

**UNOFFICIAL COPY**  
**Attorneys' Title Guaranty Fund, Inc.**

STATE OF ILLINOIS

COUNTY OF Cook

93474122

SS.

DEPT-01 RECORDING \$35.50  
T#6666 TRAN 5164 06/22/93 09:42:00  
#3149 # 1-12-93-474122  
COOK COUNTY RECORDER

**JOINT TENANCY AFFIDAVIT**

Joan D. Hlinka, hereinafter referred to as the affiant, states under oath that the affiant resides

at 10134 West Manor Drive in the City of Franklin Park, Illinois;

that the affiant was acquainted with Charles F. Hlinka, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of a properly recorded joint tenancy warranty deed, said property,

located in Cook County, Illinois, and legally described as follows: Lot 11 in Second Addition to Marconi Construction Company's West Manor Development, being a Subdivision in the West half of Section 28, Township 40 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois; Permanent Index No. 12-28-316-020

Commonly known as: 10134 West Manor Drive, Franklin Park, Illinois 60131 12-28-316-020  
That the decedent had no interest in any business, 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 19, 1991, leaving ~~no~~ a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ approx 900,000 +

and that the value of the above property individually was \$ 150,000

That the Illinois Inheritance 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, Inc. to 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 Charles F. Hlinka, the decedent;
- 2) Illinois State 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 to contribution.

X Joan D. Hlinka (Seal)  
Trustee (Seal)

Subscribed and Sworn to before me

this 21 day of May, 1991



prepared by: 3582  
Alan B. Castator  
ATTORNEY AT LAW  
502 W. Burlington Ave.  
La Grange, IL 60525

Karen A. Deal  
Notary Public

Note: If the decedent left a will, it will be necessary that the original or a certified copy thereof be presented to us for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

RE: ATTORNEY SERVICES # 6-27600

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**MEDICAL CERTIFICATE OF DEATH**

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1	DECEASED-NAME FIRST CHARLES F. HLINKA MIDDLE LAST SEX 2 MALE DATE OF DEATH MONTH DAY YEAR 3 JUNE 19, 1991
2	COUNTY OF DEATH 4 COOK DATE OF BIRTH MONTH DAY YEAR 50 NOVEMBER 17, 1923
3	CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER 6A FRANKLIN PARK HOSPITAL OR OTHER INSTITUTION-NAME OR NOT WHETHER GIVE STREET AND NUMBER ED 10134 WESTMANOR DRIVE IF HOSPITAL OR OTHER INSTITUTION-NAME OR NOT WHETHER GIVE STREET AND NUMBER 6C HOSPICE
4	BIRTHPLACE (CITY AND STATE OR COUNTY AND STATE) 7 CHICAGO, IL. MARRIED NEVER MARRIED WIDOWED 8A MARRIED NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) 8B JOAN MANGI
5	SOCIAL SECURITY NUMBER 10 345-14-6276 USUAL OCCUPATION 11A SELF-EMPLOYED MANUFACTURING CO 12 EDUCATION (SPECIFY YEAR Y HIGHEST GRADE COMPLETED) Elementary Secondary to 12 13C YES 13D YES 13E YES COUNTY 13A COOK
6	RESIDENCE (STREET AND NUMBER) 12A 10134 WESTMANOR DRIVE CITY, TOWN, TWP. OR ROAD/DISTRICT NO. 12B FRANKLIN PARK INSIDE CITY (YES NO) 12C YES 12D YES 12E YES RACE (WHITE, BLACK, AMERICAN INDIAN OR ALASKA NATIVE) 14A WHITE MOTHER-NAME FIRST MIDDLE LAST 14B XINO EYES SPECIFY: FIRST MIDDLE LAST (MAIDEN) LAST LUDMILLA KLACKO
7	FATHER-NAME FIRST MIDDLE LAST EDWARD HLINKA RELATIONSHIP 15 WIFE MAILING ADDRESS (STREET AND NO. OR P.O. BOX) CITY OR TOWN STATE ZIP 16 10134 WESTMANOR DR. FRANKLIN PARK ILLINOIS 60134
8	INFORMANT'S NAME (TYPE OR PRINT) 17A JOAN HLINKA 18 PART I: Enter the diseases or conditions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Immediate Cause (Final result of disease or condition resulting in death) (a) <b>Leukemia</b> (b) <b>due to complications of leukemia</b> (c) <b>due to complications of leukemia</b> CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST PART II: Enter the significant conditions existing in death but not resulting in the underlying cause given in PART I <b>Leukemia</b> DATE OF OPERATION (TYPE OR PRINT) MAJOR FRONTS OF OPERATION 20A <b>Leukemia</b> 20B 20C YES <input type="checkbox"/> NO <input type="checkbox"/>
9	20A (1) DID NOT ATTEMPT TO DECEASED AND LAST SANITARY EXAMINE ON 21A TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED 21B 6/15/91 21C 5:30 P. 21D YES 21E JUNE 20, 1991 21F HILLSIDE, ILLINOIS 21G HILLSIDE, ILLINOIS 21H JUNE 20, 1991 21I HILLSIDE, ILLINOIS 21J HILLSIDE, ILLINOIS 21K HILLSIDE, ILLINOIS 21L HILLSIDE, ILLINOIS 21M HILLSIDE, ILLINOIS 21N HILLSIDE, ILLINOIS 21O HILLSIDE, ILLINOIS 21P HILLSIDE, ILLINOIS 21Q HILLSIDE, ILLINOIS 21R HILLSIDE, ILLINOIS 21S HILLSIDE, ILLINOIS 21T HILLSIDE, ILLINOIS 21U HILLSIDE, ILLINOIS 21V HILLSIDE, ILLINOIS 21W HILLSIDE, ILLINOIS 21X HILLSIDE, ILLINOIS 21Y HILLSIDE, ILLINOIS 21Z HILLSIDE, ILLINOIS
10	22A SIGNATURE OF CERTIFIER (TYPE OR PRINT) 22B DAVID ROSI, M.D. 1200 SUPERIOR, MELROSE PARK, IL. 60164 22C DAVID ROSI, M.D. 1200 SUPERIOR, MELROSE PARK, IL. 60164 22D DAVID ROSI, M.D. 1200 SUPERIOR, MELROSE PARK, IL. 60164 22E DAVID ROSI, M.D. 1200 SUPERIOR, MELROSE PARK, IL. 60164 22F DAVID ROSI, M.D. 1200 SUPERIOR, MELROSE PARK, IL. 60164 22G DAVID ROSI, M.D. 1200 SUPERIOR, MELROSE PARK, IL. 60164 22H DAVID ROSI, M.D. 1200 SUPERIOR, MELROSE PARK, IL. 60164 22I DAVID ROSI, M.D. 1200 SUPERIOR, MELROSE PARK, IL. 60164 22J DAVID ROSI, M.D. 1200 SUPERIOR, MELROSE PARK, IL. 60164 22K DAVID ROSI, M.D. 1200 SUPERIOR, MELROSE PARK, IL. 60164 22L DAVID ROSI, M.D. 1200 SUPERIOR, MELROSE PARK, IL. 60164 22M DAVID ROSI, M.D. 1200 SUPERIOR, MELROSE PARK, IL. 60164 22N DAVID ROSI, M.D. 1200 SUPERIOR, MELROSE PARK, IL. 60164 22O DAVID ROSI, M.D. 1200 SUPERIOR, MELROSE PARK, IL. 60164 22P DAVID ROSI, M.D. 1200 SUPERIOR, MELROSE PARK, IL. 60164 22Q DAVID ROSI, M.D. 1200 SUPERIOR, MELROSE PARK, IL. 60164 22R DAVID ROSI, M.D. 1200 SUPERIOR, MELROSE PARK, IL. 60164 22S DAVID ROSI, M.D. 1200 SUPERIOR, MELROSE PARK, IL. 60164 22T DAVID ROSI, M.D. 1200 SUPERIOR, MELROSE PARK, IL. 60164 22U DAVID ROSI, M.D. 1200 SUPERIOR, MELROSE PARK, IL. 60164 22V DAVID ROSI, M.D. 1200 SUPERIOR, MELROSE PARK, IL. 60164 22W DAVID ROSI, M.D. 1200 SUPERIOR, MELROSE PARK, IL. 60164 22X DAVID ROSI, M.D. 1200 SUPERIOR, MELROSE PARK, IL. 60164 22Y DAVID ROSI, M.D. 1200 SUPERIOR, MELROSE PARK, IL. 60164 22Z DAVID ROSI, M.D. 1200 SUPERIOR, MELROSE PARK, IL. 60164
11	23 BURIAL, CREMATION, REMOVAL (SPECIFY) 24A BURIAL 24B QUEEN OF HEAVEN 24C QUEEN OF HEAVEN 24D QUEEN OF HEAVEN 24E QUEEN OF HEAVEN 24F QUEEN OF HEAVEN 24G QUEEN OF HEAVEN 24H QUEEN OF HEAVEN 24I QUEEN OF HEAVEN 24J QUEEN OF HEAVEN 24K QUEEN OF HEAVEN 24L QUEEN OF HEAVEN 24M QUEEN OF HEAVEN 24N QUEEN OF HEAVEN 24O QUEEN OF HEAVEN 24P QUEEN OF HEAVEN 24Q QUEEN OF HEAVEN 24R QUEEN OF HEAVEN 24S QUEEN OF HEAVEN 24T QUEEN OF HEAVEN 24U QUEEN OF HEAVEN 24V QUEEN OF HEAVEN 24W QUEEN OF HEAVEN 24X QUEEN OF HEAVEN 24Y QUEEN OF HEAVEN 24Z QUEEN OF HEAVEN
12	25A COLUMBIAN FUNERAL HOME 10300 W. GRAND AVE. FRANKLIN PARK, ILLINOIS 60131 25B COLUMBIAN FUNERAL HOME 10300 W. GRAND AVE. FRANKLIN PARK, ILLINOIS 60131 25C COLUMBIAN FUNERAL HOME 10300 W. GRAND AVE. FRANKLIN PARK, ILLINOIS 60131 25D COLUMBIAN FUNERAL HOME 10300 W. GRAND AVE. FRANKLIN PARK, ILLINOIS 60131 25E COLUMBIAN FUNERAL HOME 10300 W. GRAND AVE. FRANKLIN PARK, ILLINOIS 60131 25F COLUMBIAN FUNERAL HOME 10300 W. GRAND AVE. FRANKLIN PARK, ILLINOIS 60131 25G COLUMBIAN FUNERAL HOME 10300 W. GRAND AVE. FRANKLIN PARK, ILLINOIS 60131 25H COLUMBIAN FUNERAL HOME 10300 W. GRAND AVE. FRANKLIN PARK, ILLINOIS 60131 25I COLUMBIAN FUNERAL HOME 10300 W. GRAND AVE. FRANKLIN PARK, ILLINOIS 60131 25J COLUMBIAN FUNERAL HOME 10300 W. GRAND AVE. FRANKLIN PARK, ILLINOIS 60131 25K COLUMBIAN FUNERAL HOME 10300 W. GRAND AVE. FRANKLIN PARK, ILLINOIS 60131 25L COLUMBIAN FUNERAL HOME 10300 W. GRAND AVE. FRANKLIN PARK, ILLINOIS 60131 25M COLUMBIAN FUNERAL HOME 10300 W. GRAND AVE. FRANKLIN PARK, ILLINOIS 60131 25N COLUMBIAN FUNERAL HOME 10300 W. GRAND AVE. FRANKLIN PARK, ILLINOIS 60131 25O COLUMBIAN FUNERAL HOME 10300 W. GRAND AVE. FRANKLIN PARK, ILLINOIS 60131 25P COLUMBIAN FUNERAL HOME 10300 W. GRAND AVE. FRANKLIN PARK, ILLINOIS 60131 25Q COLUMBIAN FUNERAL HOME 10300 W. GRAND AVE. FRANKLIN PARK, ILLINOIS 60131 25R COLUMBIAN FUNERAL HOME 10300 W. GRAND AVE. FRANKLIN PARK, ILLINOIS 60131 25S COLUMBIAN FUNERAL HOME 10300 W. GRAND AVE. FRANKLIN PARK, ILLINOIS 60131 25T COLUMBIAN FUNERAL HOME 10300 W. GRAND AVE. FRANKLIN PARK, ILLINOIS 60131 25U COLUMBIAN FUNERAL HOME 10300 W. GRAND AVE. FRANKLIN PARK, ILLINOIS 60131 25V COLUMBIAN FUNERAL HOME 10300 W. GRAND AVE. FRANKLIN PARK, ILLINOIS 60131 25W COLUMBIAN FUNERAL HOME 10300 W. GRAND AVE. FRANKLIN PARK, ILLINOIS 60131 25X COLUMBIAN FUNERAL HOME 10300 W. GRAND AVE. FRANKLIN PARK, ILLINOIS 60131 25Y COLUMBIAN FUNERAL HOME 10300 W. GRAND AVE. FRANKLIN PARK, ILLINOIS 60131 25Z COLUMBIAN FUNERAL HOME 10300 W. GRAND AVE. FRANKLIN PARK, ILLINOIS 60131
13	26A LOCAL REGISTRAR 26B KAREN SCOTT, M.D. 26C KAREN SCOTT, M.D. 26D KAREN SCOTT, M.D. 26E KAREN SCOTT, M.D. 26F KAREN SCOTT, M.D. 26G KAREN SCOTT, M.D. 26H KAREN SCOTT, M.D. 26I KAREN SCOTT, M.D. 26J KAREN SCOTT, M.D. 26K KAREN SCOTT, M.D. 26L KAREN SCOTT, M.D. 26M KAREN SCOTT, M.D. 26N KAREN SCOTT, M.D. 26O KAREN SCOTT, M.D. 26P KAREN SCOTT, M.D. 26Q KAREN SCOTT, M.D. 26R KAREN SCOTT, M.D. 26S KAREN SCOTT, M.D. 26T KAREN SCOTT, M.D. 26U KAREN SCOTT, M.D. 26V KAREN SCOTT, M.D. 26W KAREN SCOTT, M.D. 26X KAREN SCOTT, M.D. 26Y KAREN SCOTT, M.D. 26Z KAREN SCOTT, M.D.

HEREBY CERTIFY THAT the foregoing is 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.

JUN 24 1991

SIGNED *Nadine McCurry*

County Department of Public Health  
1500 S. Maybrook Drive - Maywood, Illinois 60154  
Official Title Deputy Registrar

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WP50\FILES\MJP\HLINKA-C.W21 (1/10/91)

~~COPY~~

## LAST WILL AND TESTAMENT

OF

CHARLES F. HLINKA

I, CHARLES F. HLINKA, of 10134 West Manor Drive, Franklin Park, Illinois, revoke all prior Wills and Codicils, and make this my Will.

### SECTION ONE

I give all my personal, household effects and all other items of goods and chattels, such as jewelry, silverware, books, pictures, furniture and furnishings, clothing, and automobiles, to my Wife, Joan D. Hlinka (hereinafter called "my Wife"), if she survives me.

### SECTION TWO

I give and devise the residue of my estate, excluding any property over which I have a power of appointment (hereinafter referred to as "the residue of my estate"), to my Wife, Joan D. Hlinka, absolutely, if she survives me. If my Wife shall not survive me, then I give and devise the residue of my estate in equal shares to those of my nephews and nieces named hereafter who survive me: Edward A. Hlinka, 46 East Armitage, Glendale Heights, Illinois 60139, James J. Hlinka, OS 329 Madison, Winfield, Illinois 60190, David J. Hlinka, 102 South Hemlock, Wood Dale, Illinois 60191, Kenneth J. Hlinka, 3104 First St., Champaign, Illinois 61821, Karen M. Pinella, 190 South Wood Dale Rd. #500, Wood Dale, Illinois 60191, Hope Tolitano, 3950 Placita Del Rico, Las Vegas,

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*CH  
Joan Hlinka*

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Arizona 98120, Cynthia Suraci, 41 Ann Vinal Rd., Scituate, Massachusetts 02066, Jill Hlinka, 912 Ridge Square, #210, Elk Grove Village, Illinois 60007, Lori Ann Murphy, 10340 South 51st Ct., Oak Lawn, Illinois 60453, Shari Ann Barnes, 703 Dallas, Sauk City, Wisconsin 53585, Joseph Ujka, Jr., 14550 S. Oakley, Orland Park, Illinois 60462, Mari Ann Ujka, 14550 S. Oakley, Orland Park, Illinois 60462.

## SECTION THREE

No person named in this Will shall be deemed to have survived me unless he or she is living on the thirtieth day succeeding the day of my death.

## SECTION FOUR

I name my Wife, Joan D. Hlinka, as the executor of this Will. If for any reason my Wife fails or ceases to act as executor, then I name my sister, Lillian Ujka and my brother-in-law, Joseph Ujka, Sr., both of 14550 S. Oakley, Orland Park, Illinois 60462, as co-executors. If for any reason either Lillian Ujka or Joseph Ujka, Sr. fails or ceases to act as co-executor, I name the other of them who is willing and able to act as executor. I direct that no security on the executor's bond be required of any of them.

1. My executor shall pay from the residue of my estate the expenses of my last illness and funeral, claims allowable against my estate, expenses of administration and estate and inheritance taxes (other than any tax on a generation-skipping transfer of which I am the deemed transferor), including interest and penalties

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thereon. My executor shall not be entitled to recover any such payment from any beneficiary or person (including any beneficiary of insurance upon my life), except payments of estate taxes attributable to property over which I have a power of appointment or in which I have a qualifying income interest for life. No compensating adjustments shall be made by reason of any elections under the tax laws made by my executor and each such election shall be binding and conclusive on all persons.

2. I give the executor the following powers and discretions, in each case to be exercisable without court order:

(a) To sell at public or private sale, to retain, to lease, to borrow money and for that purpose to mortgage or to pledge, all or part of the real or personal property of my estate;

(b) To settle claims in favor of or against my estate;

(c) To distribute the residue of my estate in cash or in kind or partly in each, and for this purpose the determination of the executor as to the value of any property distributed in kind shall be conclusive;

(d) To execute and deliver any deeds, contracts, mortgages, bills of sale or other instruments necessary or desirable for the exercise of his or her powers and discretions as executor; and

(e) To join with my surviving spouse in filing joint federal income tax returns, and in any federal gift tax return

*Handwritten initials:*  
e2#  
gmd  
mg

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filed by my surviving spouse to consent to have any gifts therein reported made to third persons as made one-half by me to the extent permitted by the Internal Revenue Code in force at my death; and to pay any part or all of the tax shown due on any or all of such income and gift tax returns, including any deficiencies, interest and penalties subsequently determined to be due thereon.

3. As compensation for their/her/his services, my co-executors or my sole executor (excluding my Wife) shall receive a sum equal to the greater of (i) \$10,000.00 or (ii) ten (10%) per cent of the remainder of the residue of my estate less the expenses of my last illness and funeral, claims allowable against my estate, expenses of administration (excluding the executor's fee) and estate and inheritance taxes, including interest and penalties thereon. If Lillian Ujka and Joseph Ujka, Sr. serve as co-executors, they shall equally share the said compensation. If only one of Lillian Ujka or Joseph Ujka, Sr. shall serve as executor, then she or he shall receive the full amount of said compensation.

## SECTION FIVE

If my Wife and I shall die in a common accident or disaster and in circumstances that shall render it difficult to determine which of us died first, (i) that for the purpose of this instrument and any beneficiary designation upon any life insurance policy insuring my life and any other beneficiary designated, I direct

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that I shall be deemed to have survived my Wife and (ii) that for the purpose of any property, both real and personal, which I may own in joint tenancy with my Wife I direct that one-half of such property shall be distributed in accordance with the provisions of this instrument and the other one-half in accordance with the provisions of the Last Will and Testament of my Wife or as she may otherwise direct.

IN WITNESS WHEREOF, I have signed this Will, consisting of 6 typewritten pages, this page and the following page included, and have initialed the margin of each page all this 23 day of January, 1991.

Charles F. Hlinka

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11/15/2011

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We certify that in our presence on the date appearing above CHARLES F. HLINKA signed the foregoing instrument and acknowledged it to be his Will, that at his request and in his presence and in the presence of each other we have signed our names below as witnesses, and that we believe him to be of sound mind and memory.

Michael J. Jones

5718 W. Wilton

Ganette M. D. Hois

Chicago, Illinois 60630

3218 Louis

Franklin Park, Ill. 60131

STATE OF ILLINOIS     )  
                                      )  
COUNTY OF COOK     )

We, the attesting witnesses to the Will of CHARLES F. HLINKA, on oath state that each of us was present on January 23, 1991, and saw the testator sign the Will, of which this affidavit is a part in our presence; that the 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 he signed the Will.

Michael J. Jones  
Ganette M. D. Hois

SUBSCRIBED AND SWORN TO  
Before Me This 23<sup>rd</sup> Day  
Of January, 1991.

[Signature]  
Notary Public

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C. J. H. 1/10/91  
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