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95348822



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

ss. Order No. _____

Karl R. Moritz being duly sworn
states that he resides at 1526 Central Street in the Village of
Wilmette

That he was acquainted with Edith Mary Moritz
deceased who, at the time of her death, was one of the owners of the land in Cook
County, Illinois, described as:

Lot 39 in King's Addition to Wilmette, a Subdivision of the South
East Quarter of the North East Quarter of Section 33, Township 42
North, East of the 3rd Principal Meridian, according to plat
recorded July 22, 1913 as Document 5230487.

05-33-215-017

DEPT-01 RECORDING \$27.50
T40003 TRAN 7410 05/30/95 11106100
\$6492 FDF #95-348822
COOK COUNTY RECORDER
DEPT-10 PENALTY \$24.00

That the deceased died November 29, 1994, 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 _____ County, Illinois about _____

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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 -0- dollars.

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

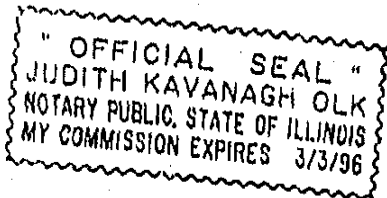
Subscribed and sworn to before me by the said

this 22nd day of February, A.D. 19 95

Judith Kavanagh Olk
Notary Public

Karl R. Moritz
(affiant's signature)

FORM 3703



27.50
24.00
51.50
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ASSISTANT

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STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

525 November 1994

PERMANENT CERTIFICATE
 TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO. 16,23
REGISTERED NUMBER 1372

DECEASED

1. DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH DAY YEAR)
Edith Mary Moritz Female 3 November 29, 1994

2. COUNTY OF DEATH
Cook

3. AGE - LAST BIRTHDAY (MONTH DAY YEAR) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH DAY YEAR)
76 6 1918

4. CITY, TOWN, TWP OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION - NAME IF NOT (EITHER GIVE STREET AND NUMBER) (IF HOSP OR INST INDICATE DOG A CP EVEN AN INPATIENT) SPECIFY
Evanston Evanston Hospital Sec. D. O. A.

5. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (Maiden Name if any) WAS CEASED DEATH NUM ARRIVED (CERTS) YES/NO
Chicago, Ill Married Karl R. Moritz No

6. SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPEIFY ONLY HIGHEST GRADE COMPLETED; Elementary, Secondary, etc.)
357-03-0942 Home Maker Own Home 2

7. RESIDENCE (STREET AND NUMBER) CITY, TOWN, OR ROAD DISTRICT NO INSIDE CITY (YES/NO) COUNTY
1526 Central Street Wilmette Yes Cook

8. STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN OR ALIEN SPECIFY) OF HISPANIC ORIGIN? (SPECIFY) YES/NO IF YES SPECIFY (SPAN, MEXICAN, PORTORICAN, ETC.)
Illinois 60091 White X NO

PARENTS

9. FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST
Rueben Rouley Hulda Kroger

10. INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP)
Karl R. Moritz Husband 1526 Central St. Wilmette Il.

11. IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) **Arteriosclerotic Cardiovascular Disease**
 DUE TO, OR AS A CONSEQUENCE OF

12. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) **95348822**
 DUE TO, OR AS A CONSEQUENCE OF

13. PART II. Other signs and symptoms contributing to death but not resulting in the underlying cause (as in PART I)

CAUSE

14. NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED (SPECIFY) DATE OF INJURY (MONTH DAY YEAR) HOUR HOW INJURY OCCURRED (GIVEN NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18)
Natural 20 M. 200.

15. INJURY AT WORK (YES/NO) PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) LOCATION (CITY, VIL OR TOWN OR TWP OR RFD DIST NO COUNTY STATE) # FEMALE WASTHEIN A PREG. (MONTHS PAST THREE MONTHS) (200. YES/1. NO)
200. 200. 200. NO

CERTIFIER

16. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND ON THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT
21a. November 29, 1994 21b. 8:30 A.M.

17. MEDICAL EXAMINER'S SIGNATURE (DATE DIGNED (MONTH DAY YEAR))
Dr. The Lyong An, M.D. 11/29/94

18. CORONER'S PHYSICIAN'S SIGNATURE (DATE DIGNED (MONTH DAY YEAR))
Dr. The Lyong An, M.D. 11/29/94

19. BURIAL, CREMATION REMOVAL (METHOD) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH DAY YEAR)
Burial Memorial Park Skokie, Illinois 24 Dec. 2, 1994

20. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
Wm. H. Scott Funeral Home 1100 Greenleaf Ave. Wilmette Illinois 6009

21. FUNERAL DIRECTOR'S SIGNATURE (FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER)
(James A. Herzog) 034-012269

22. LOCAL REGISTRAR'S SIGNATURE (DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR))
[Signature] Nov 1, 1994

! 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 DECEMBER 1, 1994 SIGNED [Signature]
 AT EVANSTON, Illinois OFFICIAL TITLE LOCAL REGISTRAR

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.

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LAST WILL AND TESTAMENT

OF

EDITH M. MORITZ

I, EDITH M. MORITZ, residing and domiciled in the Village of Palatine, County of Cook, State of Illinois, and being of sound and disposing mind and memory, do hereby make, ordain, publish and declare this to be my LAST WILL AND TESTAMENT, hereby revoking any and all former Wills, Testaments and Codicils heretofore made, ordained, published and declared by me.

FIRST: I direct that all my just debts and funeral expenses be paid as soon after my decease as conveniently may be.

SECOND: I give, devise and bequeath all the rest, residue and remainder of my estate, real, personal or mixed, of whatever character, and 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 to at the time of my death unto my beloved husband, KARL R. MORITZ.

In the event that my husband predeceases me, then I give, devise and bequeath the rest, residue and remainder of my estate to my daughter, CAROL HELENE MORITZ and my son, ROBERT KARL MORITZ, share and share alike, per stirpes.

In the event that my daughter or son have predeceased me, then their children are to take their share per stirpes. If they have no children then surviving, then the share that my deceased child would have taken had they survived me shall go to my surviving child.

THIRD: I hereby nominate and appoint my husband, KARL R. MORITZ, Executor of this my LAST WILL AND TESTAMENT. In the event that my husband shall be deceased or shall for any reason be unable or unwilling to act as Executor hereof, or having been appointed hereunder shall die or resign, then I nominate and appoint my daughter, CAROL HELENE MORITZ, as successor Executrix. In the event that my daughter shall be deceased or shall for any reason be unable or unwilling to act as successor Executrix hereof, or having been appointed hereunder shall die

Edith M. Moritz 7/3/76

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or resign, than I nominate and appoint E.W. EWALD presently residing in the Village of Mt. Prospect, Illinois.

I hereby order that no Executor or successor Executrix or Executor be required to give surety or sureties on his or her official bond.

I hereby give and grant unto any Executor or successor Executrix or Executor the power of sale as to both real and/or personal property so long as such sale shall be for 90% (per cent) of the appraised value of said real or personal property.

IN WITNESS WHEREOF, I, EDITH M. MORITZ, have set my hand and seal to this my LAST WILL AND TESTAMENT, CONSISTING of two (2) typewritten pages, this page included, in the Village of Wilmette, County of Cook and State of Illinois this 3rd day of July, 1976.

Edith M. Moritz

The foregoing instrument, consisting of two (2) typewritten pages, this page included, each page thereof bearing the signature of the Testator, EDITH M. MORITZ, was on the date thereof signed, sealed, published and declared by the said Testator, as and for her LAST WILL AND TESTAMENT, in the presence of us, who at his request have hereunto subscribed our names as witnesses thereto, we and each of us believing the Testator to be of sound and disposing mind and memory.

Margaret E. Higgins Residing at 204 Ridge Road
Wilmette, Illinois

Sherley Rose Higgins Residing at 204 Ridge Road
Wilmette, Illinois

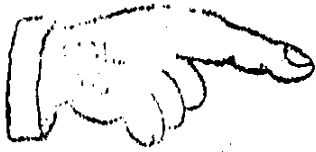
James E. Higgins Residing at 204 Ridge Road
Wilmette, Illinois

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Judith Kavanagh Ock
306 Lawndale St.
Lombard, IL 60091

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