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JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF COOK) SS



Doc#: 0532935397 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 11/25/2005 11:30 AM Pg: 1 of 9

7/5
13211860

Thomas A. Borow,
hereby referred to as the affiant, states under
oath that the affiant resides at
28 W 250 Flanders Lane

In the City of Winfield,
State of Illinois;

that the affiant was acquainted with
Mary C. Wojcieszek,

the decedent; at the time of death, the
decedent was one of the owners of property,
by virtue of a properly recorded joint
tenancy deed, said property located in
Cook County, State of

Illinois, and legally
described as follows:

Lots 7 and 8 in Block 9 in John Cudahy's Third Addition to Chicago, a Subdivision in the
North East quarter of Section 33, Township 33 North, Range 13, East of the Third Principal
Meridian, in Cook County, Illinois.

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D

The decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

The decedent died on August 27, 2001, leaving ~~no~~ a last will and testament.

The total value of decedent's estate, including the taxable interest in the above property was \$ 400,000, and that the value of the above property individually was \$ 220,000.

The State and Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, has been paid in full;

The affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc. (ATG) to issue its policy of title insurance on the above described property.

ATG Search
33 N. Dearborn
#650
Chicago, Illinois 60602

UNOFFICIAL COPY**JOINT TENANCY AFFIDAVIT
(continued)**

The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that ATG may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of Mary C. Wojtaszek, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

Thomas A. Borow (Seal)
Thomas A. Borow

(Seal)

Subscribed and sworn to before me this

27 day of October, 2005
Month Year

Maureen Moskal
(Notary Public)

"OFFICIAL SEAL"
MAUREEN MOSKAL
Notary Public, State of Illinois
My Commission Expires 03/26/2009

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

This instrument prepared by:

Moskal & Associates, Ltd. by Maureen Moskal
(Name)

15601 South Cicero Avenue, Suite 101
(Address)

Oak Forest, Illinois 60452
(City, State, Zip)

Return to:

Moskal & Associates, Ltd.
(Name)

15601 South Cicero Avenue, Suite 101
(Address)

Oak Forest, Illinois 60452
(City, State, Zip)

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DISTRICT NO. 2
 REGISTERED NUMBER 03847
 MEDICAL CERTIFICATE OF DEATH

DECEASED NAME: FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
 1 Mary C. Wojtaszek 2 Female 3 August 27, 2001

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)
 4 DuPage 5a 91 5b 5c 5d August 15, 1910

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP OR INST. INDICATE D.O.A. OR ENTER "IN PATIENT" (SPECIFY)
 6a Naperville 6b St. Patrick's Nursing Home 6c Inpatient

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
 7a Cicero, Illinois 8a Never Married 8b - 9 No

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
 10 336-10-3826 11a Secretary 11b Church 12 10

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY COUNTY
 13a 5115 W. 31st. St. 13b Cicero 13c Cook

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
 13d Illinois 13e 60804 14a White 14b NO YES SPECIFY:

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST
 15 Ignatius Wojtaszek 16 Pauline Majka

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
 17a Emily Wojtaszek 17b Sister 17c 5115 W. 31st. St. Cicero, IL 60804

PART I. 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. APPROPRIATE WILL ONLY BE THE "FINAL" CAUSE OF DEATH

1. Cause of Death (Final disease or condition resulting in death)
 (a) ADVANCED ARTERIOSCLEROSIS DUE TO, OR AS A CONSEQUENCE OF

2. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST
 (b) DUE TO, OR AS A CONSEQUENCE OF

3. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. AUTOPSY (YES/NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO)
 19a NO 19b

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
 20a 20b 20c YES NO

(1) DID (2) DID NOT ATTEND THE DECEASED (MONTH, DAY, YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH
 21a 8-27-01 21b Yes 21c 9:30 P. M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MONTH, DAY, YEAR)
 22a SIGNATURE 22b 08-28-01

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
 22c Dr. Zofia Cygan 640 S. Washington St. Naperville, IL 60570 22d 036074324

NAME OF ATTENDING PHYSICIAN (OTHER THAN CERTIFIER) (TYPE OR PRINT) 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 Burial 24b Resurrection 24c Justice, Illinois 24d August 30, 2001

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
 25a Suburban Family Funeral Home 5940 W. 35th. St. Cicero, Illinois 60804

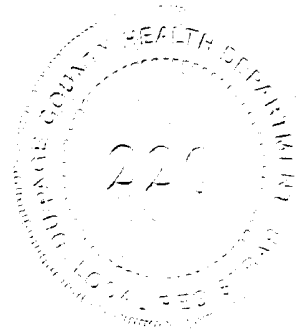
FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
 25b Stanley Jan Kulawski 25c 034-011746

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
 26a [Signature] 26b AUG 28 2001

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS



111 North County Farm Road
Wheaton, Illinois 60187



This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

Local Registrar

Local Registrar

Not valid without the embossed seal of DuPage County Health Department

UNOFFICIAL COPY**LAST WILL AND TESTAMENT****OF****MARY CATHERINE WOJTASZEK**

I, MARY CATHERINE WOJTASZEK, a resident of Cicero, Illinois, declare this to be my Will, and I revoke all other wills and codicils that I may have made.

**ARTICLE I
FAMILY IDENTIFICATION**

I am not married and I have no children. I have two siblings, namely THEODORE JOHN WOJTASZEK and EMILY CATHERINE WOJTASZEK.

**ARTICLE II
SETTLEMENT OF ESTATE**

I direct my Executor to pay from the principal of my residuary estate the expenses of my last illness and funeral, claims allowable against my estate, the costs of administration of my estate, wherever situated, and all estate, inheritance, transfer or succession taxes which may become due by reason of my death, other than any tax on a generation-skipping transfer which is not a liability of my estate. Interest and penalties shall be paid in the same manner as any tax. My Executor shall not seek contribution or reimbursement for any such payments, except to the extent my Executor has the right by law or otherwise to seek contribution or reimbursement for taxes payable by reason of property over which I have a power of appointment or in which I have an income interest for life for

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which a federal estate tax marital deduction has been elected and allowed.

My Executor's selection of assets to be sold to make the foregoing payments or to satisfy any pecuniary legacies, and the tax effects thereof, shall not be subject to question by any beneficiary. The balance of my estate which remains after the foregoing payments have been made or provided for shall be disposed of as hereinafter provided.

ARTICLE III BEQUEST OF PERSONAL PROPERTY

I give all of my personal effects, household goods, automobiles, and all other items of goods and chattels, wherever situated, and any insurance policies thereon, to my siblings who survive me, in shares of equal value, to be divided among them as they agree. My Executor shall sell any property as to which they cannot agree within one hundred and eighty (180) days after my death and shall add the proceeds of such sale to the residue of my estate.

ARTICLE IV DISPOSITION OF RESIDUE

All the residue of my estate, wherever situated, but not including any property over which I may have power of appointment at my death, I give to my siblings in shares of equal value. In the event none of my siblings survive me then I give fifty percent (50%) of my residuary estate to THOMAS and KAREN BOROW of Winfield, Illinois, *per stirpes* and fifty percent (50%) to DICK and RITA PRIBYL of Bettendorf, Iowa, *per stirpes*.

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ARTICLE V APPOINTMENT OF EXECUTOR

1. Appointment. I appoint THOMAS BOROW of Winfield, Illinois as Executor of this Will. If for any reason THOMAS BOROW becomes unable to act as Executor, I appoint RITA J. PRIBYL of Bettendorf, Iowa to act as Executor hereunder. If for any reason RITA J. PRIBYL becomes unable to act as Executor, I appoint THE NORTHERN TRUST COMPANY of Chicago, Illinois to act as Executor of this Will. The term "Executor" shall mean the executor or executors from time to time qualified and acting under this Will. The compensation of the individual executors shall be the amount recommended by the Chicago Bar Association in its schedule of executors' fees, in addition to the expenses they incur in acting as executors. Any executor can waive a portion of or all of the allowable fee so computed. The compensation of any corporate executor shall be according to their schedule of rates in effect from time to time.

2. Powers. I grant to my Executor all the powers and discretion with respect to my estate during administration that the Trustee is given with respect to the trust property, including the power to sell real or personal property at public or private sales and to hold title to property in the name of a nominee, all to be exercised without court order, except that, as to property subject to administration outside the state of my domicile, only with the approval of my domiciliary Executor.

3. Elections. My Executor may make any election permitted under the tax laws that my Executor deems advisable, without regard to its effect on the relative interests of the beneficiaries. No adjustments between principal and income, nor with respect to the relative interests of the beneficiaries, shall be made to compensate for the effect of elections, either under the tax laws or

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under settlement options available for any employee benefit plan or individual retirement account, made by my Executor or by any trustee. The action of my Executor shall be binding on all persons.

4. Special Executor. If the appointment of an executor of my estate is necessary or desirable in any jurisdiction in which any executor otherwise acting (my "principal Executor") is unable or unwilling to act, I appoint as my Executor in that jurisdiction such individual or corporation as my principal Executor may designate in writing, to act without bond and to have all the powers and discretion with respect to my estate in that jurisdiction during administration that my principal Executor is given with respect to the balance of my estate, to be exercised without court order, but only with the approval of my principal Executor.

5. Independent Administration. I direct my Executor, where permitted by law, to administer my estate independently of any court supervision, except that my Executor shall not be required to elect independent administration if it determines that such administration is not in the best interests of my estate. No security or bond shall be required on the part of any executor wherever acting.

ARTICLE VI MISCELLANEOUS

1. Governing Law. This document shall be governed by and interpreted in accordance with the laws of Illinois.

2. Heirs at Law. If pursuant to the provisions of this Will any assets shall become distributable at any time to my "heirs-at-law" such assets shall be distributed in accordance with the laws of descent of the State of Illinois in force and effect at the time of my death determined as of the date of such distribution.

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Property of Cook County Clerk's Office

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
PROBATE DIVISION

ESTATE OF

Mary Catherine Wojtaszek

NO. 2001 P 8747
DOC. 083
PAGE. 450

I HEREBY CERTIFY THAT THE DOCUMENT TO WHICH THIS
CERTIFICATION IS AFFIXED IS A COPY OF LAST WILL
AND TESTAMENT

PROVED AND ADMITTED TO RECORD IN OPEN COURT
ACCORDING TO THE LAWS AND USAGES OF THE STATE
OF ILLINOIS ON Nov 9 2001 BY

James W. Kennedy JUDGE

Jan 21 2005
Norothy Brown
CLERK OF THE CIRCUIT COURT
OF COOK COUNTY, ILLINOIS