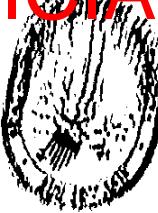


# UNOFFICIAL COPY



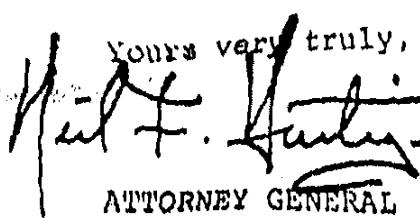
4-6-8-6-7-2-3

NEIL F. HARTIGAN  
ATTORNEY GENERAL  
STATE OF ILLINOIS  
100 N. LASALLE STREET  
CHICAGO, ILLINOIS 60611  
AUGUST 1, 1983

TO WHOM IT MAY CONCERN:  
THE ESTATE OF M. MADELINE VOLTER, DECASED

Gentlemen:

Where are sufficient attorney fees in the  
above estate to require the payment of in-  
heritance tax due the state of Illinois,  
excluding the property described in the  
attached order. Said property, therefore, is  
exempt from the tax for inheritance tax.

Yours very truly,  
  
Neil F. Hartigan  
ATTORNEY GENERAL

NFH:BAR/TK

**UNOFFICIAL COPY**

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

0 3 4 6 9 2 3

NHI:SAS:TK

ATTORNEY GENERAL

You're very truly,

released from lien for inheritance tax.  
Attached is a statement of assets,  
excluding the property described in the  
inheritance tax due the State of Illinois,  
above relate to the payment of in-  
heretance assets in the  
where are sufficient other assets in the

General:

THE ESTATE OF M. MADELINE KOLLER, DECASSED

TO WHOM IT MAY CONCERN:

NEIL F. HARTIGAN  
ATTORNEY GENERAL  
STATE OF ILLINOIS  
160 N. LASALLE STREET  
ROOM 800  
CHICAGO, ILLINOIS 60601  
AUGUST 1, 1985  
(312) 793-2512



0 3 4 6 9 2 3

# UNOFFICIAL COPY

0 3 4 0 6 9 2 3

Street Address:

6014 W. Patterson  
Chicago, IL 60634

How Improved:

Single family residence

Title:

Joint Tenancy with Husband,  
Francis A. Kohler, created on  
or about Jan. 30, 1948.

Legal Description:

Lot Thirty-Two (32) in Albert J.  
Schorsch Irving Park Boulevard  
Gardens 2nd Addition, a  
Subdivision of the South  $7\frac{1}{2}$  acres  
of the East Half of the East Half  
of the Southeast Quarter of the  
Northwest Quarter of Section 20,  
Town 30 North, Range 13, East of  
the Third Principal Meridian.

UNITED STATES OF AMERICA - STATE OF NEW MEXICO - VITAL RECORDS				03705	075870		
CERTIFICATE OF DEATH - Certified by Medical Examiner or [ ] Death Investigator				Albuquerque			
OR: If death due to accident, suicide, homicide, trauma, unknown causes, refer case to Medical Examiner)				CITY, Town, Location			
DECEDENT NAME		Birthdate	Death	SEX	DATE OF DEATH (mon, day, yr)		
MARY				F.	Dec. 13, 1982		
DATE OF BIRTH (mon, day, yr)		AGE - last birthday	UNDEAD 1 YEAR	UNDER 1 DAY	RACE -Specify White, Black Native American, etc.		
May 15, 1901		81	Mon.	Days	American, etc.		
IF HISPANIC, Specify <input type="checkbox"/> U.S. Southwest <input type="checkbox"/> Mexican <input type="checkbox"/> Cuban		HOSPITAL OR OTHER INSTITUTION - Name (if neither, give street and number)					
STATE OR COUNTRY OF BIRTH		Four Seasons Nursing Home					
Connecuticut		MARRIED, NEVER MARRIED, SURVIVING SPOUSE (if wife, give maiden name)					
SOCIAL SECURITY NUMBER		10 Married 11. Francis Albert Kohler					
319-56-4868		12. Dual Occupation (kind of work done during most of working life, even if retired)					
RESIDENCE - State		13. Housewife 14. Home					
New Mexico		County	CITY, TOWN OR LOCATION		STREET AND NUMBER		
		Bern.	Albuquerque		1401. 4709 Bell Crt., N.E.		
FATHER'S NAME		Middle	15. MOTHER'S MAIDEN NAME		16. X Yes <input type="checkbox"/> No <input type="checkbox"/>		
John			John		Inside City Limits		
INFORMANT - NAME (if not above)		MAILING ADDRESS (if not above)					
17. William Francis Kohler		6014 West Patterson Ave. Chicago, Ill. 60634					
BURIAL, Cremation, New York, OTHER - Specify		18. 4709 Bell Crt., N.E. Albuquerque, New Mexico 87111					
CEMETERY / CREMATORIUM - Name		LOCATION					
19. Removal - burial		10 St. Joseph Cemetery					
FUNERAL SERVICE LICENSER (or Authority) - Name		Facility Address					
Signature		20. Strong-Thorne					
21. <input type="checkbox"/> Office of the Medical Investigator <input type="checkbox"/> Certified Physician		21. DATE CERTIFIED (mon, day, yr)					
University of New Mexico Medical School, Albuquerque, NM 87131		22. HOUR OF DEATH					
22. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		23. 12-13-82					
Acc., Suicide, Hom., Under Pending Investigation		24. PHONOUNCED DEAD (mon, day, yr)					
25. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		25. 12-13-82					
26. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		26. PHONOUNCED DEAD (hour)					
27. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
28. PART I - IMMEDIATE CAUSE (Enter only one cause per line for a, b, and c)		28. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
a. RESPIRATORY APPROX		29. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
b. DUE TO, OR AS A CONSEQUENCE OF: <b>CITRONIC OBSTRUCTIVE PULMONARY DISEASE</b>		30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
c. DUE TO, OR AS A CONSEQUENCE OF:		31. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
32. PART II - OTHER SIGNIFICANT CONDITIONS - Contributing to death but not related to cause given in PART Ia.		32. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
33. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
WAS RECENTLY SURGICAL PROCEDURE PERFORMED?		34. IF YES, SPECIFY TYPE OF PROCEDURE		34. DATE OF PROCEDURE		34. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
35. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		35. DESCRIBE HOW INJURY OCCURRED		35. DATE OF INJURY		35. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Acc., Suicide, Hom., Under Pending Investigation						36. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. PLACE OF INJURY - Specify home, farm, street, etc.		37. LOCATION		37. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				38. Street/RFD #		38. City/Town	
						39. State	

CERTIFIED COPY OF VITAL RECORD  
STATE OF NEW MEXICO COUNTY OF SANTA FE

Health Services Division  
Health and Environment Department

This is a true and exact reproduction of the original document officially registered and placed on file in the Vital Records Section of the Health and Environment Department in Santa Fe, New Mexico and issued under the authority of the State Registrar of Vital Statistics.

DATE ISSUED: 16 January 84

*Michael W. Ammann*  
MICHAEL W. AMMANN  
State Registrar  
Vital Records Bureau

Receipt #: \_\_\_\_\_

~~WILL OF~~  
~~M. MADELINE KOHLER~~  
**UNOFFICIAL COPY**

I, M. MADELINE KOHLER, of Chicago, Illinois, declare this to be my will, and revoke all other wills and codicils I have previously made.

ARTICLE I

Debts and Taxes

I direct that my legal obligations, medical expenses, expenses of my last illness, funeral and administration of my estate, and all death and succession taxes, including interest and penalties, payable by reason of my death, shall be paid from and charged against my residuary estate without reimbursement from any person, provided, however, that the foregoing shall not be construed as a waiver of any right of my executors to compel reimbursement or apportionment for the amount of taxes, if any, paid by my estate by reason of any power of appointment which I may possess at the time of my death.

ARTICLE II

Personal Effects, Etc.

I bequeath all my personal and household effects and all the rest of my tangible personal property to my husband, FRANCIS A. KOHLER, if he survives me for thirty days, or if he does not, then to my son, WILLIAM F. KOHLER, if he survives me for thirty days.

ARTICLE III

Waiver of Exercise of Power of Appointment

I hereby waive, release and refuse to exercise any power of appointment which I may have at the time of my death under the Trust Agreement known as the FRANCIS A. KOHLER TRUST DATED SEPTEMBER 26, 1973 to the extent that I have not effectively exercised any such power

to that property the person or corporation as may be designated by the shall be able to act as to any part of my estate, then I name as executor as corporation, of Chicago, Illinois, as executors of this will. If no executor F. KOHLER, and SEARS BANK AND TRUST COMPANY, an Illinois banking Section 1. Appointment of Executor. I appoint my son, WILLIAM

#### Executors and Their Powers

#### ARTICLE V

such action desirable.

to purchase stock which I may have at my death if such trustee has power of such trust to hereby give full power and authority to execute any option and including any amendments to, the date of this instrument. The trustee and separate trust upon the trustee set forth in that Agreement as it existed on, shall hold and dispose of the property herein described and bequeathed as a that it is not in existence at the time of my death, Trustee Agreement as it shall have been last amended before my death, provided Agreement as it shall have been executed before my death, provided by such Trustee in accordance with the terms and provisions of that Trust trust property of that trust and so held, administered and distributed oxecuted and is now in existence, to be added to and commingled with the SEPTEMBER 26, 1973, which Trust Agreement has heretofore been

Trustees, and known as THE M. MADELINE KOHLER TRUST DATED between myself, as Grantor, and Sears Bank and Trust Company, as acting Trustee under the Trust Agreement dated September 26, 1973 any property over which I may have a power of appointment) to the then the time of my death not otherwise effectively disposed of (but not including of my property, wherever situated, in which I may have any interest at I devolve and bequeath all my residuary estate, bearing all the rea

#### Residuary

#### ARTICLE IV

ATTORNEY AND COUNSELOR AT LAW  
MICHAEL STRATHOS

HARRY WILSON  
RE: [REDACTED]

prior to my death.

# UNOFFICIAL COPY

0 3 4 6 6 9 2 3

Secretary of Sears Bank and Trust Company. No executor hereunder shall be required to furnish any surety on any bond as such executor, such surety hereby being expressly waived.

Section 2. Powers, Etc. of Executors. Throughout the administration of my estate, all acting executors shall have the following powers, duties and authorities in addition to those conferred upon them by law, all of which may be exercised by them without obtaining prior order of court therefor or subsequent approval thereto, and without liability for any loss or depreciation which may be incurred by reason thereof:

(A) To pay, settle or compound any and all rights, debts, demands or claims either in favor of or against my estate upon such terms as to them may seem fit, and for such purposes to give or receive full receipts and discharges;

(B) To have all of the powers, duties, authorities and immunities conferred upon the Trustee in the Trust Agreement described in ARTICLE IV of this will;

(C) To file joint income or gift tax returns with my spouse, for any period prior to my death, treating gifts as having been made one-half by me and one-half by my spouse, and in the sole discretion of such representatives to pay any part or all of the taxes, interest or penalties thereon from my estate;

(D) To elect to claim as deductions for Federal Income Tax purposes any items of administration expense which are deductible alternatively for Federal Estate Tax purposes, and in such event no adjustment shall be made between principal and income or in the amount of the marital trust by reason of such election, and

(E) To satisfy bequests under this will in cash or in kind or partly in both and for such purposes to transfer or convey assets, including real property, upon the basis of such quotations, data or other information as such representatives may deem pertinent and reliable; to make partial distributions prior to final determination of Federal Estate Tax values on the basis of reasonable estimates and to make adjustment upon final settlement.

No interest shall accrue during the period of probate on unpaid general legacies hereunder, whether payable outright or held in trust. Legal title to all assets of my estate, including real property not herein specifically devised, shall be vested in the executor or ancillary administrator until sold or transferred to the respective beneficiaries or trust pursuant to the provisions of this will.

83W6 1980

0 3 4 6 6 9 2 3  
**UNOFFICIAL COPY**

ARTICLE VI

Simultaneous Deaths

If my husband and I should die under circumstances such that there is no clear evidence as to who predeceased whom, it shall be presumed conclusively that my husband predeceased me.

IN WITNESS WHEREOF, I have set my hand to this will, consisting of four typewritten pages, this 5th day of November, 1973.

M. Madeline Kohler  
M. MADELINE KOHLER

This instrument was, on the above date signed, published and declared by M. MADELINE KOHLER to be her will, in the presence of us, who at her request have subscribed our names as witnesses thereto, in her presence and in the presence of each other.

J. H. Gluck

Residing at

Fayelle Schenke

Residing at

J. H. Gluck

Residing at

51 W. Burton Pl.

Chicago, Illinois

1813 A Abingdon

Apt. 101

1637 W. 125th Place

Chicago, Illinois.

STATE OF ILLINOIS )

) SS

COOK COUNTY )

We, the attesting witnesses to the will of M. MADELINE KOHLER, on oath state that each of us was present on the date above set forth 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 she signed the will.

Signed and sworn

etc before me

November 5, 1973

Lillian Gluck

Notary Public

# UNOFFICIAL COPY

Property of Cook County Clerk's Office

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 LITIGATION  
PURPORTING TO BE THE LAST WILL AND TESTAMENT  
OF MARY MADELINE KELLER,  
DECEASED, FILED IN THE OFFICE OF THE CLERK  
THE CIRCUIT COURT OF COOK COUNTY,  
DIVISION CM, February 14, 1983

OCT 1 - 1985

Morgan J. Murphy  
CLERK OF THE CIRCUIT COURT  
OF COOK COUNTY, ILLINOIS

# UNOFFICIAL COPY

34669232 3

605 164 (Form 302)

## Affidavit by Surviving Joint Tenant

L. R. ....

Doc. No. 964859-F

Certificate No. 512521

State of ILLINOIS.....  
County of DUPAGE..... { ss.

FRANCIS A. KOHLER ..... being first  
duly sworn, upon oath deposes and says:

That ...he... resides at....4709 Ball Crt., N.E.,.....in the City of...Albuquerque, N.M.,.....  
and that ...he... is one of the parties who took title, not in tenancy in common, but in joint tenancy,  
to real estate shown in Certificate of Title No...512521.....situated in said Cook County, Illinois,  
described as follows:

LOT THIRTY-TWO (32) in Albert J. Schorsch Irving Park Boulevard Gardens  
2nd Addition, a Subdivision of the South  $\frac{7}{8}$  acres of the East Half of the  
East half of the Southeast Quarter of the Northwest Quarter of Section 20,  
Town 40 North, Range 13, East of the Total Principal Meridian.

Affiant states that.....M...MADELINE KOHLER.....one of the said owners in joint  
tenancy, died intestate, in the city of...Albuquerque, in the State of...New Mexico.....  
as is confirmed by a Certificate of the health department of said municipality hereto attached.

Affiant states that the remaining joint tenant... has not changed... his.....marital status since  
the issuance of Certificate of Title Number.....512521..... (except.....who  
has been married but once since acquiring said real estate and then to.....).

Further, that the affiant makes this affidavit for the purpose of inducing the Register of Titles  
of Cook County, Illinois, to issue a certificate of title to the surviving Joint Tenant... to said above  
described premises, relying on this statement as true, and in consideration thereof affiant guarantees  
the truth of the statements herein contained.

Subscribed and sworn to before me  
this 24th day of July, 1985.

*Lawrence J. Gagné*  
NOTARY PUBLIC

3466923

# UNOFFICIAL COPY

CHICAGO SAVINGS BANK  
4251 W. BELMONT AVENUE  
CHICAGO, ILLINOIS 60641  
**BOX 339**

REGISTRATION OF TITLE

58 HJ CS C Oct 3 1985

Property of Cook County Clerk's Office