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STATE OF ILLINOIS) COUNTY OF COOK

Doc#: 0921129011 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 07/30/2009 11:22 AM Pg: 1 of 3

NOTICE

I, ANDREW KRUPA, hereby referred to as the affiant, states under oath that the affiant does hereby give notice of the death of ROBERT KRUPA on June 1, 2009; and that at the

time of death the decedent was trustee of the Robert Krupa Declaration of Trust dated April 13, 2007, Trust #1, which contains the following property by virtue of a properly recorded deed, deeding into trust said property located in Cook County, Illinois, and legally described as per the attached:

Address of Property: \.\941 N. Troy, Chicago, IL 60618 P.I.N. 03-25-120-035-0000

That the Robert Krupa Declaration of Trust dated April 13, 2007, Trust #1, is in full force and effect, and that Andrew Krupa is the currently acting trustee pursuant to the terms of the Trust Agreement;

That all funeral expenses have been paid, and there are no unpaid debts of the decedent.

That the decedent had no interest in any business of 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;

That the decedent died on June 1, 2009, as evidenced by a ce tified copy of his death certificate attached hereto, leaving a last will and testament, which was filed on June 9, 2009, with the Clerk of the Circuit Court of Cook County,

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

That the affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, ir. it issue its policy of title insurance on the above described property.

The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold Attorneys' Title Guaranty Fund, Inc. harmless and to reimburse The Fund for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which The Fund 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 ROBERT KRUPA, the decedent;

2. Illinois Estate 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.

Michael J. Cornfield

Subscribed & Sworn to before me this

MICHAEL J. CORNFIELD NOTARY PUBLIC, STATE OF ILLINOIS Av Gemmission Expires 12/6

6153 N. Milwaukee Ave., Chicago, IL 60646

Affidavit prepared by and return to:

0921129011 Page: 2 of 3

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LEGAL DESCRIPTION

THE SOUTH HALF OF LOT 4 IN THE SUBDIVISION OF THE NORTH HALF OF THE EAST HALF OF THE WEST HALF OF THE SOUTH WEST QUARTER OF THE NORTH WEST QUARTER OF SECTION 25, TOWNSHIP 40 NORTH, RANGE 13, PAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

1 N. S. OPCOOK COUNTY CLERK'S OFFICE Address of real estate: 2941 N. Troy, Chicago, IL 60618

P.I.N.: 13-25-120-035-0660

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CITY OF CHICAGO OFFICE OF VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2009 0029989

DATE ISSUED

06/16/2005

DECEDENT'S LEGAL NAME ROBERT H KRUPA									DATE OF DEATH JUNE 01, 2009			
COUNTY OF DEATH AGE AT LAST BIRTHDAY DATE OF BIR								MALE	JUNE	υτ, 2009		
COOK	81 YEARS JULY 21, 1							7.5				
CHICAGO					3	7	INSTITUTION HOSPITAL					
PLACE OF DEATH INPATIENT	Ews.					***************************************						
BIRTHPLACE	soc	CIAL SECURIT	Y NUMBER	MARITAL S	ARITAL STATUS AT TIME OF DEATH SURVIVING			SPOUSE'S NAME			ER IN U.S. ARMED	
CHICAGO, IL	348-20-0443			NEVER MARRIED					FORCES? YES			
RESIDENCE 2941 N TROY ST		4. 14. 1		AP	T. NO.	1	OR TOWN			. F	DE CITY LIMITS?	
COOK	S (ATE	ZIP CODE 60618		FATHER'S NAME JOHN KRUPA						ME PRIOR TO FIRST MARRIAGE RUTKOWSKI		
INFORMANT'S NAME ANDREW KRUPA		RELATIONSHIP BROTHER					MAILING ADDRESS 1220 WALNUT GLEN DRIVE, DRYSTAL LAKE JL, 60014					
METHOD OF DISPOSITION		PLACE OF DISPOSITION				£.0	LOCATION - CITY OR TOWN AND STATE DAT				ATE OF DISPOSITION	
CREMATION MONARCH CREM					ORY FRANKLIN PARK,			PARK, IL	JUNE 05, 2009			
FUNERAL HOME COLONIAL-WOJCIECH	HOWSK	I FH, 6250	N. MILW	AUKEE AV	/ENUE, CHIC	AGO, IL	., 60646	-				
FUNERAL DIRECTOR'S NAME FUNERAL DIRECTOR'S NAME FUNERAL DIRECTOR'S NAME							FUNERAL DIREC 034010057	AL DIRECTOR'S ILLINOIS LICENSE NUMBER 010057				
LOCAL REGISTRAR'S NAME TERRY MASON MD	ARIS NAME DATE FILE							DATE FILED WITH	H LOCAL RE	GISTRAR		
CAUSE OF DEATH PAR	TI. ACI	UTE MYOCA	RDIAL INF	ARCTION		<u> </u>		30112 11,20			****	
IMMEDIATE CAUSE	a.				T_{\wedge}				ATE WEEN		WEEKS	
(Final disease or condition resulting in death)	ь. CO	RONARY AR	TERY DIS		o (or as consequent	ce of):			- 1884 6			
на колото (1867)	<u> </u>	1118.20						i dia	APPROX		YEARS	
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	-			Due to	o (or as a consequenc	ie oft:			- 1	4	ia - a la l	
PART II, Enter other significant of CONGESTIVE HEART FA	oriditions	contributing	o death bu	t not resulting	in the underlying	cause give	In PARTI	WAS WAS	AN AUTOPS	Y PERFOR	MED? NO	
CONGESTIVE HEART FAILURE; SEPSIS; BILATERAL PNEUMONIA; HYPOTHYROIDISM; HYPOPROTE" E IIA									RE AUTOPSY FINDINGS USED TO MPLETE CAUSE OF DEATH? N/A			
DID TOBACCO USE CONTRIBUT	GNANCY STATUS					MANNER OF DEATH						
UNKNOWN			NOT API	PLICABLE			1.	1 0	TURAL		tina ela el antaria de la	
DATE OF INJURY		71	ME OF INJU	JRY	PLACE OF IN	JURY				Į ir	JURY AT WORK	
LOCATION OF INJURY					· · · · · · · · · · · · · · · · · · ·	• • • • • • • •						
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ATTEND THE DESCRIPTION										CA		
ATTEND THE DECEASED? YES	JUNE 01, 2009			WAS MEDICAL EXAMINER OR DATE PI CORONER CONTACTED? UNKNOWN			ONOUNCED	OUNCED TIME OF DEATH 11:50 AM				
CERTIFIER PHYSICIAN			12 - 13 - 13 - 13 - 13 - 13 - 13 - 13 -	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	3				DATE GE		4 - 5255 Av	
NAME ADDRESS AND ZIP CODE EDGAR A BORDA MD,	OFPERS	ON COMPLET	ING CAUSE CHICAC	E OF DEATH GO. (LLING	NS. 60657				PHYS	ICIAN'S LIC	ENSE NUMBER	
									1 0.	36068617		

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



Jerry Mason, M.D.
Local Registra

This copy not valid unless displaying rained sexis and registrar signature.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

