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STATE OF ILLINOIS }
COUNTY OF COOK }

Doc#: 0509103063
Eugene "Gene" Moore Fee: \$66.50
Cook County Recorder of Deeds
Date: 04/01/2005 12:01 PM Pg: 1 of 7

AFFIDAVIT OF HEIRSHIP

NOW COMES the Affiant, Gladys Schliemann, and after being duly sworn, on oath states as follows:

1. That the Affiant, Gladys Schliemann, is the daughter of the Decedent, Grace Swart, and is of legal age and resides at 520 Dogwood NW, in the City of Demotte, Indiana, 46310.
2. That the Decedent, Grace Swart died on August 16, 2000 testate (a copy of her Will is attaced) as evidenced by a copy of death certificate of the deceased Attached hereto.
3. A copy of the Decedent's will has been filed in the unproven will box in Cook County, Illinois.
4. The Decedent had seven children, namely: Lois Menninga, Sharon Rosengard, Gladys Schliemann, Kenneth John Swart, Gene Swart, Clifford Swart and Earl Swart.
5. That the Affiant was the Devisee of the Decedent's Will.
6. That there are no estate or inheritance taxes due in connection with the Estate of Grace Swart
7. That this Affidavit is prepared in order to complete the conveyance of the property located at 2110 w. 170th St., Hazel Crest, IL 60429, and which said property is legally described as follows:

LOTS 5 AND 6 IN BLOCK 6 IN ORCHARD RIDGE ADDITION TO SOUTH HARVEY, IN SECTION 30, TOWNSHIP 36 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N. 29-30-121-052 & 29-30-121-053

Further Affiant sayeth naught.

Gladys J. Schliemann
Gladys Schliemann

MAIL TO
COMMUNITY TITLE COMPANY
FILE NO 2005

3870 W 80th Ln
Merrillville In
46410

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Subscribed and sworn to before me by the said Gladys Schliemann this 29th day
of MARCH, 2005.


Notary Public

County of residence: PORTER

My commission expires: 5-13-2011

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LAST WILL AND TESTAMENT

OF

GRACE SWART

I, GRACE SWART, of Hazel Crest, Illinois, make this my Will and revoke all prior Wills and Codicils.

FIRST: My executor shall pay from the residue of my estate all expenses of my last illness and funeral, costs of administration including ancillary, costs of safeguarding and delivering legacies, other proper charges against my estate, and estate and inheritance taxes assessed by reason of my death.

SECOND: I have seven children now living, namely: LOIS MENNINGA, SHARON ROSENGARD, GLADYS SCHLIEMANN, KENNETH JOHN SWART, GENE SWART, CLIFFORD SWART and EARL SWART.

THIRD: I give all my personal effects, household goods, and all other goods and chattels to my daughter GLADYS SCHLIEMANN.

FOURTH: All the residue of my estate, wherever situated, I give to my daughter GLADYS SCHLIEMANN. I am leaving everything to her instead of to all of my children because she takes care of me. If GLADYS SCHLIEMANN does not

Grace Swart

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survive me, the residue shall be divided into equal shares so as to create one share for each then living child of mine and one share for the then living descendants, collectively, of each deceased child of mine. Each share created for a living child shall then be distributed to such child and each share created for the descendants of a deceased child shall be distributed per stirpes to such descendants. If a descendant is a minor, payment may be made for the benefit of the descendant to a custodian under a Uniform Transfers to Minors Act.

FIFTH: I name my daughter GLADYS SCHLIEMANN executor of this will. If she fails or ceases to act I name my son, KENNETH JOHN SWART, as Executor.

I give my executor power, without authorization of any court, to invest in bonds, stocks, notes or other property, lease, borrow with or without security from any lender including an executor hereunder individually, sell or exchange all or any part of my estate, real or personal, for such prices and upon such terms as my executor deems proper; to compromise, contest, prosecute or abandon claims in favor of or against my estate; to divide or distribute my estate in cash or in kind, or partly in each, or in undivided interests or in different assets or disproportionate interests in assets and to value my estate for such purposes; to deal with the fiduciary of any trust or estate in which any beneficiary under this will has an interest, though an executor hereunder is

Grace Swart

such fiduciary; and to execute and deliver necessary instruments and give full receipts and discharges. No bond or security shall be required of any executor wherever acting.

IN WITNESS WHEREOF I have signed this will, consisting of three pages, this page included, and for the purpose of identification have signed in the margin of each page other than this page, this 18 day of Sept, 1996.

Grace Swart

We certify that the above instrument was on the date thereof signed and declared by GRACE SWART as her will in our presence and that we, at her request and in her presence and in the presence of each other, have signed our names as witnesses thereto, believing GRACE SWART to be of sound mind and memory at the time of signing.

Mitchell Berglund Residing at 17450 Holsted - St. Paul Federal
19137 Loomis Ave

Homerus, Ill
798-4523 - Home
798-3049

Mary Gore Residing at 2123 W. 170th St.

Hazelcrest, Ill. 604
(312) 236-4646
downtown

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AURELIA PUCINSKI
Clerk of the Circuit Court
- Probate Division
Room 1202, Richard J. Daley Center
Chicago, Illinois 60602

SEP 08 2000

Received of Overgaard & Davis

An instrument purporting to be the last will and
testament of Grace Swart Dec'd

Containing 3 Pgs. Dated September 18, 1996

Date of Death August 16, 2000

AURELIA PUCINSKI

CCP-112

By

Deputy Clerk

Property of Cook County Clerk's Office

SEP 11 2000
00323-0 10 11 31

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STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0 REGISTERED NUMBER

Form with fields for DECEASED-NAME (GRACE SWART), COUNTY OF DEATH (COOK), DATE OF DEATH (AUG. 16, 2000), SEX (FEMALE), DATE OF BIRTH (JAN. 19, 1909), HOSPITAL OR OTHER INSTITUTION (MANORCARE HEALTHCARE), MANNER OF DEATH (NATURAL CAUSE), CAUSE OF DEATH (HEART FAILURE), and SIGNATURE (NICKI CANNATA).

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths, and deaths.

DATE August 18, 2000 SIGNED Nicki Cannata

At Cook County Dept. of Public Health Official Title Chief Deputy Registrar

1010 Lake Street Oak Park, IL 60301

RECORDED August 18, 2000