

Jay A. Slutzky

JAY A. SLUTZKY
ATTORNEY AT LAW
7740 N. Milwaukee
Niles, Ill. 60648

19 87

on this 13th day of November:

Subscribed and sworn to before

THIS INSTRUMENT IS RETURNED BY

Kathleen P. Hellwig

truth of the statements herein contained.

ment as true, and in consideration thereof affiant guarantees the
without additional evidence of non-liability, relying on this state-
of Titles of Cook County, Illinois, to issue a Certificate of Title
and I make this affidavit for the purpose of inducing the Registrar

- 1) that no tax is due; or _____
- 2) that if any tax due, there are sufficient other assets to pay such tax; or _____
- 3) that any tax due has been paid. _____

(select one - initial choice)

that regarding Federal Estate Tax or State Inheritance Tax;

(3) That as a consequence, I represent to the Registrar of Titles

Catherine M. Wells, who died on October 9, 1987.

(2) I am personally acquainted with the affairs of the Estate of

and reside at 1338 Haines Villa Road, Round Lake Beach, IL 60073.

(name and capacity)

(1) I am Kathleen P. Hellwig, daughter and surviving joint tenant

oath, deposes and states as follows:

Tax for the Estate of decedent herein, being first duly sworn upon
The affiant, regarding the possible liability for State Inheritance

[Signature]

REGISTRATION DISTRICT NO. **49.5**
 REGISTERED NUMBER **433**
 DECEASED - NAME **CATHERINE**
 STATE OF ILLINOIS
 MEDICAL CERTIFICATE OF DEATH
 STATE OF ILLINOIS
 STATE FILE NUMBER

Type of Print: a
 PERMANENT LINK
 See Funeral Director,
 Medical, or Physicians
 Handbook for
 INSTRUCTIONS

DECEASED

PARENTS

CAUSE

CERTIFIER

DISPOSITION

1. **CATHERINE** **WELLS** **WELLS** **WELLS**
 RACE - WHITE RACE AMERICA ORIGIN OR DESCENT **M** SEX **F** AGE - LAST BIRTHDAY (MM/DD/YY) **81** INDEX YEAR **1987** DATE OF BIRTH - (MM/DD/YY) **MARCH 2, 1906** COUNTY OF DEATH **LAKE**
 2. **LIBERTYVILLE** **CONDELL MEMORIAL HOSPITAL**
 STATE OF BIRTH - ILLINOIS CITIZEN OF WHAT COUNTRY **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, **WIDOWED**
 3. **ILLINOIS** **HOUSEWIFE** **WELLS**
 SOCIAL SECURITY NUMBER **335-07-3311** USUAL OCCUPATION **HOUSEWIFE** NAME OF SURVIVING SPOUSE - (M, F, M, F, W, W)
 4. **530 LAKE APT 2A** **GRAYSLAKE** **LAKE** **ILLINOIS**
 CITY, TOWN, VPR OR ROAD DISTRICT NUMBER **LAKE** CITY, TOWN, VPR OR ROAD DISTRICT NO. **GRAYSLAKE** COUNTY **LAKE** STATE **ILLINOIS**
 5. **JOHN** **MILYMAN** **CATHERINE** **EIFELER**
 FATHER - NAME **JOHN** MOTHER - MARRIED NAME **CATHERINE**
 6. **CLAUDIA JANDA** **ADMITTING CMH, LIBERTYVILLE, IL 60048**
 PRENATAL NAME (TYPE OR PRINT) **CLAUDIA JANDA** RELATIONSHIP **ADMITTING CMH, LIBERTYVILLE, IL 60048**
 7. **DEATH WAS CAUSED BY**
 IMMEDIATE CAUSE **Bacterial meningitis - infectious - massive stroke**
 (1) **Cardiogenic**
 (2) **Cardiogenic Heart Failure**
 (3) **Due to or as a consequence of**
 (4) **Cardiogenic Heart Failure**
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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 October 13, 1987 SIGNED Allen A. Schertz
 AT Libertyville, Illinois OFFICIAL TITLE 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.

UNOFFICIAL COPY

W I L L
O F

C A T H E R I N E M. W E L L S

I, CATHERINE M. WELLS, of the Village of Niles, County of Cook and State of Illinois, being of sound mind and memory, do hereby make, publish and declare this to be my Last Will, hereby revoking all former Wills or Codicils by me heretofore made.

F I R S T: It is my will that all my just debts, including funeral expenses and expenses attending my last illness, be paid as soon as same may be conveniently done.

S E C O N D: I devise and bequeath all of my estate, real and personal wherever situated, of which I may die seized or possessed of or which I may own or have any interest in at the time of my death, to my daughter, KATHLEEN HELLWIG, absolutely, and if not living to her descendants, per stirpes.

T H I R D: I appoint my daughter, KATHLEEN HELLWIG, Executrix of my Will. In case she fails to become or ceases to act as such Executrix then I appoint my son-in-law, RONALD A. HELLWIG, Executor in her place. No surety is to be required on the official bond of any person herein named as Executrix or Successor Executor. My Executrix and her successor is hereby empowered without order of court:

A. To settle claims in favor or against my estate.

B. To sell at public or private sale any personal property owned by me at the time of my death, without application to or confirmation by any court.

C. As to any real estate of which my Executor has title or possession, I authorize my Executor without order of court and without furnishing security, to (1) collect the rents and earnings therefrom; (2) sell, mortgage or lease (for any term though commencing in the future or extending beyond the period of probate) such real estate or any part thereof; (3) keep buildings and fixtures thereon in tenantable repair; (4) make all necessary expenditures to preserve such real estate; (5) employ agents and custodians; and (6) insure my Executor and any person having an interest in or responsibility for the care, management or repair of such real estate against such risks, as my Executor thinks advisable and to charge the premiums as an expense of administration.

D. To make distribution of my estate either wholly or partly in cash or kind, and the determination of my Executor as to the value of any property distributed in kind shall be conclusive.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 25th day of October, A.D. 1974.

Catherine M. Wells (SEAL)

87461 287

The foregoing instrument consisting of two typewritten pages, this page included, was signed, published and declared by the Testatrix to be her Last Will in the presence of us, who at her request, in her presence and in the presence of each other have hereunto subscribed our names as witnesses, and we HEREBY CERTIFY that at the time of so signing as witnesses we believe the said Testatrix to be of sound and disposing mind and memory.

Mathilda K. Kuzminsk Residing at 4929 W. Belmont Ave
Chicago Ill 60641

Lilbeth Ungar Residing at 2626 Lakeview
Chicago Ill. 60614

Ronald G. Kuzminsk Residing at 506 W St James
Arlington HTS Ill 60005

STATE OF ILLINOIS }
COOK COUNTY }

A F F I D A V I T

WE, the attesting witnesses to the Will of CATHERINE M. WELLS, on oath state that each of us was present on October 25, 1974, and saw the testatrix 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 testatrix; and that each of us believed the testatrix to be of sound mind and memory at the time she signed the Will.

Mathilda K. Kuzminsk
Lilbeth Ungar
Ronald G. Kuzminsk

Signed and sworn to before me
October 25th, 1974.

John A. [Signature]
Notary Public

NOTARY PUBLIC STATE OF ILLINOIS
My Comm. Expires 12-31-1975
I hereby certify that the foregoing is a true and correct copy of the original as the same appears in my records.
2

87441 300

UNOFFICIAL COPY

Property of Cook County Clerk's Office

IN 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 IN WRITING
PURPORTING TO BE THE LAST WILL AND TESTAMENT
OF Catherine M. Wells
DECEASED, FILED IN THE OFFICE OF THE CLERK OF
THE CIRCUIT COURT OF COOK COUNTY, PROBATE
DIVISION ON October 21st, 1927

November 9th, 1927
Margaret M. Finley
CLERK OF THE CIRCUIT COURT
OF COOK COUNTY, ILLINOIS

3667180

(FORM 302)

Affidavit by Surviving Joint Tenant

L. R. 8380 Doc. No. 2822573 Certificate No. 1224874

State of ILLINOIS
County of COOK ss.

KATHLEEN P. HELLWIG being first
duly sworn, upon oath deposes and says:

That she resides at 1318 Haines Villa Rd. in the City of Round Lake Beach
and that she 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. 1224874 situated in said Cook County, Illinois,
described as follows: Lot Fifty Six (56) in Stoltzner's Addition to Evergreen
Estates, being a Subdivision of the North part of the South Half (1/2)
of the Southwest Quarter (1/4) of Section 19, Township 41 North, Range
13, East of the Third Principal Meridian, lying East of Waukegan Road,
according to Plat thereof registered in the Office of the Registrar of
Titles of Cook County, as Document Number 1460516.
Property Address - 6973 W. Keeney, Niles, IL 60648
Permanent Index No. 10-19-318-002-0000

Affiant states that CATHERINE M. WELLS one of the said owners in joint
tenancy, died intestate, in the city (Village) of Libertyville in the State of Illinois
as is confirmed by a Certificate of the health department of said municipality hereto attached. A certified
copy of her will is attached hereto.

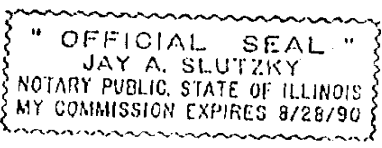
Affiant states that the remaining joint tenant has not changed her marital status since
the issuance of Certificate of Title Number 1224874 (except who
has been married but once since acquiring said real estate and then to).

Further, that the affiant makes this affidavit for the purpose of inducing the Registrar 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.

Kathleen P. Hellwig

Subscribed and sworn to before me
this 13th day of November 1987

Jay A. Slutzky
NOTARY PUBLIC



WILL ATTACHED

3667180

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Property of Cook County Clerk's Office

ATTORNEYS' TITLE GUARANTY FUND, INC.
25 So. LaSalle St., Suite 540
Chicago, Illinois 60603

3667180

IDENTIFIED No.
Register of TOWN'S TRUST HARRY BUS YARBELL CAMBRONE

NOV 13 21 24 48

~~3667180~~

1224879
DJP