# **UNOFFICIAL CO**

Doc#: 1530715002 Fee: \$58.25 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds

Date: 11/03/2015 08:32 AM Pg: 1 of 10

Prepared by:

Kevin T. Kavanaugh, Esq. 3331 W. Big Beaver, Ste. 109 Troy, MI 48084 Licensed in IL, Bar 1D No. 6280331

Return to:// Title Source, Inc.

662 Woodward Avenue Detroit, MI 48226

85114600	DECEA	SED JOIN I	TENANT	AFFIDAVII OF DEA	1111
State of LUX Jois County of CONC		) ) ss.	O	Order No. 60701778	3177992

Affiant, PAULA MALDONADO, being duly sworn, states that she resides at 8849 Ewing Avenue Evanston, IL 60203. That the was acquainted with NICHOLAS MALDONADO, Deceased, who at the time of his death was one of the owners of the land described and referred to herein, located in Cook County, Illinois, and described as:

#### See Exhibit A attached hereto and made a part hereof

	That the deceased died July 21, 2013 as evidenced by a ce	rtified copy of the death certificate of the
decease	ed attached hereto.	When Recorded Return to:
That the	e deceased died:	Indecomm Global Services As Recording Agent Only
	Leaving no Last Will & Testament.	1260 Energy Lane St. Paul, MN 55108
	Leaving a Last Will & Testament a copy of which is attace Will should be filed with the Clerk of the Probate Division Illinois.	of the Circuit Court of Cook County,
X	Leaving a Last Will & Testament which was filed in the U of the Circuit Court of Cook County, Illinois about	nprover Will Box of the Probate Division  24-35/3

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of death of the decease at ones not exceed the sum of \$100,000.00 dollars.

Affiant makes this affidavit for that purpose of inducing the Fidelity National Tale Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said PAULA MALDONADO.

**OFFICIAL SEAL** LILIANA MARMELUC Notary Public - State of Illinois My Commission Expires Aug 12, 2018

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SÉX

DATE OF BIRTH

MALE

#### SKOKIE HEALTH DEPARTMENT SKOKIE, ILLINOIS MEDICAL CERTIFICATE OF DEATH

AGE AT LAST BIRTHDAY

DATE OF DEATH JULY 21, 2013 EVER IN U.S. ARMED FORCES? NO INSIDE CITY LIMITS?

**DATE ISSUED** 

7/31/2013

56 YEARS **SEPTEMBER 22, 1956** COOK HOSPITAL OR OTHER INSTITUTION NAME CITY OR TOWN 8849 EWING AVENUE SKOKIE PLACE OF DEATH **DECEDENT'S HOME** SOCIAL SECURITY NUMBER STATUS AT TIME OF DEATH SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME BIRTHPLACE MARRIED PAULA LONDON NEW YORK, NY APT. NO CITY OR TOWN RESIDENCE YES SKOKIE 8849 EWING AVENUE FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ZIP CODE COUNTY GINA VELEZ 30203 NICHOLAS MALDONADO COOK RELATIONSHIP MAILING ADDRESS INFORMANT'S NAME 8849 EWING AVENUE, EVANSTON, IL, 60203 PAULA MALDONADO WIFE P'ACE OF DISPOSITION LOCATION - CITY OR TOWN AND STATE DATE OF DISPOSITION METHOD OF DISPOSITION MICHTROSE CREMATORY CHICAGO, IL JULY 26, 2013 CREMATION FUNERAL HOME CHICAGO JEWISH FUNERALS, 8851 NOR 11 SKOKIE BOULEVARD, SKOKIE, IL, 60077 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER FUNERAL DIRECTOR'S NAME 034014479 **PEGGIA LAKE** 

DATE FILED WITH LOCAL REGISTRAR LOCAL REGISTRAR'S NAME JULY 25, 2013 CATHERINE COUNARD CAUSE OF DEATH PART I. ARRHYTHMIA IMMEDIATE CAUSE (Final disease or condition Due to (or as a resulting in death) **ELECTROLYTE DISORDER** c. RENAL FAILURE Due to (or as a consequence of):

MINUTES **YEARS YEARS** WAS AN AUTOPSY PERFORMED? NO

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I HYPERTENSION, DIABETES FEMALE PREGNANCY STATUS

WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A MANNER OF DEATH

NOT APPLICABLE DATE OF INJURY TIME OF INJURY

PLACE OF INJURY

NATURAL INJURY AT WORK?

IF TRANSFORTATION INJURY, SPECIFY

LOCATION OF INJURY

STATE FILE NUMBER

COUNTY OF DEATH

DECEDENT'S LEGAL NAME

NICHOLAS MALDONADO

2013 0056743

DESCRIBE HOW INJURY OCCURRED.

TIME OF DEATH

YES CERTIFIER

ATTEND THE DECEASED?

DATE LAST SEEN ALIVE **APRIL 15, 2013** 

WAS MEDICAL EXAMINER OR CORONER CONTACTED?

DATE PRONOUNCED

08:45 PM

**PHYSICIAN** 

DATE CERTIFIED JULY 25, 2013

NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH

MARK LEVY, 4959 GOLF ROAD, SKOKIE, ILLINOIS, 60076

PHYSICIAN'S LICENSE NUMBER 036086345

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

ather a Count, mo, mps+

Catherine A. Counard, M.D., M.P.H. Local Registrar/Director of Health Skokie, Illinois





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#### **EXHIBIT A**

The following described property:

Lots 196 and 197 in Swenson Brother's Second Addition to College Hill Addition to Evanston, being a subdivision of Lots 5 and 6 (except the east 660 feet thereof) in Assessor's Division of the Southeast 1/4 of Section 14, Township 41 North, Range 13, East of the Third Principal Meridian, according to the plat thereof recorded October 20, 1923, as Document 8133027 in Cook County, Illinois.

Assessor's Parcel No. 10 14-424-048

1-4<sub>4</sub> +U05572557+ 1632 10/26/2015 80114692/1

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#### LAST WILL AND TESTAMENT

OF

#### NICHOLAS MALDONADO

1, NY CHOLAS MALDONADO, of Skokie, Illinois, make this my will and revoke all price wills and codicils.

#### FIRST

Taxes - Expenses

My executor shall pay all expenses of my last illness and funeral, costs of administration including ancillary, costs of sofeguarding and delivering legacies, and other proper charges against my estate (excluding debts secured by real property or life insurance). My executor shall also pay all estate and inheritance taxes assessed by reason of my death. Interest and penalties concerning any tax shall be paid and charged in the same manner as the tax.

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.

My executor shall make such elections and allocations under the tax laws as my executor deems advisable, without regard to the relative interests of the lene liciaries and without liability to any person. No adjustment shall be made between purcipal and income or in the relative interests of the beneficiaries to compensate for the effect of elections or allocations under the tax laws made by my executor.

The balance of my estate which remains after the foregoing payments have been made or provided for shall be disposed of as hereinafter provided.

#### **SECOND**

Family

My wife's name is **PAULA MALDONADO**, and she is herein referred to as "my wife." I have three children now living, namely:

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### INOFFICIAL CO

LANI MALDONADO, born March 18, 1985;

MARI MALDONADO, born December 13, 1987; and

NIKI MALDONADO, born August 9, 1991.

#### THERE

Personal Effects

I give an ny personal and household effects, automobiles, and collections, and any insurance policies thereon, to my wife if she survives me by 30 days, otherwise to my children who so carvive me to be divided equally among them as they agree. My executor shall sell any property as to which there is no agreement within 60 days after my death and shall add the proceeds to the residue of my estate.

If a child is a minor at the time of distribution, the guardian of or person in loco parentis to the child shall represent bird or her in the division of the property, receipt for and hold his or her share or sell all or any part of it, and deliver the share or proceeds to the child when he or she reaches majorit, or earlier if the guardian or person considers SANA C it to be for the child's best interests.

#### **FOURTH**

Residue

All the residue of my estate, wherever situated, including larged legacies, but expressly excluding any property over which I may have power of appointment at my death, I give to my wife if she survives me, otherwise in equal shares to such of my children as shall be living at my death, except that the then living descer dan's of a deceased child of mine shall take per stirpes the share which the child would nove received if living. If a descendant is a minor, payment may be made for the benefit of the descendant to a custodian under a Uniform Transfers or Gifts to Minors Act. For purposes of this will, my wife shall be deemed to have survived me if the order of our deaths cannot be proved.

#### FIFTH .

Guardian Appointment

If my wife does not survive me or dies after my death without providing for the custody of a minor child of mine, I name LANI MALDONADO as guardian of the person of that child. If a guardian of the estate of a minor child is necessary, I name LANI MALDONADO to serve in that capacity. No bond or security shall be required of any guardian.

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#### SIXTH

Executor Appointment. I appoint my wife, PAULA MALDONADO, as executor of this will. If for any reason my wife is unwilling or unable to act as executor, I appoint HERBERT KLEISCH of Skokie, Illinois as executor of this will. If for any reason HERBERT KLEISCH is unwilling or unable to act as executor, I appoint JOSEPH RUCK of Rolling Meadows, Illinois as executor of this will.

Executor Powers. I give my executor power to retain any property that I own at my death, and to invest in bonds, stocks, notes, bank deposits, shares of registered investment companies, or other property, and to retain or make any investment without liability, regardless of type, quality, marketability or any rule requiring diversification; to lease, corrow with or without security from any lender, sell or exchange all or any part of my escale real or personal, for such prices and such terms as my executor deems proper; to compromise, contest, prosecute or abandon claims in favor of or against my estate; to distribute income and principal in cash or in kind, or partly in each, and to allocate or distribute undivided interests or different assets or disproportionate interests in assets (and no adjustment shall be made to compensate for a disproportionate allocation of unrealized gain for federal income tax purposes), and to value my estate in order to mak; a location or distribution, and no action taken by my executor pursuant to this power shall be subject to question by any beneficiary; to determine in cases not covered by statute the allocation of receipts and disbursements between income and principal; to deal with the fiduciary of any trust or estate in which any beneficiary under this will has an interest, shough an executor hereunder is such fiduciary; to deal with a corporate executor hereigner individually or a parent or affiliate company; and to execute and deliver necessary instruments and give full receipts and discharges. My executor shall have power to inspect and monitor businesses and real property (whether held directly or throug), a partnership, corporation, trust or other entity) for environmental conditions or possible violations of environmental laws; to remediate environmentally-damaged property or to take steps to prevent environmental damage in the future, even if no action by public or private parties is currently pending or threatened; to abandon or refuse to accept property which may have environmental damage; my executor may expend estate funds to do the foregoing, and no action or failure to act by my executor pursuant to this pover shall be subject to question by any beneficiary. The foregoing powers shall be exercise a by my executor without authorization by any court and, as to property subject to administration outside the state of my domicile, only with the approval of my domiciliary executor. No bond or security shall be required of any executor wherever acting. If permitted by law and if not inconsistent with the best interests of the beneficiaries as determined by my executor, the administration of my estate shall be independent of the supervision of any court.

Headings. The headings in this will are for convenience of reference only and shall not be considered in the interpretation of this will.



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IN WITNESS WHEREOF I have signed this will, consisting of five (5) pages, the following page included, and for the purpose of identification have placed my initials at the foot of each preceding page, this 1/th day of Wovenber, 2008.

NICHOLAS MALDONADO

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

Residing at 2405 HALWA DR GLENVIEW, K 60026

Residing at 3903 High LAW

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#### STATE OF ILLINOIS

#### **COUNTY OF COOK**

We, the undersigned, being the testator and the witnesses, respectively, whose names are signed to the foregoing instrument, and being first duly sworn, do hereby declare to the undersigned authority that the testator, in the presence of witnesses, signed the instrument as his last will and that he signed willingly; and that each of the witnesses, in the presence of the testator and in the presence of each other, signed the will as a witness and that to the best of his or her knowledge the testator was at that time of legal age, of sound mind and under no constraint or undue influence.

TESTATOR

WITNESS

WITNESS

Signed and sworn to before me by NICHOLAS MALO DNADO, the testator, and by each of the above witnesses, this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_, 2008.

XOTARY PUBLIC

My commission expires

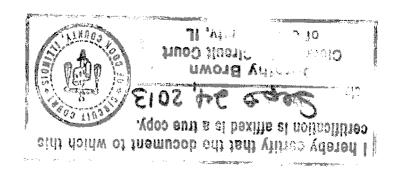
11-24-2009

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13 SEP 24 AH 11: 42

LERK OF CIRCUIT COURT PROBATE DIVISION



Property of Cook County Clerk's Office

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DOROTHY BROWN Clerk of the Circuit Court Probate Division Richard J. Daley Center, Room 1202 Chicago, Illinois 60602

SEP 24 2013

Received of pilip Greenslatt	
An instrument purporting to be the last will and testament of	
Micholas Moldonado Decid	
Centaining S Pgs. Dated //-//-08	
Date of 500 th 2-21-13	
By POROTHY BROWN	
Deputy Clerk	
CCP-0182 (Rev. 3/28/02)	
County Clark's Office	

COPY