




# UNOFFICIAL COPY

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:

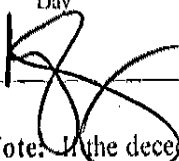
1. Claims against the estate of William L. Kessler, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

 (Seal)  
 \_\_\_\_\_ (Seal)

Subscribed and sworn to before me this

10th day of June, 2021  
Day Month Year



  
 \_\_\_\_\_  
 Notary Public

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:

Eric Kessler Name  
 \_\_\_\_\_  
1526 Clover Lane Address  
 \_\_\_\_\_  
Schereville, IN 46375 City, State, Zip  
 \_\_\_\_\_

Return to:

Eric Kessler Name  
 \_\_\_\_\_  
1526 Clover Lane Address  
 \_\_\_\_\_  
Schereville, IN 46375 City, State, Zip  
 \_\_\_\_\_

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ATTORNEYS' TITLE GUARANTY FUND, INC.

## LEGAL DESCRIPTION

**Permanent Index Number:**

Property ID: 30-32-301-011-0000

**Property Address:**

18241 WALTER ST.  
LANSING, IL 60438

**Legal Description:**

LOT 11 IN BLOCK 4 IN LANSING CENTRAL SUBDIVISION, BEING A SUBDIVISION OF THE NORTHWEST 1/4 OF THE SOUTHWEST 1/4 OF FRACTIONAL SECTION 32, TOWNSHIP 36 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPT THE NORTH 147.5 FEET OF THE EAST 147.5 FEET THEREOF), IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office



CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

DU PAGE COUNTY CLERK  
WHEATON, ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

EXHIBIT

STATE FILE NUMBER 2019 0035762

MEDICAL EXAMINER'S CASE NUMBER 0506198J01

DATE ISSUED 6/11/2020

DECEDENT'S LEGAL NAME MARGARETT KESSLER		SEX FEMALE	DATE OF DEATH MAY 01, 2019
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COUNTY OF DEATH DU PAGE	AGE AT LAST BIRTHDAY 69 YEARS	DATE OF BIRTH SEPTEMBER 03, 1949
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CITY OR TOWN WESTMONT	HOSPITAL OR OTHER INSTITUTION NAME 1301 SOUTH WILLIAMS STREET #1
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PLACE OF DEATH  
DECEDENT'S HOME

BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME WILLIAM KESSLER	EVER IN U.S. ARMED FORCES? NO
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RESIDENCE 1301 SOUTH WILLIAMS STREET	APT. NO. 1	CITY OR TOWN WESTMONT	INSIDE CITY LIMITS? YES
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COUNTY DU PAGE	STATE IL	ZIP CODE 60559	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOHN O'BRIEN	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARIE RICE
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INFORMANT'S NAME LORI T KESSLER	RELATIONSHIP DAUGHTER	MAILING ADDRESS 97 ROSE COURT, LEMONT, IL, 60439
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METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION MAPLE LAKES CREMATORIUM	LOCATION - CITY OR TOWN AND STATE JUSTICE, IL	DATE OF DISPOSITION MAY 06, 2019
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FUNERAL HOME  
MODELL FUNERAL HOME, 7710 SOUTH CASS AVENUE, DARIEN, IL, 60561

FUNERAL DIRECTOR'S NAME JOHN W DIORIO	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014174
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LOCAL REGISTRAR'S NAME KAREN J AYALA	DATE FILED WITH LOCAL REGISTRAR MAY 6, 2019
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CAUSE OF DEATH - PART I. METASTATIC LUNG CANCER	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 YEARS
IMMEDIATE CAUSE (Final disease or condition resulting in death)	
Due to (or as a consequence of)	
Due to (or as a consequence of)	

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	WAS AN AUTOPSY PERFORMED? NO
	WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A

FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR	MANNER OF DEATH NATURAL
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DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
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LOCATION OF INJURY

DESCRIBE HOW INJURY OCCURRED:	IF TRANSPORTATION INJURY, SPECIFY
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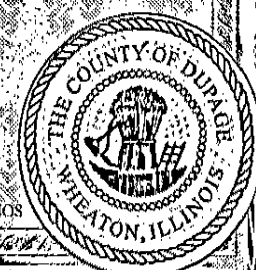
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE APRIL 02, 2019	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 09:40 AM
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CERTIFIER PHYSICIAN	DATE CERTIFIED MAY 04, 2019
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NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ARTI LAKHANI, 1 SALT CREEK LANE, HINSDALE, ILLINOIS, 60521	PHYSICIAN'S LICENSE NUMBER 036-125357
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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.

*Jean Kaymarck*  
County Clerk





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COOK COUNTY CLERK VITAL RECORDS  
CHICAGO, ILLINOIS  
MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

EXHIBIT

STATE FILE NUMBER 2020 0079173 MEDICAL EXAMINER'S CASE NUMBER 2020-010028 DATE ISSUED 9/8/2020

DECEDENT'S LEGAL NAME WILLIAM KESSLER JR		SEX MALE	DATE OF DEATH FOUND AUGUST 24, 2020	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 73 YEARS	DATE OF BIRTH APRIL 22, 1947		
CITY OR TOWN LANSING		HOSPITAL OR OTHER INSTITUTION NAME 18241 WALTER ST		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 18241 WALTER ST	APT. NO.	CITY OR TOWN LANSING	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60638	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION WILLIAM KESSLER SR	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION OLIVE NELSON
INFORMANT'S NAME ERIC KESSLER	RELATIONSHIP SON	MAILING ADDRESS 1526 CLOVER LANE, SCHERERVILLE, IN, 46375		
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION HEIGHTS CREMATORY	LOCATION - CITY OR TOWN AND STATE CHICAGO HEIGHTS, IL	DATE OF DISPOSITION AUGUST 28, 2020	
FUNERAL HOME SCHROEDER-LAUER FUNERAL HOME, 3227 RIDGE RD., LANSING, IL, 60438				
FUNERAL DIRECTOR'S NAME WILLIAM BYMA		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012218		
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH		DATE FILED WITH LOCAL REGISTRAR AUGUST 27, 2020		
CAUSE OF DEATH - PART I: HYPERTENSIVE AND ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Due to (or as a consequence of):		
		Due to (or as a consequence of):		
		Due to (or as a consequence of):		
		Due to (or as a consequence of):		
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I: OBESITY		WAS AN AUTOPSY PERFORMED? NO		
		WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A		
FEMALE PREGNANCY STATUS NOT APPLICABLE		MANNER OF DEATH NATURAL		
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED			IF TRANSPORTATION INJURY, SPECIFY	
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED AUGUST 24, 2020	TIME OF DEATH 09:14 PM
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED AUGUST 27, 2020	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PONNI ARUNKUMAR MD, 2121 W HARRISON ST, CHICAGO, IL, 60612			PHYSICIAN'S LICENSE NUMBER 1477670	

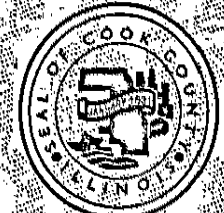
THE WORD VOID APPEARS WHEN PHOTOCOPIED

INFORMATION FROM STATE AND COUNTY SEALS AT BOTTOM



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.

*Karen A. Yarbrough*  
Karen A. Yarbrough  
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE