DIVISION ON December 18, 2000

June 02, 2003
Loisley Brown
CLERK OF THE CIRCUIT COURT
OF COOK COUNTY, ILLINOIS