

32856426 UNOFFICIAL COPY 32856426

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF COOK

)  
ss.  
)

DEPT-01 RECORDED \$35.50

: T#4444 TRAN 1A71 11/16/92 11:23:00  
: #9084 \* - 92-856426  
: COOK COUNTY RECORDER  
Order No.

OWEN J. DOLBOW, being duly sworn, states that he resides at 4146 Greenbrier, Richton Park, Illinois 60471.

That he was acquainted with OWEN L. DOLBOW, deceased, who, at the time of his death, was one of the owners of the land in Cook County, Illinois, commonly known as 4146 Greenbrier, Richton Park, Illinois 60471, and further described as follows:

LOT 110 IN RICHTON HILLS FIRST ADDITION, A PART OF THE SOUTHEAST QUARTER (1/4) OF SECTION 27, TOWNSHIP 35 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, THE PLAT THEREOF RECORDED SEPTEMBER 14, 1967 IN PLAT BOOK 745, PAGE 4, IN THE OFFICE OF THE RECORDER OF COOK COUNTY, ILLINOIS AS DOCUMENT #20260383.

That the deceased died September 29, 1990, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died leaving a Last Will and Testament, a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of Cook County, Illinois.

That the total value of the estate of the deceased, including both real and personal property owned by the deceased

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Property of Cook County Clerk's Office

Prepared by:  
LOUIS F. CERVERA  
HYATT LEGAL SERVICES  
17808 S. Halsted  
Homewood, Illinois 60430  
(708) 799-3636  
Casefile No. 1057801

Notary Public  
LOUIS F. CERVERA  
OCCIDENTAL SEAL  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 6/5/95

this 5<sup>th</sup> day of January, 1992.

Subscribed and sworn to before me by the said OWEN J. DOLBOW

OWEN J. DOLBOW

of the deceased, does not exceed the sum of \$10,000.00,  
either individually or in joint tenancy at the time of the death

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STATE OF ILLINOIS

STATE FILE  
NUMBER

## MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO.	160
REGISTERED NUMBER	
DECEDENT'S NAME	

COUNTY OF DEATH	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH		
					UNDER 1 YEAR	1 YEAR AND OVER	MONTH
<b>COOK</b>	Owen	D	Dolbow	M	9	29	90
HOSPITAL OR OTHER INSTITUTION NAME IF NOT NEITHER GAVE STREET ET AL ADDRESS							
<b>UKLAHOMA NURSING HOME</b>							
NAME OF SUPPORTING HOUSEHOLD MEMBER IF HAD ONE							
<b>MR BILLIE DOLBOW</b>							
EDUCATION GRADE COMPLETED							
9							
KIND OF BUSINESS OR INDUSTRY							
<b>FACTORY</b>							
CITY, TOWN OR ROAD DISTRICT NO.							
<b>CULLICK</b>							
ZIP CODE							
130 60613							
RACE, WHITE OR BLACK AMERICAN							
INDIAN OR SPECIE							
14a. WHITE							
14b. NO							
LIVES SPECIFY							
MOTHER'S NAME							
ELIZABETH DOLBOW							
RELATIONSHIP							
MAILING ADDRESS, STREET AND CITY OR TOWN STATE ZIP							
<b>170 52N 1741 CIRRELL BLDG ROCHILL PK, IL 60471</b>							
PART I. PRELIMINARY QUESTIONS OR INFORMATION RELATING TO THE DECEASED							
PART II. PRELIMINARY QUESTIONS OR INFORMATION RELATING TO THE DECEASED							
MEDICAL CAUSE (Final cause or condition leading to death)							
(a) <b>Breast cancer</b>							
DUE TO, OR AS A CONSEQUENCE OF							
(b) <b>Medications + jewels</b>							
DUE TO, OR AS A CONSEQUENCE OF							
(c) <b>Crush hereditary breast cancer</b>							
DUE TO, OR AS A CONSEQUENCE OF							
IT II. Other significant conditions contributing to death or resulting in the underlying cause of death							
PART III. PRELIMINARY QUESTIONS OR INFORMATION RELATING TO THE DECEASED							
MAJOR FINDINGS OF OPERATION							
IF OF OPERATION, IF ANY							
200							
LAST SAW HIM HER ALIVE ON							
MONTH DAY YEAR							
9/15/90							
WAS CORPSE RECORDED OR EXAMINED (NOTIFIED)							
21d. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
HOURS OF DEATH							
21c. 6 - 01 A M							
DATE SIGNED							
9/29/90							
ILLINOIS LICENSE NUMBER							
22b.							
NOTE IF AN INJURY WAS INVOLVED IN THIS DEATH							
DEATH THE CORPSE OR MEDICAL EXAMINER MUST BE NOTIFIED							
PART IV. DIRECTOR'S SIGNATURE							
ATTENDING PHYSICIAN OR OTHER CERTIFIER (TYPE OR PRINT)							
<b>TB KAP WILSON</b>							
LOCATION							
<b>24c Calumet City IL</b>							
STREET AND NUMBER OR PO BOX							
<b>Elmhurst Express mortuary 650</b>							
CITY OR TOWN							
<b>Elmhurst</b>							
STATE							
<b>IL</b>							
DATE							
<b>10/2/90</b>							
MONTH DAY YEAR							
PART V. DIRECTOR'S SIGNATURE							
<b>George C. Mack</b>							
CEMETERY OR CREMATORIUM NAME							
<b>BURLIN</b>							
STREET AND NUMBER OR PO BOX							
<b>103 40th Street</b>							
CITY OR TOWN							
<b>Chicago</b>							
STATE							
<b>IL</b>							
DATE							
<b>10/2/90</b>							
MONTH DAY YEAR							
PART VI. DIRECTOR'S SIGNATURE							
<b>George C. Lester</b>							
REGISTRATION NUMBER							
<b>160</b>							
REGISTRATION DATE							
<b>10/2/90</b>							
MONTH DAY YEAR							
REGISTRATION PLACE							
<b>Illinois Department of Public Health - Office of Vital Records</b>							
(Rev. 1-39)							

*Deceased*

AT Cook County Department of Public Health, Illinois 60153  
 OFFICIAL TITLE: CHIEF DEPUTY REGISTRAR  
 DATE: *October 2, 1990*  
 SIGNED: *George C. Lester*

STATE: *Illinois*  
 COUNTY: *Cook*  
 CITY: *Calumet City*  
 STREET: *Elmhurst Express mortuary*  
 NUMBER: *650*  
 ZIP CODE: *60471*  
 PHONE: *(312) 650-0650*  
 FAX: *(312) 650-0657*

RECEIVED: *George C. Lester*  
 REC'D BY: *George C. Lester*  
 REC'D DATE: *10/2/90*

STATEMENT: *I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths and deaths and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of deaths.*

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and to reimbursement for expenses properly incurred.  
compensation commensurate with the services actually performed  
My Executor named herein shall be entitled to reasonable

## ARTICLE IV

shall be paid by my estate.  
professional services shall be an expense to my estate and  
testament. The expenses incurred by the Executor using such  
necessity in the administration of this, my Last Will and  
attorney, accountant and any other professional as may be  
I hereby authorize my Executor to utilize the services of

## ARTICLE III

paid on property passing under the terms of this Will.  
beneficiary under this Will to reimburse my estate for taxes  
purpose of computing taxes. My Executor shall not require any  
interest in property which is included in my estate for the  
assessed or payable by reason of my death on any property or  
estate and similar taxes (including interest and penalties)  
I direct my Executor to pay all inheritance, transfer,

## ARTICLE II

adminstration of my estate.  
my Last Will and of my funeral and burial and of the  
I direct my Executor to pay all the reasonable expenses of

## ARTICLE I

I do hereby state that I am married.  
widow by me.  
testament and hereby revoke all Wills and Codicils ever before  
publish and declare this instrument to be my Last Will and  
age, sound mind and memory and under no restraint, do make,  
I, OWEN L. DOLBOW, of Richton Park, Illinois, being of full

OWEN L. DOLBOW

OF

LAST WILL AND TESTAMENT

OCT 15 1990

9 8 9 3 6 0 4 7 9

Queens County Clerk's Office  
Owen L. Dolbow

1988-89

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## ARTICLE V

I give, devise and bequeath the entire residue of my estate, whether real, personal or mixed, of every kind, nature and description whatsoever, and wherever situated, which I may now own or hereafter acquire, or have the right to dispose of at the time of my death, by the power of appointment or otherwise, to my wife, EMILY DOLBOW, absolutely and in fee simple.

## ARTICLE VI

Should, however, my wife, EMILY DOLBOW, predecease me or fail to survive me by thirty (30) days, then the gifts, devises and bequests to EMILY DOLBOW shall fail and be of no effect, and in that event, I give, devise and bequeath the entire residue of my estate, whether real, personal or mixed, of every kind, nature and description whatsoever, and wherever situated, which I may now own or hereafter acquire, or have the right to dispose of at the time of my death, by the power of appointment or otherwise, to my son, OWEN J. DOLBOW.

Should my son predecease me, then his share shall pass per stirpes, that is if he has living issue, the portion of my estate otherwise reserved for him shall be distributed among said living issue by right of representation.

## ARTICLE VII

I nominate and appoint my son OWEN J. DOLBOW as Executor of this, my Last Will and Testament, and require that said Executor serve without bond.

In the event that the above-named Executor shall, for any reason, fail to qualify, or having qualified, fail to complete the administration of my estate, I nominate and appoint my brother-in-law GENE SLANCKA instead and give to said Executor all rights, powers and immunities set forth in this Will, including the requirement that said Executor serve without bond.

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## ARTICLE VIII

In addition to the powers and authority conferred upon executors and trustees by law, my Executor and Trustee, if any, or any duly appointed successor shall have authority without adjudication, order or direction of the court:

- (a) To sell, pursuant to option or otherwise, at public or private sale and upon such terms as the Executor shall deem best, any real or personal property belonging to my estate, without regard to the necessity of such sale for the purpose of paying debts, taxes or legacies;
- (b) To retain any or all of such property not so required without liability for any depreciation thereof;
- (c) To assign or transfer certificates of stock, bonds or other securities;
- (d) To adjust, compromise and settle any and all claims in favor of or against my estate;
- (e) To conduct and carry on all business now conducted by me and to do all things necessary or proper in the usual course of business until such time as the business can be sold or distributed as a going concern or otherwise, and the Executor shall be exonerated from any loss which may result thereby; and
- (f) To do any and all things necessary or proper to complete the administration of my estate, all as fully as I could do if living.

## ARTICLE IX

As used herein, the singular form of a word includes both the singular and plural, and reference to words of a certain gender includes reference to all genders.

## ARTICLE X

If I and any beneficiary under this, my Last Will and Testament, should die in a common accident or disaster or under such circumstance that it is difficult or impractical to determine who survived the other, or if any beneficiary, though surviving me, should die within thirty (30) days from and after the date of my death, then such beneficiary shall be deemed to have predeceased me.

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## ARTICLE XI

If any part, clause, provision or condition of this, my Last Will and Testament, is held to be void, invalid or inoperative, I direct that such invalidity shall not affect any other part, clause, provision or condition of this Last Will and Testament and that the remainder of this Last Will and Testament shall be carried into effect as though such part, clause, provision or condition had not been contained herein.

IN WITNESS WHEREOF, I, OWEN L. DOLBOW, the testator, sign my name to this instrument, consisting of 5 pages, and, for purpose of identification, place my signature on each preceding page, this 28 day of August, 1989.

Owen L. Dolbow  
OWEN L. DOLBOW

We, the undersigned, certify that the above instrument was, on the date thereof, signed and declared by OWEN L. DOLBOW as his Last Will and Testament in our presence and that we, at his request, in his presence and in the presence of each other, have signed our names as witnesses of the execution thereof, believing OWEN L. DOLBOW to be of sound mind and memory at the time of signing.

John G. Kline Resides at 1780 S. Halsted, Homewood

Mary T. Deegan Resides at 17808 S. Halsted  
Homewood, IL 60430

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STATE OF ILLINOIS )  
COUNTY OF COOK ) ss.

We, the arresting witnesses to the Last Will and Testament of OWEN L. DOLBOW, on oath state that each of us was present and saw the testator sign the Will, of which this Affidavit is a part, in our presence; that said Will was attested by each of us in the presence of the testator; and that each of us believed the testator to be of sound mind and memory at the time of signing said Will.

Owen L. Dolbow - 96-89

Debra K. Krue Resides at 17808 S. Halsted, Homewood IL

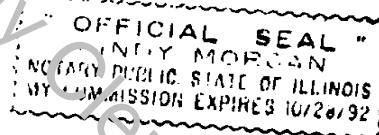
Mary K. Morgan Resides at 17808 S. Halsted Street, Homewood, IL 60430

Subscribed, acknowledged and sworn to before me, this 28 day of September, 1989.

Tony Morgan  
Notary Public

My Commission Expires:

10/28/92



HYATT LEGAL SERVICES  
17808 South Halsted Street  
Homewood, Illinois 60430  
(312) 799-3636

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Dec 6 1946  
R. H. T. Park  
H. H. C. & Co.  
1146 Chicago Ave.