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Mail to:
Mid America
Title Co.

BOX 158



Doc#: 0333614099
Eugene "Gene" Moore Fee: \$40.00
Cook County Recorder of Deeds
Date: 12/02/2003 11:07 AM Pg: 1 of 9

Property of Cook County Clerk's Office

RECORDING
COVER SHEET

574
⑤

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JOINT TENANCY AFFIDAVIT

MATC file nr: 392389

Carol A. Schmidt, AKA CAROLSCHMIDT, hereinafter referred to as the affiant,
deposes and states that the affiant resides at 1164 Coldspring Rd, E
in the City of Elgin;

That the decedent at the time of his / her death was one of the owners of the property in
Cook County, in the State of Illinois,
legally described as follows:

Property of Cook County Clerk's Office
See attached legal

or described in the Mid America Title Company order number: **392389**

That said decedent died on 8-11-03 leaving no / a Last Will and Testament;

That the total value of the estate of said decedent including his/her taxable interest in the above
real estate is \$ 170,000.00;

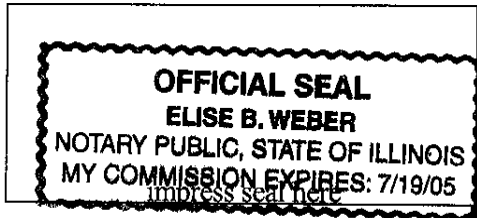
That the Illinois Inheritance Tax and Federal Estate Tax, if any was due from the decedent's estate,
has been paid in full;

That if the decedent had a Will it was not a Joint and Mutual Will; nor was the survivor of the Joint
Tenant allowed under said Will to elect to take any property in lieu of the Joint Tenancy property.

If affiant was the spouse of the decedent, affiant states that they were never divorced in any state or country.

That the affiant makes this affidavit to induce Mid America Title Company to issue a Policy of Title
Insurance on the above described property.

Affiant Carol Schmidt



Given under my hand and notarial seal,

this 29 day of October, 2003.

Elise B. Weber
Notary Public

NAME AND ADDRESS OF PREPARER:

149 N. Virginia St.
Crystal Lake
Illinois 60014

My Commission expires:

NOTE:

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

MID AMERICA TITLE COMPANY

www.matc.com EMAIL: escrow@matc.com

TITLE INSURANCE & ESCROW SERVICES

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THAT PART OF LOT 17 IN COBBLER'S CROSSING UNIT 15, BEING A SUBDIVISION OF PART OF THE EAST HALF OF FRACTIONAL SECTION 7, TOWNSHIP 41 NORTH, RANGE 9, EAST OF THE THIRD PRINCIPAL MERIDIAN ACCORDING TO THE PLAT THEREOF RECORDED AUGUST 6, 1991 AS DOCUMENT NUMBER 91397763 DESCRIBED AS FOLLOWS: COMMENCING AT THE NORTHWEST CORNER OF SAID LOT 17, THENCE SOUTH 83 DEGREES 14 MINUTES 21 SECONDS EAST ALONG THE NORTHERLY LINE OF SAID LOT 17, 59.25 FEET TO A POINT FOR A PLACE OF BEGINNING, THENCE CONTINUING SOUTH 83 DEGREES 14 MINUTES 21 SECONDS EAST ALONG THE NORTHERLY LINE OF SAID LOT 17, 26.00 FEET, THENCE SOUTH 06 DEGREES 45 MINUTES 39 SECONDS WEST, 115.20 FEET TO THE SOUTHERLY LINE OF SAID LOT 17, THENCE WESTERLY ALONG THE SOUTHERLY LINE OF SAID LOT 17, BEING A CURVED LINE CONVEX NORTHERLY AND HAVING A RADIUS OF 528.00 FEET, AN ARC DISTANCE OF 20.96 FEET TO A POINT OF TANGENCY IN SAID LINE, THENCE NORTH 87 DEGREES 44 MINUTES 21 SECONDS WEST ALONG THE SOUTHERLY LINE OF SAID LOT 17, 5.09 FEET, THENCE NORTH 06 DEGREES 45 MINUTES 39 SECONDS EAST, 116.83 FEET TO THE PLACE OF BEGINNING IN COOK COUNTY, ILLINOIS.

PIN 06 07-409-089

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DECEDENT'S BIRTH NO.
REGISTRATION DISTRICT NO. 45. 0b
REGISTERED NUMBER 435

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED - NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
LEWIS LEONARD SCHMIDT Male June 14, 2003
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) (IF I.C.S.P. OR INST. INDICATE D.O.A. E.g. Emer. Room)
Elgin Sherman Hospital

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
Philadelphia, PA Married
SOCIAL SECURITY NUMBER USUAL OCCUPATION NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
155-42-3956 President Carol A. Asper
RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
1164 Coldspring Road Elgin Alpha Communication 12
STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY YES OR NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, E)
Illinois 60120 White No

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST
Harry Schmidt Rose Baione
INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILED ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
Carol Schmidt 17a Wife 1164 Coldspring Rd. Elgin, IL 60120

18. PART I. Enter the disease, or complications that caused the death. Do not note the mode of dying, such as cardiac or respiratory arrest, stroke, or heart failure. List only one cause on each line.
Immediate Cause (Final disease or condition resulting in death) (a) Acute Heart Transplant Rejection
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) Heart Transplant
CAUSE LAST. DUE TO, OR AS A CONSEQUENCE OF (c) 9 months

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION
20a. 20b. 19a. NO 19b. YES
IF FEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES NO

1 (I DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)
21a. June 11 2003
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) YES
21c. HOUR OF DEATH 6:30 A.M.
21d. DATE SIGNED (MONTH, DAY, YEAR) 6/16/03

22a. SIGNATURE AND ADDRESS OF CERTIFIER (TYPE OR PRINT) NAME AND ADDRESS OF CERTIFYING AGENCY, IF OTHER THAN CERTIFIER (TYPE OR PRINT)
George Mullen, MD, Carthage Medical Association, Elgin, IL
22b. ILLINOIS LICENSE NUMBER 036-057900
NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a. Burial St. Michael Cemetery 24c. Palatine, Illinois 24d. June 17, 2003
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
25a. Ahlgrim & Sons Funeral Home 330 W. Golf Road, Schaumburg, Illinois 60195
FUNERAL DIRECTOR'S SIGNATURE (TYPE OR PRINT) NAME AND ADDRESS OF FUNERAL HOME (TYPE OR PRINT)
25b. Jansen J. Camp 25c. 034-01572
LOCAL REGISTRAR'S SIGNATURE (TYPE OR PRINT) NAME AND ADDRESS (TYPE OR PRINT) DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. John A. Cunningham 26b. June 17, 2003

DISPOSITION
Funeral Director's Signature: Jansen J. Camp
Local Registrar's Signature: John A. Cunningham
Date Filed: June 17, 2003
Illinois Department of Public Health - Division of Vital Records
Form 2620 (REV. 5/89) (BASED ON 1989 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY that the foregoing is a true and correct copy of the record on file in my office.
Dated at Elgin, Illinois on June 17, 2003
Signed Janis Barnhart
DEPUTY LOCAL REGISTRAR

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LAST WILL AND TESTAMENT

OF

LEONARD L. SCHMIDT

I, LEONARD L. SCHMIDT, of the County of Cook and State of Illinois, declare this to be my Last Will and revoke all Wills and Codicils heretofore made by me.

I am married to CAROL A. SCHMIDT, and on the date hereof, we have two (2) children: DAWN M. WELCH and MICHAEL J. SCHMIDT.

DISPOSITION OF MY ESTATE

Disposition. I give my entire estate to my spouse, if my spouse survives me, otherwise to my children surviving me, in equal shares to be theirs absolutely. If any child of mine is not living at the time such child is entitled to a share of my estate, then the share of such deceased child shall pass to and be divided equally among the children of such deceased child. However, if any such deceased child should have no children surviving, then the share of such deceased child shall be divided equally among my surviving children.

Bequests of Tangible Personal Property. I give all of my personal effects, household goods, automobiles, and all other goods and chattels to my spouse, if my spouse survives me, otherwise to my children who survive me in shares of substantially equal value.

Trust Provision. In the event that my son, MICHAEL J. SCHMIDT, has not attained the age of twenty-one (21) years at the time of my death and my said spouse has not survived

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me as aforesaid, then I give, devise and bequeath my entire estate to my daughter, DAWN M. WELCH, in trust for the benefit of both my children for the following uses and purposes:

- A. The trustee shall distribute to each child of mine so much or all of the net income and principal thereof as the trustee determines, from time to time, to be reasonably necessary for the child's support, education and medical care, considering the child's other resources known to the trustee and the present and prospective needs of the other child or children. Education shall not be limited to high school but shall include accredited college or university undergraduate education as may be desired until the termination of this trust.
- B. No annual account shall be required of the trustee herein named by me. I request that the trustee nominated or appointed by me herein shall not be required to post a surety bond or other security other than her personal bond, if required by the Court.
- C. The trustee shall have full authority and power to retain or sell any property belonging to the trust and to invest and reinvest prudently the trust property in bonds, stocks, mortgages, notes or other property of any kind, real or personal, suitable for investment of trust funds.
- D. No person or corporation dealing with the trustee shall be required to inquire into the terms of the trust or see that they are complied.
- E. The trustee shall have full power to pay all costs, taxes, expenses and charges, in connection with the administration of the trust created herein and to deem whether such

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payment shall be charged against principal or income. The trustee shall receive no compensation for acting as trustee.

F. The trustee shall have all of the powers with relation to the trust hereinafter given my executor with relation to my estate.

G. The trustee, in the exercise of her sound discretion, is authorized to transfer the situs of the trust or any of the trust assets to any other jurisdiction if deemed advantageous to the beneficiaries.

H. It is my will that when my son, MICHAEL J. SCHMIDT, has attained the age of twenty-one (21) years, that the trustee deliver to each beneficiary a statement of the affairs of this trust and make final distribution as of that date of the trust fund to the beneficiaries.

Survivorship Clause. No person hereinabove named or described in this will shall be deemed to have survived me unless he or she is living on the sixtieth (60th) day after the day of my death.

EXECUTOR

Appointment of Executor. I name my spouse as the executor of this will. If, for any reason, my spouse fails or ceases to act as executor, I name my daughter, DAWN M. WELCH, as executor.

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

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Debts, Expenses and Taxes. I direct the executor to pay from the residue of my estate hereunder, without apportionment or reimbursement, all of my unsecured debts, all expenses of administration of property wherever situated passing under this will or otherwise and all estate, inheritance, transfer and succession taxes other than any tax on a generation-skipping transfer which is not a liability of my estate (including interest and penalties, if any) which become due by reason of my death.

Powers of Executor. In addition to the powers and discretions conferred upon my executor by law, my executor is hereby authorized, without obtaining any order of court, to (a) sell any or all of my real or personal property at either public or private sale, (b) settle all claims either in favor or against my estate, and (c) to execute and deliver all proper conveyances necessary to the administration of my estate.

GUARDIAN

Appointment of Guardian. If my spouse does not survive me, I designate my daughter, DAWN M. WELCH, as the guardian of the person and estate of MICHAEL J. SCHMIDT, our minor child.

No Sureties Required. I direct that no security on the guardian's bond be required of any guardian named herein.

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IN WITNESS WHEREOF, I have signed this my will, this 18 day of December,

1998

Leonard L. Schmidt (SEAL)
LEONARD L. SCHMIDT

We, the undersigned, hereby certify that the foregoing instrument was on the date hereof signed, and declared by the Testator to be the Testator's will, in the presence of us, who in the Testator's presence and in the presence of each other have, at the Testator's request, subscribed our names as witnesses of the execution thereof the date above written, and we hereby certify that at the time of the execution hereof we believe the Testator to be of sound and disposing mind and memory and under no constraint.

Eugene Di Monte Residing at 10 Shoreline Dr
So Barrington Ill.

Mary Rita Di Monte Residing at 10 Shoreline Dr
So Barrington Ill.