

# UNOFFICIAL COPY

95021367

## Affidavit of Heirship & Personal Undertaking

1. This affidavit is made by affiants Robert L. Loevy and Arthur Loevy, to induce PLM Title Insurance Company to issue a Title Commitment affirming that Robert L. Loevy and Arthur Loevy hold title to the premises described herein on Exhibit "A" in Fee Simple Absolute.
2. Said property was held in fee simple absolute by Carl Loevy and Rose Loevy, his wife as joint tenants and was so held as of the date of the death of Carl Loevy.
3. Carl Loevy, at the date of his death was married to Rose Loevy, and their only issue were Robert L. Loevy and Arthur Loevy. All federal and State tax liability, if any, that may have been associated with the death of Carl Loevy was satisfied and discharged.
4. Carl Loevy died on March 18, 1986 leaving as his only surviving heirs his two sons Robert L. Loevy and Arthur Loevy and his wife Rose Loevy. A certified copy of the death certificate of Carl Loevy is attached hereto.
5. Rose Loevy died on June 25, 1994 and during her life gave birth to only two children, Robert L. Loevy and Arthur Loevy. At the time of her death, she still retained ownership of the premises described herein on Exhibit "A" in Fee Simple Absolute. A certified copy of the death certificate of Rose Loevy is attached hereto.
6. At the date of her death, Rose Loevy left a Will dated March 30, 1992; the original of which has been filed in the probate court and a copy of which is attached hereto.
7. There are no claims against Rose Loevy and all expenses known to have been incurred with respect to her last illness and funeral have been paid.
8. There is no Federal Estate Tax or State Inheritance Tax liability with respect to the death of Rose Loevy.
9. As PLM Title Company has raised certain objections to title in their commitment 52772C with respect to potential claims against the estate of Rose Loevy, and to induce PLM Title Company to issue a title insurance policy free of such objections, Robert L. Loevy and Arthur Loevy hereby acknowledge for themselves, their heirs, personal representatives and assigns that they will fully protect, defend and save PLM harmless from and against defects in title caused by claims against the Estate of Rose Loevy with respect to unpaid estate taxes and reimbursement of all claims and expenses relative thereto.

Further affiants saith not.

Subscribed and sworn to this 3rd day of December, 1994.

*Patricia L. Johnson*  
Notary Public

Robert L. Loevy  
 PATRICIA L. JOHNSON  
 NOTARY PUBLIC, STATE OF ILLINOIS  
 COUNTY OF DUPAGE  
 MY COMMISSION EXPIRES 7/1/97

Arthur Loevy

DEPT-11 RECORD TOR \$31.50  
 T40013 TRAK 9314 01/11/95 09:49:00  
 #7606 # AF \*-95-021367  
 COOK COUNTY RECORDER

3150  
RP

95021367

PLM 52772C

PLM 9

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11/11/11

Mail To:  
PLM Title Company  
P.O. Box 46  
Wheaton, IL 60189



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## LEGAL DESCRIPTION

### EXHIBIT "A"

PARCEL 1: UNIT 406 AS DELINEATED ON SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE (HEREINAFTER REFERRED TO AS "PARCEL"): THAT PART OF THE EAST HALF OF THE NORTHEAST QUARTER OF SECTION 16, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS: COMMENCING AT THE NORTHWEST CORNER OF THE EAST 33 RODS OF SAID NORTHEAST QUARTER; THENCE SOUTH 00 DEGREES 03 MINUTES 30 SECONDS WEST ON THE WEST LINE OF SAID EAST 33 RODS OF THE NORTHEAST QUARTER, A DISTANCE OF 153.12 FEET; THENCE NORTH 90 DEGREES 00 MINUTES 00 SECONDS WEST, A DISTANCE OF 20.57 FEET FOR THE PLACE OF BEGINNING OF THE TRACT OF LAND HEREINAFTER DESCRIBED; THENCE SOUTH 30 DEGREES 00 MINUTES 00 SECONDS WEST, A DISTANCE OF 79.0 FEET; THENCE NORTH 60 DEGREES 00 MINUTES 00 SECONDS WEST, A DISTANCE OF 100.41 FEET; THENCE NORTH 90 DEGREES 00 MINUTES 00 SECONDS WEST, A DISTANCE OF 181.63 FEET; THENCE NORTH 00 DEGREES 00 MINUTES 00 SECONDS EAST, A DISTANCE OF 79.0 FEET; THENCE NORTH 90 DEGREES 00 MINUTES 00 SECONDS EAST, A DISTANCE OF 179.69 FEET; THENCE NORTH 00 DEGREES 00 MINUTES 00 SECONDS EAST, A DISTANCE OF 10.0 FEET; THENCE SOUTH 79 DEGREES 36 MINUTES 32 SECONDS EAST, A DISTANCE OF 44.70 FEET; THENCE SOUTH 30 DEGREES 00 MINUTES 00 SECONDS WEST, A DISTANCE OF 12.00 FEET; THENCE SOUTH 60 DEGREES 00 MINUTES 00 SECONDS EAST, A DISTANCE OF 104.78 FEET TO THE PLACE OF BEGINNING, ALL IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO DECLARATION OF CONDOMINIUM MADE BY HARRIS TRUST AND SAVINGS BANK, AN ILLINOIS CORPORATION, AS TRUSTEE UNDER TRUST AGREEMENT DATED MAY 15, 1967 AND KNOWN AS TRUST NO. 32766, AND NOT INDIVIDUALLY, FILED IN THE OFFICE OF THE REGISTRAR OF DEEDS OF COOK COUNTY, ILLINOIS, AS DOCUMENT LR 2813918, TOGETHER WITH AN UNDIVIDED 1.76420 PERCENT INTEREST IN SAID PARCEL (EXCEPTING FROM SAID PARCEL ALL THE PROPERTY AND SPACE COMPRISING ALL THE UNITS THEREOF AS DEFINED AND SET FORTH IN SAID DECLARATION OF CONDOMINIUM AND SURVEY).

PARCEL 2: EASEMENT APPURTENANT TO AND FOR THE BENEFIT OF PARCEL 1 AS SET FORTH IN DECLARATION OF EASEMENTS, COVENANTS AND RESTRICTIONS DATED NOVEMBER 12, 1970 AND FILED IN THE OFFICE OF THE REGISTRAR OF TITLES ON NOVEMBER 17, 1970 AS DOCUMENT LR 2530976 AND AS CREATED BY DEED (OR MORTGAGE) FROM HARRIS TRUST AND SAVINGS BANK, A CORPORATION OF ILLINOIS, AS TRUSTEE UNDER TRUST AGREEMENT DATED MAY 15, 1967 AND KNOWN AS TRUST NO. 32766 TO CARL LOEVY AND ROSE LOEVY DATED OCTOBER 15, 1972 AND FILED NOVEMBER 12, 1975 AS DOCUMENT LR2840281 FOR INGRESS AND EGRESS.

PERMANENT INDEX NUMBER: 10-16-204-029-1042

TOWNSHIP: NILES

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AURELIA PUCINSKI  
Clerk of the Circuit Court  
Probate Division  
Room 1202, Richard J. Daley Center  
Chicago, Illinois 60602

JUL 29 1994

JUL 29 1994

July 29 1994

Received of Merrill C. Hoyt

An instrument purporting to be the last will and  
testament of Rose Loevy Dec'd

Containing 2 Pgs. Dated 3/3/92

Date of Death June 25, 1994

CCP-103

By Joe Mc Grew  
Deputy Clerk

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1. I give to my executors full power and authority, without order of any court, to retain, sell to such persons, mortgage, pledge, exchange or otherwise deal with or dispose of the property comprising my estate upon such terms as my executors, in their sole discretion, shall deem best.
2. To settle claims in favor of or against my estate.
3. To distribute the residue of my estate in cash or in kind or partly in each and for this purpose the determination of my executors as to the value of any property distributed in kind shall be conclusive.
4. To execute and deliver any deeds, contracts, mortgages, bills of sale or other documents necessary or desirable for the exercise of their powers and discretions as executors.
5. To exercise or not to exercise any election or option granted to executors by the Internal Revenue Code in force at my death even though such exercise or non-exercise increases or decreases estate principal or income without adjustment to principal or income.
6. I direct that no bond or other security shall be required of my executors for the faithful performance of their duties.

IN WITNESS WHEREOF, I have set my hand and seal to this, my Last Will and Testament, consisting of two (2) typewritten pages, on this 3RD day of MARCH, 1952.

Rosa Loewy  
Rosa Loewy

We certify that in our presence on the date appearing above, the testator, ROSA LOEWY, signed the foregoing instrument at her residence and declared it to be her last will and requested us to act as witnesses to it; that we believed her to be of sound mind and memory and not under duress or constraint, and that we then, in her presence and in the presence of each other, signed our names as attesting witnesses.

ADDRESS

Terma ...  
Geraldine Barnett

2940 W. LAUNDALE  
4063 N. KILBOURN

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

DATE JUN 27 1994

SIGNED Lowell Hurdalickery

AT SKOKIE

Illinois OFFICIAL TITLE DIRECTOR OF HEALTH

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.

STATE OF ILLINOIS  
STATE FILE NUMBER **95021037**

**MEDICAL CERTIFICATE OF DEATH**

REGISTRATION DISTRICT NO. **16.36**  
REGISTERED NUMBER **14227**

DECEASED - NAME **ROSE** FIRST **ROSE** MIDDLE **LOEVEY** LAST **LOEVEY** SEX **F** DATE OF BIRTH (MONTH, DAY, YEAR) **June 25, 1907**

COUNTY OF DEATH **COOK** CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Skokie** HOSPITAL OR OTHER INSTITUTION (NAME IF NOT MEMBER ONE STREET AND NUMBER) **Rush North Shore Hospital** FROM OR NEXT TO PLACE OF DEATH (IF PATIENT) **inpatient**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Chicago, Illinois** HARRIED NEVER MARRIED, DIVORCED, SEPARATED, WIDOWED **WIDOWED** NAME OF SHIPPING HOUSE (IF SHIPWRECKED) **At Sea**

SOCIAL SECURITY NUMBER **323-10-7440** USUAL OCCUPATION **Homemaker** CITY, TOWN, TWP. OR DISTRICT NO. **Skokie** RESIDENCE (STREET AND NUMBER) **4901 Golf Rd.** EDUCATION (SCHOOL GRADE ATTENDED) **12** GRADE CITY **Yes** COUNTY **COOK**

FATHER - NAME **Louis** FIRST **Louis** MIDDLE **ROSENBLUM** LAST **ROSENBLUM** MOTHER - NAME **Anna** FIRST **Anna** LAST **Lazarofsky**

17a **Robert Loevey** 17b **Son** 17c **1761501 E. Central, Arlington Hts., IL 60005**

18 PART I. Immediate Cause (Final disease or condition resulting in death) **URSELSIS**

18 PART II. Other important conditions (see code 1-8, death not resulting in the underlying cause given in PART I.)

CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. (B) DUE TO. (C) AS CONSEQUENCE OF.

20a DATE OF OPERATION, IF ANY **JUNE 24, 1994** MAJOR PHASES OF OPERATION **20b**

20c **ND** 19a. (YES) 19b. (NO) 19c. (NO) 19d. (NO)

21a TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED.

22a SIGNATURE **Lowell Hurdalickery** (TYPE OR PRINT)

22b ADDRESS OF CENTER (TYPE OR PRINT) **9664 N. Keaton, Skokie IL, 60076**

23 NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CENTER) (TYPE OR PRINT)

24a Burial **Memorial Park** 24b **Skokie, Illinois**

25a **Lloyd Mandel Ievayah Funerals** 4750 Dempster, Skokie, Illinois 60076

25b **Funeral Director's Signature** **Doran J. Pickett**

25c **034-010756**

26a **Lowell Hurdalickery** **Doran J. Pickett**

26b **JUN 27 1994**

26c **034-010756**

26d **034-010756**

26e **034-010756**

26f **034-010756**

26g **034-010756**

26h **034-010756**

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26r **034-010756**

26s **034-010756**

26t **034-010756**

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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at 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 MAR 19 1986 SIGNED Lowell Huchelberry  
AT SKOKIE Illinois OFFICIAL TITLE DIRECTOR OF HEALTH

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.

REGISTRATION DISTRICT NO. 16-36  
REGISTERED NUMBER 9229

STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH MARCH 18 1986

1. DECEASED NAME CARL LOEY FIRST LOEY LAST LOEY MIDDLE LENN  
2. SEX MALE 3. AGE 87 4. DATE OF BIRTH JAN 20 1899 5. PLACE OF BIRTH CHICAGO ILLINOIS

6. RACE WHITE 7. CITIZENSHIP AMERICAN 8. HOSPITAL OR OTHER INSTITUTION SKOKIE VALLEY HOSPITAL 9. COUNTY DEKALB 10. CITY SKOKIE

11. STATE OF BIRTH ILLINOIS 12. CITIZENSHIP U.S.A. 13. MARRIED YES 14. MARRIED YES 15. MARRIED YES 16. MARRIED YES 17. MARRIED YES 18. MARRIED YES 19. MARRIED YES 20. MARRIED YES 21. MARRIED YES 22. MARRIED YES 23. MARRIED YES 24. MARRIED YES 25. MARRIED YES 26. MARRIED YES 27. MARRIED YES 28. MARRIED YES 29. MARRIED YES 30. MARRIED YES 31. MARRIED YES 32. MARRIED YES 33. MARRIED YES 34. MARRIED YES 35. MARRIED YES 36. MARRIED YES 37. MARRIED YES 38. MARRIED YES 39. MARRIED YES 40. MARRIED YES 41. MARRIED YES 42. MARRIED YES 43. MARRIED YES 44. MARRIED YES 45. MARRIED YES 46. MARRIED YES 47. MARRIED YES 48. MARRIED YES 49. MARRIED YES 50. MARRIED YES 51. MARRIED YES 52. MARRIED YES 53. MARRIED YES 54. MARRIED YES 55. MARRIED YES 56. MARRIED YES 57. MARRIED YES 58. MARRIED YES 59. MARRIED YES 60. MARRIED YES 61. MARRIED YES 62. MARRIED YES 63. MARRIED YES 64. MARRIED YES 65. MARRIED YES 66. MARRIED YES 67. MARRIED YES 68. MARRIED YES 69. MARRIED YES 70. MARRIED YES 71. MARRIED YES 72. MARRIED YES 73. MARRIED YES 74. MARRIED YES 75. MARRIED YES 76. MARRIED YES 77. MARRIED YES 78. MARRIED YES 79. MARRIED YES 80. MARRIED YES 81. MARRIED YES 82. MARRIED YES 83. MARRIED YES 84. MARRIED YES 85. MARRIED YES 86. MARRIED YES 87. MARRIED YES 88. MARRIED YES 89. MARRIED YES 90. MARRIED YES 91. MARRIED YES 92. MARRIED YES 93. MARRIED YES 94. MARRIED YES 95. MARRIED YES 96. MARRIED YES 97. MARRIED YES 98. MARRIED YES 99. MARRIED YES 100. MARRIED YES

12. RESIDENCE STREET AND NUMBER 323-10-7440 13. SOCIAL SECURITY NUMBER 323-10-7440 14. OCCUPATION PROPRIETOR 15. RELATIONSHIP SON 16. ADDRESS 11070 LAVERGNE, SKOKIE ILLINOIS

17. FATHER NAME ALEX LOEY 18. MOTHER NAME ROSE 19. BIRTH DATE NOV 1901 20. BIRTH PLACE SKOKIE ILLINOIS

21. DEATH WAS CAUSED BY Heart Muscularial degeneration 22. CAUSE OF DEATH Coronary Arteriosclerosis Heart Disease

23. DATE OF OPERATION IF ANY NO 24. MAJOR FINDINGS OF OPERATION NO

25. (1) DID NOT ATTEND THE DECEASED NO (2) DID ATTEND THE DECEASED NO (3) DID ATTEND THE DECEASED NO (4) DID ATTEND THE DECEASED NO (5) DID ATTEND THE DECEASED NO (6) DID ATTEND THE DECEASED NO (7) DID ATTEND THE DECEASED NO (8) DID ATTEND THE DECEASED NO (9) DID ATTEND THE DECEASED NO (10) DID ATTEND THE DECEASED NO (11) DID ATTEND THE DECEASED NO (12) DID ATTEND THE DECEASED NO (13) DID ATTEND THE DECEASED NO (14) DID ATTEND THE DECEASED NO (15) DID ATTEND THE DECEASED NO (16) DID ATTEND THE DECEASED NO (17) DID ATTEND THE DECEASED NO (18) DID ATTEND THE DECEASED NO (19) DID ATTEND THE DECEASED NO (20) DID ATTEND THE DECEASED NO (21) DID ATTEND THE DECEASED NO (22) DID ATTEND THE DECEASED NO (23) DID ATTEND THE DECEASED NO (24) DID ATTEND THE DECEASED NO (25) DID ATTEND THE DECEASED NO (26) DID ATTEND THE DECEASED NO (27) DID ATTEND THE DECEASED NO (28) DID ATTEND THE DECEASED NO (29) DID ATTEND THE DECEASED NO (30) DID ATTEND THE DECEASED NO (31) DID ATTEND THE DECEASED NO (32) DID ATTEND THE DECEASED NO (33) DID ATTEND THE DECEASED NO (34) DID ATTEND THE DECEASED NO (35) DID ATTEND THE DECEASED NO (36) DID ATTEND THE DECEASED NO (37) DID ATTEND THE DECEASED NO (38) DID ATTEND THE DECEASED NO (39) DID ATTEND THE DECEASED NO (40) DID ATTEND THE DECEASED NO (41) DID ATTEND THE DECEASED NO (42) DID ATTEND THE DECEASED NO (43) DID ATTEND THE DECEASED NO (44) DID ATTEND THE DECEASED NO (45) DID ATTEND THE DECEASED NO (46) DID ATTEND THE DECEASED NO (47) DID ATTEND THE DECEASED NO (48) DID ATTEND THE DECEASED NO (49) DID ATTEND THE DECEASED NO (50) DID ATTEND THE DECEASED NO (51) DID ATTEND THE DECEASED NO (52) DID ATTEND THE DECEASED NO (53) DID ATTEND THE DECEASED NO (54) DID ATTEND THE DECEASED NO (55) DID ATTEND THE DECEASED NO (56) DID ATTEND THE DECEASED NO (57) DID ATTEND THE DECEASED NO (58) DID ATTEND THE DECEASED NO (59) DID ATTEND THE DECEASED NO (60) DID ATTEND THE DECEASED NO (61) DID ATTEND THE DECEASED NO (62) DID ATTEND THE DECEASED NO (63) DID ATTEND THE DECEASED NO (64) DID ATTEND THE DECEASED NO (65) DID ATTEND THE DECEASED NO (66) DID ATTEND THE DECEASED NO (67) DID ATTEND THE DECEASED NO (68) DID ATTEND THE DECEASED NO (69) DID ATTEND THE DECEASED NO (70) DID ATTEND THE DECEASED NO (71) DID ATTEND THE DECEASED NO (72) DID ATTEND THE DECEASED NO (73) DID ATTEND THE DECEASED NO (74) DID ATTEND THE DECEASED NO (75) DID ATTEND THE DECEASED NO (76) DID ATTEND THE DECEASED NO (77) DID ATTEND THE DECEASED NO (78) DID ATTEND THE DECEASED NO (79) DID ATTEND THE DECEASED NO (80) DID ATTEND THE DECEASED NO (81) DID ATTEND THE DECEASED NO (82) DID ATTEND THE DECEASED NO (83) DID ATTEND THE DECEASED NO (84) DID ATTEND THE DECEASED NO (85) DID ATTEND THE DECEASED NO (86) DID ATTEND THE DECEASED NO (87) DID ATTEND THE DECEASED NO (88) DID ATTEND THE DECEASED NO (89) DID ATTEND THE DECEASED NO (90) DID ATTEND THE DECEASED NO (91) DID ATTEND THE DECEASED NO (92) DID ATTEND THE DECEASED NO (93) DID ATTEND THE DECEASED NO (94) DID ATTEND THE DECEASED NO (95) DID ATTEND THE DECEASED NO (96) DID ATTEND THE DECEASED NO (97) DID ATTEND THE DECEASED NO (98) DID ATTEND THE DECEASED NO (99) DID ATTEND THE DECEASED NO (100) DID ATTEND THE DECEASED NO

26. SIGNATURE Lowell Huchelberry 27. NAME AND ADDRESS OF CERTIFIER Lowell Huchelberry

28. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) DR. PLUMMER

29. BURIAL OR CREMATION MEMORIAL PARK SKOKIE ILLINOIS

30. FUNERAL HOME WEINSTEIN BROTHERS 111 SKOKIE BL. WILMETTE ILLINOIS

31. LOCAL REGISTRAR'S SIGNATURE Lowell Huchelberry

32. ILLINOIS DEPARTMENT OF PUBLIC HEALTH

33. ILLINOIS DEPARTMENT OF PUBLIC HEALTH

34. ILLINOIS DEPARTMENT OF PUBLIC HEALTH

35. ILLINOIS DEPARTMENT OF PUBLIC HEALTH

36. ILLINOIS DEPARTMENT OF PUBLIC HEALTH

37. ILLINOIS DEPARTMENT OF PUBLIC HEALTH

38. ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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