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Chicago Title Insurance Company

91567307

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

} ss.

Order No. NONE PENDING

MARIE HENQUINET

being duly sworn

states that she resides at 104 Thackery Place in the City of Mount Prospect, Illinois

That she was acquainted with JOSEPH HENQUINET

deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

Lots 49 and 50 in the Resubdivision of Lots 4, 5, 6, 7, 8, 9, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 173 and 178 in the Village of Rand (now Des Plaines) according to the Map thereof recorded January 11, 1861, as Document Number 41230 in Book 161 of Maps, Page 18, in the Southeast 1/4 of Section 17, Township 41 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent tax no. 09-17-416-009

. DEPT-01 RECORDING \$31.50

Property address: 1558 Miner Street, Des Plaines, Illinois 60666 TRAM 1111 06/29/94 09:38:00

. 4942 LC # -94-567307
. COOK COUNTY RECORDER

That the deceased died May 25, 1991, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

Leaving no Last Will & Testament.

Leaving a Last Will & 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.

Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois about June 14, 1991

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 the death of the deceased, does not exceed the sum of _____ dollars.

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

Subscribed and sworn to before me by the said

MARIE HENQUINET

this 18th day of November, A.D. 19 93

John C. Haas
Notary Public

Marie Henquinet
(affiant's signature)
MARIE HENQUINET

OFFICIAL SEAL
J. C. HAAS
Notary Public, State of Illinois
My Comm. Expires 10/21/96

Handwritten signature and initials: "ALL TO" with a flourish.

Handwritten initials: "3/11"

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| STATE OF ILLINOIS | | | | STATE FILE NUMBER | |
|--|----------------------------|---|--|---|--|
| REGISTRATION DISTRICT NO. <i>100</i> | | MEDICAL CERTIFICATE OF DEATH | | | |
| REGISTERED NUMBER | | DECEASED-NAME FIRST MIDDLE LAST | | SEX | DATE OF DEATH MONTH DAY YEAR |
| | | 1. JOSEPH P. HENQUINET | | 2. MALE | 3. MAY 25, 1991 |
| COUNTY OF DEATH | AGE-LAST BIRTHDAY (YRS) | UNDER 1 YEAR | UNDER 1 DAY | DATE OF BIRTH (MONTH DAY YEAR) | |
| 4. COOK | 5a. 59 | 5b. | 5c. | 5d. FEBRUARY 26, 1932 | |
| CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER | | HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) | | IF HOSP. OR INST. INDICATE C.O.A. OF BIRTH (PAT. INPATIENT (SPECIFY)) | |
| 6a. DES PLAINES | | 6b. 301 AMBLESIDE | | 6c. RESIDENCE | |
| BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) | NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) | | WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) |
| 7. JACKSONPORT, WISCONSIN | | 8a. MARRIED | 8b. MARIE D. NEE GOUR | | 9. YES |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION | KIND OF BUSINESS OR INDUSTRY | EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) | |
| 10. 393-28-6226 | | 11a. OWNER | 11b. SERVICE STATION | 12. 12 yrs | |
| RESIDENCE (STREET AND NUMBER) | | CITY, TOWN, TWP. OR ROAD DISTRICT NO. | | INSIDE CITY (YES/NO) | COUNTY |
| 13a. 301 AMBLESIDE | | 13b. DES PLAINES | | 13c. YES | 13d. COOK |
| STATE | ZIP CODE | RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) | OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) | | |
| 13e. ILLINOIS | 13f. 60016 | 14a. WHITE | 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY: | | |
| FATHER-NAME FIRST MIDDLE LAST | | MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST | | | |
| 15. NELSON L. HENQUINET | | 16. MARGARET B. NEUMANN | | | |
| INFORMANT'S NAME (TYPE OR PRINT) | | RELATIONSHIP | MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) | | |
| 17a. MARIE D. HENQUINET | | 17b. WIFE | 17c. 301 AMBLESIDE RD. DES PLAINES, ILL. | | |
| 18. PART I. Enter the disease, or complications that caused the 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) | | (a) Metastatic Pancreatic Carcinoma | | | |
| CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. | | (b) DUE TO, OR AS A CONSEQUENCE OF | | | |
| | | (c) DUE TO, OR AS A CONSEQUENCE OF | | | |
| PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. | | | | | |
| DATE OF OPERATION, IF ANY | | MAJOR FINDINGS OF OPERATION | | AUTOPSY (YES/NO) | WAS AUTOPSY PREVIOUSLY AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) |
| 20a. | | 20b. | | 19a. YES | 19b. |
| IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? | | | | | |
| 20c. YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | |
| 1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) | | WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) | | HOUR OF DEATH | |
| 21a. May 24, 1991 | | 21b. NO | | 21c. 3:02 PM M. | |
| TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. | | | | DATE SIGNED (MONTH, DAY, YEAR) | |
| 22a. SIGNATURE | | 22b. 5/26/91 | | ILLINOIS LICENSE NUMBER | |
| 22c. 1875 Denso or Park Ridge IL | | 22d. B666246 | | NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. | |
| NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) | | NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) | | | |
| 23. | | 23. | | | |
| BURIAL, CREMATION, REMOVAL (SPECIFY) | CEMETERY OR CREMATORY-NAME | LOCATION | CITY OR TOWN | STATE | DATE MONTH DAY YEAR |
| 24a. BURIAL | 24b. ST. MICHAEL CEMETERY | 24c. JACKSONPORT, WISCONSIN | 24d. MAY 30, 1991 | | |
| FUNERAL HOME | NAME | STREET AND NUMBER OR R.F.D. | CITY OR TOWN | STATE | ZIP |
| 25a. OEHLER FUNERAL HOME | 555 LEE STREET | DES PLAINES, ILLINOIS | 60016 | | |
| FUNERAL DIRECTOR'S SIGNATURE | | | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER | | |
| 25b. Lee J. Schlegel | | | 25c. 5187 | | |
| LOCAL REGISTRAR (NAME AND ADDRESS) | | | DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) | | |
| 26a. REGISTRAR | | | 26b. May 29, 1991 | | |

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 death.

MAY 28 1991

SIGNED

Malvina McLeod

County Department of Public Health
1500 E. Maybrook Drive - Maywood, Illinois 60158
Official Title Deputy Registrar

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LAST WILL AND TESTAMENT

OF

JOSEPH P. HENQUINET

I, JOSEPH P. HENQUINET, residing in the City of Des Plaines, County of Cook and State of Illinois, being of sound and disposing mind and memory, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking any and all other Wills and Codicils by me heretofore made.

ARTICLE I

I direct my executor to pay all my just debts and funeral expenses as soon after my decease as practical, and I direct that all expenses of administering my estate and all estate, inheritance, transfer and succession taxes (including interest and penalties, if any), which shall become due by reason of my death, shall be paid by my executor out of my estate. 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.

ARTICLE II

I give, devise and bequeath all my property and estate, whether real, personal or mixed, wheresoever situated, of which I may die seized or possessed, or over which I may have testamentary control, or to which I may in any way be entitled, of whatsoever the same may consist, unto my wife, MARIE D. HENQUINET, absolutely, if she shall be living at my death and provided she shall survive my death for sixty days.

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ARTICLE III

In the event that my wife, MARIE D. HENQUINET, shall not survive my death and sixty days thereafter, then in such event, I give, devise and bequeath all my property and estate, whether real, personal or mixed, wheresoever situated, of which I may die seized or possessed, or over which I may have testamentary control, or to which I may in any way be entitled, of whatsoever the same may consist, to GAIL HENQUINET, STEPHEN HENQUINET, RICHARD HENQUINET, JEFFREY ALLEN and MICHELLE ALLEN, in equal shares.

ARTICLE IV

I nominate and appoint RAYMOND FRIGGE as executor of this my Last Will and Testament, and in the event of his death, resignation or inability to act, I nominate and appoint my wife, MARIE D. HENQUINET, to be executor. In the event of her death, resignation or inability to act, I nominate and appoint KATHLEEN WHITSON to be executor, and I direct that no surety on the executor's bond be required of any of the persons named in this paragraph.

ARTICLE V

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

1. 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;
2. To settle claims in favor of or against my estate;
3. 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

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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;

- 4. 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

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

IN WITNESS WHEREOF I have subscribed my name and set my seal to this, my Last Will and Testament, consisting of four (4) typewritten pages, the following page included, on each of which I have placed my signature for greater security and better identification, this 13th day of March, 1985.

Joseph P. Henquinet (SEAL)

The foregoing instrument, consisting of four (4) typewritten pages, the following page included, was on the date specified therein, signed, sealed, published and declared by JOSEPH P. HENQUINET to be his Last Will and Testament, in the presence of us, who, at his request and in his presence, and in the presence of each other, have hereunto subscribed our names as witnesses to the execution thereof, and we hereby certify

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that at the time of the execution thereof, we believe JOSEPH P. HENQUINET to be of sound and disposing mind and memory.

Robert M. Ambrose ADDRESS: 1195 Southworth

Ellen Wood, Ill
Lucia A. Levander ADDRESS: 1760 Evergreen Lane
Park Ridge Ill.

STATE OF ILLINOIS }
COUNTY OF COOK } SS

We, the attesting witnesses to the Will of JOSEPH P. HENQUINET, on oath state that each of us was present on March 13, 1985, and saw the testator sign the Will, to which this affidavit is attached, 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.

Joseph P. Henquinet

Robert M. Ambrose
Lucia A. Levander

Subscribed and sworn to before me this 13th day of March, 1985.

William T. Levander

NOTARY PUBLIC

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