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MAIL  
TO

JOS. A. SEMERLING  
3805 N. LINCOLN  
CHIL 60613

Attorneys' Title Guaranty Fund, Inc.

STATE OF ILLINOIS

COUNTY OF Cook

SS

DEPT-01 RECORDING \$35.50  
146666 TRAN 0998 04/16/93 10:39:00  
40808 : \*-93-282320  
COOK COUNTY RECORDER

JOINT TENANCY AFFIDAVIT

Barbara J. Fillipp hereby referred to as the affiant, states under oath that the affiant resides at 8323 Crawford Avenue in the City of Skokie Illinois; that the affiant was acquainted with John A. Fillipp, 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:

SEE ATTACHED LEGAL DESCRIPTION

PIN # 10-23-300-019 Commonly Known As: 8323 N. Crawford Ave. Skokie, Illinois

That the decedent had no interest in any business or 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 November 22, 1992, leaving ~~no~~ a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ \$250,000.00, and that the value of the above property individually was \$ \$125,000.00

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 ~~warrant Attorneys' Title Guaranty Fund, Inc. to issue its policy of title insurance on the above described property~~ clear title to the subject property

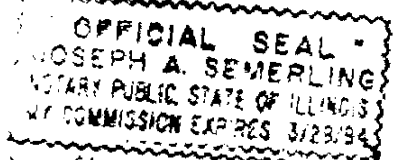
~~The affiant hereby covenants and agrees for himself, her self, her heirs, personal representatives or assigns, to incur or fully indemnify, protect, defend and hold Attorneys' Title Guaranty Fund, Inc. harmless and to reimburse The Fund for all loss, costs, damages, suits, attorney's fees and expenses 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 John A. Fillipp, 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 of contribution.

Barbara J. Fillipp (Sd)  
Barbara J. Fillipp (Scd)

Subscribed and sworn to before me this 12th day of April 1993

Notary Public



Note: If the decedent left a will, it will be necessary that the original or 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.

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## LEGAL DESCRIPTION

Lot 123 in Talman & Thiel's Crawford -Niles Center Subdivision  
in Section 22 and 23, Township 41 North, Range 13, East of the Third  
Principal Meridian, in Cook County, Illinois.

PIN # 10-23-300-019

Commonly Known As: 8323 North Crawford Avenue Skokie, Illinois

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REGISTRATION DISTRICT NO. <b>1623</b>		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER <b>1402</b>		<b>MEDICAL CERTIFICATE OF DEATH</b>			
DECEASED-NAME FIRST <b>JOHN</b> MIDDLE <b>ALBERT</b> LAST <b>FILLIPP</b>		SEX <b>2 Male</b>		DATE OF DEATH MONTH DAY YEAR <b>3 November 22, 1992</b>	
COUNTY OF DEATH <b>4 Cook</b>		AGE-LAST BIRTHDAY (MRS) <b>5a 74</b>		DATE OF BIRTH MONTH DAY YEAR <b>5b December 19, 1917</b>	
CITY/TOWN/TWP. OR ROAD DISTRICT NUMBER <b>6a Evanston</b>		HOSPITAL OR OTHER INSTITUTION-NAME IF NOT IN EITHER, GIVE STREET AND NUMBER <b>6b St. Francis Hospital</b>		IF HOSP. OF INST. INDICATE D.O.A. OF PATIENT AND INPATIENT (SPECIFY) <b>6c Inpatient</b>	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>7 Chicago, IL</b>		MARRIED NEVER MARRIED WIDOWED DIVORCED SPECIFY <b>8a Married</b>		NAME OF SURVIVING SPOUSE (Maiden Name if Wife) <b>8b Barbara Kummer</b>	
SOCIAL SECURITY NUMBER <b>10 322-09-3653</b>		USUAL OCCUPATION <b>11a Foreman Assembler</b>		EDUCATION SPECIFY ONLY HIGH SCHOOL GRADUATE <b>12 10</b>	
RESIDENCE (STREET AND NUMBER) <b>13a 8323 Crawford Avenue</b>		CITY/TOWN/TWP. OR ROAD DISTRICT NO. <b>13b Skokie</b>		INSIDE CITY (YES/NO) <b>13c yes</b> COUNTY <b>13d Cook</b>	
STATE <b>13e Illinois</b>		ZIP CODE <b>13f 60076</b>		RACE (WHITE, BLACK, AMERICAN INDIAN, OR SPECIFY) <b>14a White</b>	
FATHER-NAME FIRST <b>15 Joseph</b> MIDDLE <b>Fillipp</b> LAST <b>Fillipp</b>		MOTHER-NAME FIRST <b>16 Helen</b> MIDDLE <b>Albinger</b> LAST <b>Albinger</b>		OF HISPANIC ORIGIN? (SPECIFY NO OR YES IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) <b>14b NO YES SPECIFY</b>	
DECEASED'S NAME (TYPE OR PRINT) <b>17a Barbara J. Fillipp</b>		RELATIONSHIP <b>17b Wife</b>		MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP) <b>17c 8323 Crawford Avenue, Skokie, IL</b>	
18. PART I		Enter the direct, or immediate, cause of death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.			
Immediate Cause (Final disease or condition resulting in death)		<b>(a) Aspiration pneumonia</b>		<b>2 weeks</b>	
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST		<b>(b) DUE TO OR AS A CONSEQUENCE OF</b>			
		<b>(c) DUE TO OR AS A CONSEQUENCE OF</b>			
PART II. Other conditions contributing to death but not resulting in the underlying cause (print or type)		<b>Cerebral vascular accident</b>		AUTOPSY (YES/NO) <b>19a No</b>	
DATE OF OPERATION, IF ANY <b>20a</b>		MAJOR FINDINGS OF OPERATION <b>20b</b>		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <b>20c YES NO</b>	
IF DID NOT ATTEND THE DECEASED AND LAST SAW HIM/her ALIVE ON <b>21a did</b> MONTH DAY YEAR <b>November 21, 1992</b>		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>21b No</b>		HOUR OF DEATH <b>21c 8:18 A. M.</b>	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		DATE SIGNED <b>22b Nov. 22, 1992</b>		ILLINOIS LICENSE NUMBER <b>22c 036-071364</b>	
SIGNATURE <b>22a Cliff J. Ireland D.O.</b>		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>22c Cliff J. Ireland, D.O. 7126 N. Lincoln Ave., Lincolnwood, IL</b>		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) <b>23</b>	
BURL CREATION, REMOVAL (SPECIFY) <b>24a Burial</b>		CEMETERY OR CREMATORY-NAME <b>24b Maryhill Cemetery</b>		LOCATION CITY OR TOWN STATE <b>24c Niles, Illinois</b>	
FUNERAL HOME <b>25a Haben Funeral Home</b>		STREET AND NUMBER OR R.F.D. <b>8057 Niles Center Road</b>		CITY OR TOWN STATE ZIP <b>Skokie, Illinois 60077</b>	
FUNERAL DIRECTOR'S SIGNATURE <b>25b</b>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>25c 034-011820</b>		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) <b>26b Nov 23, 1992</b>	
LOCAL REGISTRAR'S SIGNATURE <b>26a</b>					

VP200 (Rev. 5-89)

Illinois Department of Public Health—Division of Vital Records

BASED ON ILL. STAT. CHAP. 95, ART. 1, SEC. 1-1.1

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named as Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE **November 23, 1992**

SIGNED

AT **EVANSTON**

Illinois OFFICIAL TITLE

LOCAL REGISTRAR

**93282320**

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

LAST WILL AND TESTAMENT OF

JOHN A. FILLIPP

I, JOHN A. FILLIPP, of Skokie, Illinois, revoke all prior wills and codicils and make this my last will.

SECTION ONE

I bequeath all of my personal effects, household goods, automobiles and all other items of goods and chattels to my wife, BARBARA J. FILLIPP (hereinafter called "my wife"), if she survives me, or if she predeceases me, to my children who survive me in equal shares. My children on the date hereof are BARBARA KAY GABL, my daughter, and THOMAS J. FILLIPP, my son.

SECTION TWO

I give and devise the residue of my estate to my wife, or if she does not survive me, per stirpes to my descendants who survive me.

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 as the executor of this will. If for any reason my wife fails or ceases to act as executor, then I name my son, THOMAS J. FILLIPP, as executor. I direct that no security on the executor's bond be required of my wife or my son.

1. I direct the executor to pay out of my estate passing hereunder, after satisfaction of the bequest or bequests made in SECTION ONE, all expenses of administering my estate and all estate inheritance, transfer and succession taxes (including interest and penalties, if any) which become due by reason of my death. I waive on behalf of my estate any right to recover from any person, including any beneficiary of insurance upon my life, any part of such taxes.

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John A. Fillipp

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

(a) To sell at public 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 join with my surviving spouse in filing joint federal income tax returns, and in any federal gift tax return 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;

(d) 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; and

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

## SECTION FIVE

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If any beneficiary of mine has not attained legal age at the time any property becomes distributable to him or her, the executor may distribute any part or all of such property to a parent or adult relative of the beneficiary, as trustee, against such person's receipt and upon his written undertaking to deliver the property to the beneficiary at the time he or she attains legal age and in the meantime to hold it in trust and use it for the benefit of the beneficiary. Such receipt and written undertaking shall discharge the executor.

## SECTION SIX

No rights of the beneficiaries under my Will shall be

JEROME V. MUELLEN  
ATTORNEY AT LAW  
4338 CANTON ST.  
SKOKIE, ILLINOIS 60076  
PHONE 673-7464

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John A. Fillyff

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subject to any of their debts or liabilities or to any assignment, anticipation or attachment or other process of court, and my executor shall not be required to make any disbursements to any assignee or creditor or otherwise than to the beneficiaries in person.

IN WITNESS WHEREOF, I have signed this Will, consisting of four typewritten pages, the next page included, and have signed the bottom of each preceding page, all this 15th day of March, 1973.

John A. Fillipp

SEAL

We certify that in our presence on the date appearing above JOHN A. FILLIPP 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.

Lucy M. Butler

7829 Kinton Ave

Northbrook, Illinois

Anthony J. [unclear]

1500 N. Kinton Ave

Northbrook, Illinois

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STATE OF ILLINOIS

COUNTY OF COOK

We, the attesting witnesses to the will of JOHN A FILLIPP 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 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 of the signing.

Irving D. Mueller  
Arthur J. [unclear]

Subscribed and sworn to  
before me this 15th day  
of March, 1973.

Jerome V. Mueller  
NOTARY PUBLIC

My commission expires March 28, 1976

JEROME V. MUELLER  
ATTORNEY AT LAW  
438 OAKTON ST.  
SKOKIE, ILLINOIS 60076  
PHONE 673-7464

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IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS  
PROBATE DIVISION

I HEREBY CERTIFY THAT THE DOCUMENT TO WHICH  
THIS CERTIFICATION IS AFFIXED IS A TRUE AND  
CORRECT COPY OF AN INSTRUMENT IN WRITING  
PURPORTING TO BE THE LAST WILL AND TESTAMENT  
OF John A. Fillipp

DECEASED, FILED IN THE OFFICE OF THE CLERK OF  
THE CIRCUIT COURT OF COOK COUNTY, PROBATE

DIVISION ON Apr. 5, 1993

Apr. 5, 1993  
Aurilia Bucinski  
CLERK OF THE CIRCUIT COURT  
OF COOK COUNTY, ILLINOIS

3550/BMP