

UNOFFICIAL COPY

①

STATE OF IL)
COUNTY OF COOK) SS



Doc#: 1509750019 Fee: \$44.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 04/07/2015 11:03 AM Pg: 1 of 4

CAMBRIDGE TITLE COMPANY
3100 Dundee Road, Suite 908
Northbrook, IL 60062

AFFIDAVIT OF HEIRSHIP And INDEMNITY AGREEMENT

1569006

The undersigned, being first duly sworn on oath, depose and state that they are the heirs of **MARIE M WANTUCH**, hereinafter referred to as "the decedent," who died a resident of **5019 N MEADE AVE, CHICAGO, IL 60630** on DECEMBER 16, 2014. A copy of her death certificate is attached.

The decedent was married once during her lifetime to **BOLESLAW J WANTUCH**, who predeceased her. Two children were born or adopted as issue of this marriage, namely **JEFFRY WANTUCH** and **DARLENE LOCHBIHLER**.

The decedent died intestate.

The gross value of the decedent's entire personal and real estate does not exceed \$155,750.00 and consists primarily of the real estate known as **5019 N MEADE AVE, CHICAGO, IL 60630**.

No federal or state estate or inheritance tax will be due or payable as the result of the decedent's death.

All of decedent's funeral expenses have been paid in full and there are no other known unpaid claimants or contested claims against the decedent or his estate.

The undersigned are unaware of any dispute or potential conflict as to the heirship of the decedent.


The foregoing statements are made under the penalties of perjury and the undersigned understands that a fraudulent statement made under penalties of perjury is perjury, as defined by Section 32-2 of the Illinois Criminal Code of 1961.

The purpose of this Affidavit and Indemnity Agreement is to induce COMMONWEALTH LAND TITLE INSURANCE COMPANY through Cambridge Title Company, to issue its owner's title insurance policy covering title to the real estate known as **5019 N MEADE AVE, CHICAGO, IL 60630**, showing title in **JEFFRY WANTUCH** and **DARLENE LOCHBIHLER, AS**


UNOFFICIAL COPY

SOLE HEIRS OF THE ESTATE OF MARIE M WANTUCH, DECEASED, subject only to standard or general exceptions contained in such policies issued by the company, specifically waiving any title objections with regard to the estate of the decedent. In consideration therefore, the undersigned for themselves, their heirs, executors, representatives and assigns, agrees to indemnify and hold said title insurer and its agent harmless from and against any and all manner of actions, causes of actions, judgments, executions, debts, taxes, claims and demands of every kind and nature whatsoever against the decedent or his estate which may now exist or hereafter arise for any reason whatsoever, and further agrees to reimburse said title insurer and its agents for any expense, including reasonable attorney fees, incurred with regard to any such action or claim that may be brought and including any such expense or fees in enforcing this agreement.

Dated this 25th day of February, 2015



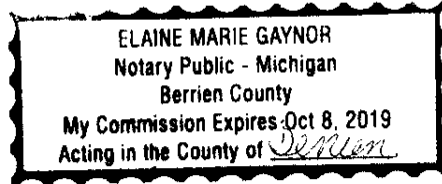
Jerry Wantuch



Darlene Lochbihler

Property of Cook County Clerk's Office

UNOFFICIAL COPY



STATE OF MICHIGAN)
COUNTY OF Berrien) SS

Subscribed and sworn to before me by **JEFFRY WANTUCH**, personally known to me to be the same person whose name is subscribed to the foregoing instrument, as his/her free and voluntary act, for the uses and purposes therein set forth.

Dated: 9/24, 2015.

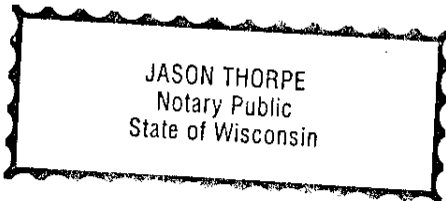
Elaine Marie Gaynor
Notary Public
Commission Expires: Oct 8, 2019

STATE OF WISCONSIN)
COUNTY OF Oran) SS

Subscribed and sworn to before me by **DARLENE LOCHBIHLER**, personally known to me to be the same person whose name is subscribed to the foregoing instrument, as his/her free and voluntary act, for the uses and purposes therein set forth.

Dated: 9/25, 2015.

Jason Thorpe
Notary Public
Commission Expires: _____



LEGAL DESCRIPTION

My Commission Expires August 30, 2015

THE SOUTH 31 FEET OF THE NORTH 62 FEET, SIX INCHES OF LOT 8 IN BLOCK 7 IN ANGELINE DYNIEWICZ PARK, BEING A SUBDIVISION OF THE NORTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 8, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Commonly known as 5019 N MEADE AVE, CHICAGO, IL 60630

PIN: 13-08-312-019-0000

UNOFFICIAL COPY

STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
ORIGINAL CERTIFICATE OF DEATH
FACT OF DEATH

STATE FILE DATE: DECEMBER 19, 2014
STATE FILE NUMBER: 2014047458

1. DECEDENT'S NAME First: MARIE Middle: MAGDALENA Last: WANTUCH		2. SOCIAL SECURITY NUMBER [REDACTED]-2017		3. DATE PRONOUNCED DEAD DECEMBER 16, 2014	
4. TIME PRONOUNCED DEAD (24hr) 19:25		5. AGE 89 YEARS		6. DATE OF BIRTH FEBRUARY 26, 1925	
7. SEX FEMALE		8. CITY, VILLAGE, OR TOWNSHIP OF DEATH FOX POINT (VILLAGE)		9. COUNTY OF DEATH MILWAUKEE	
10. PLACE OF DEATH DECEDENT'S RESIDENCE - HOSPICE CARE 8617 NORTH MANOR LANE (AURORA VNA HOSPICE)					
11. FACILITY NAME AND ADDRESS OF DEATH 8617 NORTH MANOR LANE (AURORA VNA HOSPICE)					
12. RESIDENCE ADDRESS 8617 NORTH MANOR LANE					
13. RESIDENCE CITY, VILLAGE, OR TOWNSHIP FOX POINT (VILLAGE)					
14. RESIDENCE COUNTY MILWAUKEE					
15. RESIDENCE STATE WISCONSIN					
16. MARITAL STATUS WIDOWED					
17. WI DOMESTIC PARTNERSHIP NO					
18. SURVIVING SPOUSE'S BIRTH NAME POLAND					
21. FATHER'S BIRTH NAME VICTOR SUROWIEC					
22. MOTHER'S BIRTH NAME EMILY TRACHNEWICZ					
23. INFORMANT'S NAME DARLENE LOCHBIHLER					
24. INFORMANT'S MAILING ADDRESS 8150 NORTH RIVER ROAD, RIVER HILLS, WI 53217					
25. NAME AND ADDRESS OF FUNERAL FACILITY SCHMIDT & BARTLETT FUNERAL & CREMATION, 10280 N PORT WASHINGTON RD, MEQUON, WI 53092					
26. FUNERAL DIRECTOR'S NAME STORZYK, STEVEN					
27. DATE SIGNED DECEMBER 19, 2014					
28. MANNER OF DEATH NATURAL					
29. TYPE OF MEDICAL CERTIFIER PHYSICIAN					
30. MEDICAL CERTIFIER'S NAME AND TITLE SCOT WILFONG, DO					
31. DATE SIGNED DECEMBER 17, 2014					
32. DATE OF DEATH DECEMBER 16, 2014					
33. TIME OF DEATH (24hr) 18:35					
34. MEDICAL CERTIFIER'S MAILING ADDRESS 1475 WEST GRAND AVENUE, PORT WASHINGTON, WI 53074					

35. USUAL OCCUPATION
HOMEMAKER

36. KIND OF BUSINESS/INDUSTRY
OWN HOME

37. EVER IN U.S. ARMED FORCES
NO

38. DECEDENT TRIBAL MEMBER
NO

39. METHOD OF DISPOSITION
BURIAL

40. PLACE AND LOCATION OF DISPOSITION
ST ADALBERT CATHOLIC CEMETERY, NILES, ILLINOIS

41. PART I. The conditions listed are the diseases, injuries, or complications that caused death. Conditions leading to the immediate cause are listed sequentially and the underlying cause is listed last.

Immediate Cause: (a) **ATHEROSCLEROTIC VASCULAR DISEASE**

Due to or as a consequence of: (b) _____

Due to or as a consequence of: (c) _____

Due to or as a consequence of: (d) _____

Interval Between Onset and Death
20 YEARS

42. AUTOPSY PERFORMED
NO

43. DATE OF INJURY

44. TIME OF INJURY (24hr)

45. INJURY AT WORK
NO

46. PLACE OF INJURY

47. LOCATION OF INJURY

48. COUNTY OF INJURY

49. IF INJURY STATED ANYWHERE IN CAUSE OF DEATH (Part I or Part II), DESCRIBE HOW IT OCCURRED.

NO AMENDMENTS PRESENT

I certify that this document contains a true and correct reproduction of facts on file with the Wisconsin Vital Records Office.

1314082

13727855

DECEMBER 19, 2014

DATE ISSUED

JOHN LAFAVE
MILWAUKEE COUNTY REGISTER OF DEEDS