

AN AGENT OF

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF Cook ss

Our Order No.: 596406  
Date: May 12, 1998  
DECEDENT: R. Clarke Shultes

Flora Ann Shultes, hereinafter referred to as the  
affiant deposes and states that the affiant resides at  
701 S. Fenilworth, in the City of Oak Park.

That the decedent at the time of his/her death was one of the  
owners of the property in Cook County, Illinois, legally described  
as follows:

Order No. 596406

or described in above order number.

That decedent died on May 12, 1998 leaving no/a last  
will and testament.

That the total value of the estate of said decedent including  
his/her taxable interest in the above real estate is \$ 100,000.

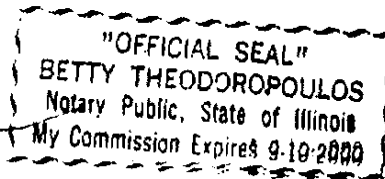
That the Illinois inheritance Tax and the Federal Estate Tax, if  
any was due from the decedent's estate, has been paid in full.

That the affiant makes this affidavit to induce ARI Title  
Company to issue its Policy of Title Insurance on the above described  
property.

Signature [Handwritten Signature]

SUBSCRIBED AND SWORN TO BEFORE ME  
this 12th day of May, 1998.  
a Notary Public in and for said State and County

Illinois Cook County [Handwritten Signature]



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.

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1 DECEASED - FIRST NAME <b>ROBERT</b>		MIDDLE NAME <b>CLARKE</b>		LAST NAME <b>SHULTES</b>		15 SEX <b>MALE</b>		3 DATE OF DEATH (MONTH, DAY, YEAR) <b>MARCH 4, 1993</b>						
16 RACE <b>CAUCASIAN</b>		17 PERSON OF SPANISH ORIGIN? <input type="checkbox"/>		18 AGE - LAST BIRTHDAY (YEARS, MONTHS, DAYS) <b>50</b>		19 DATE OF BIRTH (MONTH, DAY, YEAR) <b>MAY 20, 1942</b>		7b COUNTY OF DEATH <b>MAUI</b>						
7a ISLAND OF DEATH <b>MAUI</b>		7b CITY/TOWN OR LOCATION OF DEATH <b>LAHAINA</b>		7c HOSPITAL OR OTHER INSTITUTION NAME # NOT IN EITHER ONE STREET AND NUMBER: <b>3445 LOWER HONOAPIILANI HIGHWAY #359</b>				7d IF HOSP OR INST INDICATE CODE OF ENER RM. ADAPTMENT SPECIFY						
8 STATE OF BIRTH (FIRST NAME, LAST NAME) <b>ILLINOIS</b>		9 CITIZEN OF WHAT COUNTRY <b>USA</b>		10 MARRIED NEVER MARRIED WIDOWED DIVORCED SPECIFY <b>MARRIED</b>		11 SURVIVING SPOUSE # WIFE GIVE MARRIAGE NAME: <b>FLORA ANN FRENZ</b>		12 WAS DECEDER EVER IN U.S. ARMY FORCES? (Yes or No) <b>NO</b>						
13 SOCIAL SECURITY NUMBER <b>334-36-2419</b>		14b USUAL OCCUPATION (GIVE NO. OF WEEKS OR LESS LEARNING MOST OF WORKING) <b>SCIENCE TEACHER</b>		14c KIND OF BUSINESS OR INDUSTRY <b>HIGH SCHOOL</b>		14d EDUCATION (Specify degree or equivalent) <b>COLL</b>								
15a RESIDENCE - STATE <b>ILLINOIS</b>		15b COUNTY <b>COOK</b>		15c CITY/TOWN OR LOCATION <b>OAK PARK</b>		15d HOME (CITY UNITS SPECIFY YES OR NO) <b>YES</b>		15e NUMBER, STREET AND ZIP <b>701 SOUTH KENILWORTH AVENUE 60304</b>						
16 FATHER - FIRST NAME <b>CLAUDE</b>			MIDDLE NAME			LAST NAME <b>SHULTES</b>			17 MOTHER - FIRST NAME <b>MARY</b>			MIDDLE NAME <b>PARKS</b>		
18a INFORMANT - NAME <b>FLORA ANN SHULTES</b>						18b MAILING ADDRESS (STREET OR P.O. BOX CITY OR TOWN STATE ZIP) <b>701 SOUTH KENILWORTH AVENUE, OAK PARK, ILLINOIS 60304</b>								
19a BURIAL, CREMATION REMOVAL (SPECIFY) <b>CREMATION</b>			19b CEMETERY OR CREMATORY - NAME <b>BORTHWICK/BULGO'S MORTUARY</b>			19c LOCATION <b>WAILUKU HAWAII</b>								
19d DATE (MONTH, DAY, YEAR) <b>MARCH 6, 1993</b>			19e PERMIT NUMBER <b>03-93</b>			20a FUNERAL HOME - NAME <b>BORTHWICK/NORMAN'S MORTUARY</b>			20b FUNERAL DIRECTOR - SIGNATURE <i>Michael R. Kitch</i>					
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and circumstance stated and described below (Items #21b through #21g where applicable): Signature and Title: <i>[Signature]</i>						22a On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and circumstance stated and described below (Items #22b through #22g where applicable): Signature and Title: <i>[Signature]</i>								
21b DATE SIGNED (MO, DAY, YR) <b>3/5/93</b>						21c TIME OF DEATH (8:25p.m.) <b>2025 P</b>								
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OF PRINT) <i>[Signature]</i>						22b DATE SIGNED (MO, DAY, YR)								
22c TIME OF DEATH						22d PRONOUNCED DEAD (MO, DAY, YR)								
22e PRONOUNCED DEAD (TIME)						22f PRONOUNCED DEAD (TIME)								
23 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (TYPE OF PRINT) <b>CURTIS ANDREW, MD 2180 MAIN STREET, WAILUKU, HAWAII 96793</b>														
24a REGISTRAR - SIGNATURE <i>[Signature]</i>				24b DATE RECEIVED BY LOCAL REGISTRAR <b>MAR - 5 1993</b>				24c DATE FILED BY STATE REGISTRAR <b>MAR 10 1993</b>						
PART I DEATH WAS CAUSED BY ENTER ONLY ONE CAUSE PER LINE (a), (b), AND (c)														
IMMEDIATE CAUSE (a) <b>Respiratory Arrest</b>										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>seconds</b>				
25 CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF (b) <b>Advanced Lymphoma</b>										<b>3 years</b>				
PART II OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a))														
26a AUTOPSY (YES OR NO)														
26b IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?														
27a ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		27b DATE OF INJURY (MONTH, DAY, YEAR)		27c TIME OF INJURY		27d DESCRIBE HOW INJURY OCCURRED								
27e INJURY AT WORK? (SPECIFY YES OR NO)		27f PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)												
27g LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)														

MAR 10 1993

THIS IS A TRUE COPY  
I HAVE FILED IN THE  
OFFICE OF THE CLERK OF THE  
COURT AT WAILUKU, HAWAII  
*[Signature]*  
CLERK OF THE COURT

TATE REGISTRAR

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0174752873

## HOME EQUITY LOAN PROGRAM MORTGAGE

THIS MORTGAGE ("Mortgage") is given on this 12th day of May, 1998 <sup>20f2</sup> between the mortgagor Flora Ann Spolites, a widow and not remarried <sup>4</sup>

(hereinafter "Borrower") and the Mortgagee, LIBERTY FEDERAL BANK, a corporation organized and existing under the laws of the United States, whose address is Grant Square, P O Box 336, Hinsdale, Illinois 60521 (hereinafter called "Lender").

Borrower is indebted to lender pursuant to a Home Equity Loan Program Account Note (hereinafter "Note") of even date hereof, additionally secured, if appropriate, by a Security Agreement and Collateral Assignment of Beneficial interest in the land trust holding title to the property, in the principal of (\$ 15,000.00)

Fifteen Thousand Dollars & No/Cents

(Borrower's "credit limit") or so much of such principal as may be advanced and outstanding with **FINANCE CHARGE** thereon, providing for monthly installment payments of principal and **FINANCE CHARGE**, optional credit life and/or disability insurance premiums, and miscellaneous fees and charges for seven (7) years from the date hereof. The full debt, if not paid earlier, is due and payable on June 15, 2005.

This Mortgage secures to Lender:

- The repayment of the debt evidenced by the Note and future advances made pursuant to the Note to the same extent as if such future advances were made on the date hereof and regardless of whether or not any advance has been made as of the date of this Mortgage or whether there is outstanding indebtedness at the time of any future advances, interest in accordance with the terms of the Note, and all renewals, extensions and modifications;
- The payment of all other sums, with interest, advanced under paragraph 1 to protect the security of this Mortgage, and
- The performance of Borrower's covenant and agreements under this Mortgage and the Note. For this purpose, Borrower does hereby mortgage, grant and convey to the Lender the following described Property located in Cook County, Illinois

Permanent Real Estate Index Number: 16-18-122-012

Legal Description: THE NORTH 48 FEET OF LOT 1 IN BLOCK 8 IN THOMAS H. HULBERT'S SUBDIVISION OF THE W 1/2 OF LOT 2 (EXCEPT RAILROAD RIGHT OF WAY) IN MURPHY AND OTHERS' SUBDIVISION OF SECTION 18, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

586406

which has the address of 701 S Fenilworth, Oak Park, Illinois, 60304 ("Property Address").

Together with all the improvements now or hereafter erected on the Property, and all easements, rights, appurtenances, rents, royalties, mineral, oil and gas rights and profits, water rights, and water stock and all fixtures now or hereafter attached to the Property, all of which, including replacements and additions thereto, shall be deemed to be and remain a part of the Property covered by this Mortgage, and all of the foregoing together with this said Property (or the leasehold estate if this Mortgage is on a leasehold) are herein referred to as the "Property."

Borrower covenants that Borrower is lawfully seized of the estate hereby conveyed and has the right to mortgage, grant and convey the Property and that Borrower will warrant and defend generally the title to the Property against all claims and demands, subject to any declarations, easements or restrictions listed in a schedule of exceptions to coverage in any title insurance policy insuring Lender's interest in the Property.

Borrower acknowledges that this Mortgage secures a note that contains provisions allowing for changes in interest rate, and that Lender may prior to the maturity of the Note and Agreement reduce the available line of credit and/or require repayment of the total balance outstanding under the Agreement.

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