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DECEASED JOINT TENANCY AFFIDAVIT



Doc#: 0331801373
Eugene "Gene" Moore Fee: \$34.00
Cook County Recorder of Deeds
Date: 11/14/2003 02:59 PM Pg: 1 of 6

H 51444
MAIL TO:

THOMAS J. POLINSKI & ASSOCS
5844 W. IRVING PARK ROAD
CHICAGO, IL. 60634

EDWIN R. LOWE

hereinafter referred to as the affiant,
being duly sworn states that the affiant
resides at 727 Pleasant Lane, in the
City of Glenview, Illinois; that the

affiant, **EDWIN R. LOWE** was the husband of **PAULINE A. LOWE**, the decedent; at the time of death, the
decedent was one of the owners of the property by virtue of a properly recorded joint tenancy deed, said property
located at 1612 Hawthorne, Glenview, County of Cook, State of Illinois, and legally described as follows:

P.A. 1612 Hawthorne Lane - Glenview, IL 60025

LOTS 39 AND 40 IN FIRST ADDITION TO GLEN OAK ACRES BEING A SUBDIVISION OF
THE SOUTH 1/4 OF THE NORTH WEST 1/4 OF THE SOUTH WEST 1/4 OF SECTION 25,
TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK
COUNTY, ILLINOIS.

Pin 04-25-300-047-0000

That the decedent died on September 19, 1995, as evidenced by a certified copy of death certificate of the deceased
attached hereto.

That the deceased died:

 Leaving no Last Will and Testament.

 X Leaving a Last Will and Testament a copy of which is attached hereto. The original of the
unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of Cook County, Illinois.

That the total value of the estate of the decedent, including both real and personal property owned by
the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of
\$ 600,000.00 dollars.

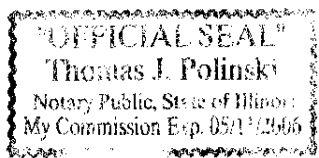
MAIL DOCUMENTS TO:
HERITAGE TITLE CO.
5849 W. Lawrence Ave.
Chicago, Illinois 60630
File #

Edwin R. Lowe Seal)
EDWIN R. LOWE Affiant

Subscribed and Sworn to before me this 10th day of November, 2003

Thomas J. Polinski
Notary Public

My Commission Expires: 5/11/06



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DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <u>1023</u>	STATE OF ILLINOIS	STATE FILE NUMBER
	REGISTERED NUMBER <u>1099</u>	MEDICAL CERTIFICATE OF DEATH	
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED—NAME FIRST MIDDLE LAST		SEX
	1. <u>Pauline A. Lowe</u>		2. <u>Female</u>
	COUNTY OF DEATH		DATE OF BIRTH (MONTH, DAY, YEAR)
	4. <u>Cook</u>		5d. <u>February 8, 1931</u>
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
	6a. <u>Evanston</u>		6b. <u>Evanston Hospital</u>
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
	7. <u>Chicago, IL</u>		8a. <u>Married</u>
	SOCIAL SECURITY NUMBER		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
	10. <u>352-22-2152</u>		8b. <u>Edwin Lowe</u>
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.	
13a. <u>1612 Hawthorn Lane</u>		13b. <u>Glenview</u>	
STATE		ZIP CODE	
13e. <u>Illinois</u>		13f. <u>60025</u>	
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
14a. <u>White</u>		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST	
15. <u>Alex Andrewtsoupolos</u>		16. <u>Victoria Kendzior</u>	
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	
17a. <u>Edwin Lowe</u>		17b. <u>Husband</u>	
Mailing Address (Street and No. or R.F.D., City or Town, State, ZIP)			
17c. <u>1612 Hawthorn Ln. Glenview, IL 60025</u>			
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) <u>(a) <u>lymphoma</u></u>		<u>4 yrs</u>	
DUE TO, OR AS A CONSEQUENCE OF			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <u>(b) <u></u></u>			
DUE TO, OR AS A CONSEQUENCE OF			
<u>(c) <u></u></u>			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO)	
		19a. <u>No</u>	
		19b. <u></u>	
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION	
20a. <u></u>		20b. <u></u>	
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?			
20c. <u>YES</u> <input type="checkbox"/> <u>NO</u> <input checked="" type="checkbox"/>			
(I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <u>9/15/95</u>)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	
21a. <u></u>		21b. <u>No</u>	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH	
22a. SIGNATURE <u>Lynne S. Kaminer</u>		21c. <u>3:00 P.M.</u>	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		DATE SIGNED (MONTH, DAY, YEAR)	
22c. <u>LYNNE KAMINER 2650 RIDGE EVANSTON</u>		22b. <u>9/20/95</u>	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER	
22c. <u></u>		22d. <u>036-07-0502</u>	
23. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION CITY OR TOWN STATE	DATE (MONTH, DAY, YEAR)
24a. <u>Burial</u>	24b. <u>St. Adalbert Cemetery</u>	24c. <u>Niles Illinois</u>	24d. <u>Sept. 22, 1995</u>
FUNERAL HOME	NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN STATE ZIP
25a. <u>N.H. Scott & Hebblethwaite</u>	<u>1240 Waukegan Road</u>	<u>Glenview, Illinois</u>	<u>60025</u>
FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
25b. <u>Norman H. Scott</u>	25c. <u>034-010554</u>		
LOCAL REGISTRAR'S SIGNATURE	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
26a. <u>C. Lavinia Brown</u>	26b. <u>Sept 21 1995</u>		

VR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

BASED ON 1969 U.S. STANDARD CERTIFICATE

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.

DATE SEPTEMBER 21, 1995 SIGNED C. Lavinia Brown
 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.

UNOFFICIAL COPYLAST WILL AND TESTAMENTOFPAULINE A. LOWE

I, PAULINE A. LOWE, of the County of Cook, State of Illinois, hereby revoke all prior Wills and Codicils and make this my Will.

ARTICLE I

- A. I bequeath to my son, KENNETH C. CLAIR, the sum of \$3000.00.
- B. I bequeath to my son, KEVIN J. CLAIR, the sum of \$3000.00.
- C. I bequeath to my son, JAMES A. CLAIR, the sum of \$3000.00.

ARTICLE II

I bequeath, give and devise all of the remainder of my real property and personal effects, collections, household goods, automobiles and all other items of goods and chattels wherever situated to my Husband, EDWIN P. LOWE, JR., of Cook County, Illinois; however, should he predecease me, then in three (3) equal shares, with one (1) share to my son, KENNETH C. CLAIR, one (1) share to my son, KEVIN J. CLAIR, and one (1) share to my son, JAMES A. CLAIR, all of Cook County, Illinois, per stirpes. That is, in the event that any of my children shall predecease me, then their descendants who survive me are to take per stirpes the share which said child would have taken had he survived me.

ARTICLE III

I hereby direct that all insurance policies, savings accounts and securities in existence at the time of my death

LAW OFFICES

Benedict Mayers
Aurelia M. Pucinski

Harlem-Irving Plaza
4228 N. Harlem
Norridge, IL 60634

452-6296
452-5910

*Benedict Mayers
Aurelia M. Pucinski*

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to named beneficiaries and joint tenants shall not be subject to this Will.

ARTICLE IV

If any beneficiary of mine has not attained legal age at the time any property becomes distributable to him or her, the Executor may distribute any part or all of such property to a proper person or a parent or adult relative of the beneficiary as Trustee, against such person's receipt and upon his or her written undertaking to deliver the remainder of his or her property to the beneficiary at the time he or she attains legal age, and in the meantime, to hold it in Trust and use it for the benefit of the beneficiary. Such receipt and written undertaking shall discharge the Executor. However, the Executor may act as Trustee until such beneficiaries reach legal age, disbursing funds to said beneficiaries as their needs arise, final decision being with said Trustee.

ARTICLE V

No person named in this Will shall be deemed to have survived me unless he or she is living on the thirtieth day succeeding the day of my death.

ARTICLE VI

If any beneficiary under this Will in any manner, directly or indirectly, contests or attacks this Will or any of its provisions, any share or interest in my Estate given to that contesting beneficiary under this Will is revoked and shall be disposed of in the same manner provided as if that contesting beneficiary had predeceased me.

ARTICLE VII

I name my Husband, EDWIN R. LOWE, JR., as the Executor of this Will. If, for any reason, he fails or ceases to act

Barbara A. Lowe

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as Executor, then I name as Successor Co-Executors, my sons, KENNETH C. CLAIR, KEVIN J. CLAIR, and JAMES A. CLAIR. I direct that no security on the Executor's bond be required of any of them.

A. I direct my Executor hereinabove named to pay out of the proceeds of my Estate passing hereunder:

1. All expenses of my last illness and my funeral and burial expenses as soon as practicable after my death.
2. All costs of the administration of my Estate.
3. All just debts owed by me at the time of my death.
4. All Estate, inheritance, transfer and succession taxes, (including interest and penalties, if any), which may become due by reason of my death.
5. My Executor shall not seek reimbursement or recover from any person, or charge any person, including any beneficiary of insurance upon my life, any part of any payment made pursuant to this ARTICLE VII.

B. I give the Executor the following powers and discretions in each case to be exercisable without Court Order:

1. To sell at public or private sale, to retain, to lease, to borrow money, and for that purpose to mortgage or to pledge all or part of the real or personal property of my Estate.
2. To settle claims in favor of or against my Estate.
3. To distribute the residue of my Estate in kind or in cash or partly in each, and for this purpose the determination of the Executor as to the value of any property distributed in kind shall be conclusive; and

Barbara A. Love

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4. To execute and deliver any deeds, contracts, mortgages, bills of sale or other instruments necessary or desirable for the exercise of the powers and discretions as Executor.

IN WITNESS WHEREOF, I have signed the Will, consisting of four (4) typewritten pages, and have signed on the margin of these pages, all on February 28th, A.D., 1983.

Pauline A. Lowe (SEAL)
PAULINE A. LOWE

WE certify that in our presence on the date appearing above, PAULINE A. LOWE, signed the foregoing instrument and acknowledged it to be her Will; that at her request and in her presence and in the presence of each other, we have signed our names below as witnesses, and that we believe her to be of sound mind and memory.

Teresa Osika Residing at 4521 N. Overhill
WITNESS Norridge Ill.

Chester J. Osika Residing at 4521 N. Overhill
WITNESS Norridge, Ill.

STATE OF ILLINOIS }
COUNTY OF COOK } SS

AFFIDAVIT

WE, the attesting witnesses to the Will of PAULINE A. LOWE, on oath state that each of us was present on February 28th, 1983, and saw the Testatrix sign her Will, in our presence; that the Will was attested by each of us in the presence of the Testatrix and in the presence of each other; and that each of us believed the Testatrix to be of sound mind and memory at the time she signed the Will.

Teresa Osika
Chester J. Osika

Signed and Sworn to before me
this 28th day of February, 1983.

Benedict Mayers
NOTARY PUBLIC