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DuPage County 1 0 0 0 8
Health Department

DECEDENT'S BIRTH NO. _____
 REGISTRATION DISTRICT NO. **220**
 REGISTERED NUMBER **3412**

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Directors Handbook for INSTRUCTIONS

DECEASED

BIRTHPLACE

RES. HOME

STATE

PARENTS

CAUSE

CERTIFIER

DISPOSITION

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. HENRY F. POSEJPAL 2. Male 3. October 9, 1990

COUNTY OF DEATH AGE-LAST BIRTHDAY (Y/M/S) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)
4. Du Page 5a. 72 5b. 5c. 5d. April 12, 1918

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE D.O.A. OR EMER. RM. INPATIENT (SPECIFY)
6a. Willowbrook 6b. Chateau Village Living Center 6c. Inpatient

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
7. Chicago, IL 8a. Married 8b. Gladys J. Kristufek 9. Yes

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ON A VHS) HIGHEST GRADE COMPLETED
10. 133-01-0590 11a. Supervisor 11b. Train Mfr. 12. 4

RES. HOME (STREET AND NUMBER) CITY, TOWN, TWP, OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY
13. 13234 12th Avenue 13b. North Riverside 13c. Yes 13d. Cook

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
13e. Illinois 13f. 60546 14a. White 14b. [X] NO [] YES SPECIFY:

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST
15. Anton Posejpal 16. Mary Srp

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a. Gladys J. Posejpal 17b. Wife 17c. 2341 - 12th Ave., North Riverside, IL 60546

18. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure, but only one cause on each line. APPROXIMATE INTERVAL BETWEEN TIME OF DEATH

Immediate Cause (Final disease or condition resulting in death) (a) **Cardiac arrhythmia**
 DUE TO, OR AS A CONSEQUENCE OF

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) **Coronary heart failure**
 DUE TO, OR AS A CONSEQUENCE OF (c) **Diabetes, atherosclerotic vascular dz**

19. PART II. Other significant conditions contributing to death but not resulting in the underlying cause (given in PART I). AUTOPSY (YES/NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO)
19a. NO 19b.

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PART THREE MONTHS?
20a. 20b. 20c. YES [] NO [X]

WHO DID NOT ATTEND THE DECEASED (MONTH, DAY, YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH
21a. October 9, 1990 21b. NO 21c. 1:00 P.M. M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MONTH, DAY, YEAR)
22a. SIGNATURE: Richard Hill MD 22b. Oct. 9, 1990

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
22c. Dr. Richard Hill MD, 911 North Elm, Suite 301, Hinsdale, IL 60521 22d. 036-054577

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24. Cremation 24a. Woodlawn 24b. Forest Park, Illinois 24c. OCT. 13, 1990

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
25a. Frank Marik and Sons Funeral Home, 2534 South Pulaski Road, Chicago, IL 60623

FUNERAL DIRECTOR'S SIGNATURE NAME FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. Robert F. Marik 25c. 7993

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. James P. Paulissen, M.D. 26b. OCT 11 1990

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

James P. Paulissen, M.D.
James P. Paulissen, M.D.
Local Registrar

Not valid without the embossed seal of DuPage County Health Department
111 North County Farm Road Wheaton, Illinois 60187

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

AFFIDAVIT OF NO ESTATE TAX DUE

The Affiant, regarding the possible liability for Federal Estate Tax or State Inheritance Tax for the Estate of HENRY F. POSEJPAL, the Decedent herein, being first duly sworn upon oath, deposes and states as follows:

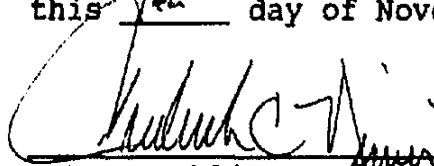
- (1) I am DAVID C. NEWMAN, an attorney, and reside at 228 Fairbank Road, Riverside, Illinois 60546.
- (2) I am personally acquainted with the affairs of the Estate of HENRY F. POSEJPAL, who died on October 9, 1990.
- (3) As a consequence I represent to the Registrar of Titles of Cook County, Illinois, that regarding the Federal Estate Tax or State Inheritance Tax no Estate Tax or Inheritance Tax is due.

Affiant makes this Affidavit for the purpose of inducing the Registrar of Titles of Cook County, Illinois, to issue a Certificate of Title without additional evidence of non-liability, relying on this statement as true, and in consideration thereof, Affiant guarantees the truth of the statements herein contained.



DAVID C. NEWMAN - Attorney

Subscribed and sworn to before me
this 7th day of November, 1991.



Notary Public

My ~~commission~~ **OFFICIAL SEAL** expires
FREDERICK C. NIEMI
Notary Public, State of Illinois
My Commission Expires 8-19-94

9/15/94

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LAST WILL AND TESTAMENT

OF

HENRY F. POSEJPAL

I, HENRY F. POSEJPAL, of North Riverside, Illinois, make this my Last Will and revoke all prior wills by me made.

FIRST: My executor shall pay all expenses of my last illness and funeral, costs of administration including ancillary, costs of safeguarding and delivering bequests, and other proper charges against my estate. My executor shall pay from the residue of my estate all estate and inheritance taxes assessed by reason of my death, except that the amount, if any, by which the estate and inheritance taxes shall be increased as a result of the inclusion of property in which I may have a qualifying income interest for life or over which I may have power of appointment shall be paid by the person holding or receiving that property. Interest and penalties concerning any tax shall be paid and charged in the same manner as the tax. I waive for my estate all rights of reimbursement for any payments made pursuant to this article.

My executor's selection of assets to be sold to make the foregoing payments or to satisfy any pecuniary legacies, and the tax effects thereof, shall not be subject to question by any beneficiary.

My executor shall make such elections under the tax laws as my executor deems advisable, without regard to the relative interests of the beneficiaries. No adjustment shall be made between principal and income or in the relative interests of the beneficiaries to compensate for the effect of elections under the tax laws made by my executor.

Handwritten initials

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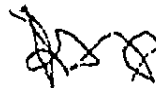
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SECOND: My wife's name is GLADYS J. POSEJPAL, and she is herein referred to as "my wife." I have four children now living, namely: MARY ALYCE CLARK, MARCY L. SEBASTIAN, JUDY HERBST and HOLLY BUTKOVICH.

THIRD: I give all my personal and household effects, automobiles and collections not otherwise effectively disposed of by this Last Will, and any insurance policies thereon, to my wife if she survives me by 30 days, otherwise to my children who so survive me to be divided among them as they agree. My executor shall sell any property as to which there is no agreement within sixty days after my death, and shall add the proceeds to the residue of my estate.

FOURTH: All the residue of my estate, wherever situated, including lapsed legacies, but expressly excluding any property over which I may have power of appointment at my death, I give to my wife if she survives me, otherwise in equal shares to such of my children as shall be living at my death, except that the then living descendants of a deceased child of mine shall take per stirpes the share which the child would have received if living. If a descendant is a minor, payment may be made for the benefit of the descendant to a custodian under a Uniform Transfer to Minors Act. For purposes of this will, my wife shall be deemed to have survived me if the order of our deaths cannot be proved.

FIFTH: I appoint my wife, GLADYS S. POSEJPAL, as executor of this Last Will. If for any reason GLADYS S. POSEJPAL is unwilling or unable to act as executor, I appoint as executor my daughter, JUDY HERBST. I hereby direct that my executor shall serve without taking any fees.



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I give my executor power to invest in bonds, stocks, notes or other property; to lease, borrow (with or without security) from any lender including an executor hereunder individually or a parent or affiliate company; to sell or exchange all or any part of my estate, real or personal, for such prices and upon such terms as my executor deems proper; to compromise, contest, prosecute or abandon claims in favor of or against my estate; to distribute income and principal in cash or in kind, or partly in each; to allocate or distribute undivided interests or different assets or disproportionate interests in assets (and no adjustment shall be made to compensate for a disproportionate allocation of unrealized gain for Federal income tax purposes); and to value my estate in order to make allocation or distribution, and no action taken by my executor pursuant to this power shall be subject to question by any beneficiary; to deal with the fiduciary of any trust or estate in which any beneficiary under this Last Will has an interest, though an executor hereunder is such fiduciary; and to execute and deliver necessary instruments and give full receipts and discharges. The foregoing powers shall be exercised by my executor without authorization of any court and, as to property subject to administration outside of the state of my domicile, only with the approval of my domiciliary executor. No bond or security shall be required of any executor wherever acting. If permitted by law and

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if not inconsistent with the best interests of the beneficiaries as determined by my executor, the administration of my estate shall be independent of the supervision of any court.

IN WITNESS WHEREOF I have signed this Last Will, consisting of five pages, this 6th day of June, 1990.

Henry F. Posejpal
HENRY F. POSEJPAL

We certify that the above instrument, on the date thereof was signed and declared by HENRY F. POSEJPAL as his Last Will in our presence and that we, at his request and in his presence and in the presence of each other, have signed our names as witnesses thereto, believing HENRY F. POSEJPAL to be of sound mind and memory at the time of signing.

Patricia M. Kucera RESIDING AT _____
600 Meadow Ln.
Lisle, Ill. 60532

Donna J. Stale RESIDING AT 2716 Will Farm
Northridge, Ill. 60572

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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 Henri F. Paszypal

DECEASED, FILED IN THE OFFICE OF THE CLERK OF
THE CIRCUIT COURT OF COOK COUNTY, PROBATE

DIVISION ON October 12, 1990

May 7, 1991
Aurelia Bucinski
CLERK OF THE CIRCUIT COURT,
OF COOK COUNTY, ILLINOIS

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(FORM 302)

Affidavit by Surviving Joint Tenant

L. R. 3310 Doc. No. 3302118 Certificate No. 1380411

State of Illinois } ss.
County of Cook }

4010008

GLADYS POSEJPAL, being first
duly sworn, upon oath deposes and says:

13750 S. Bristlecone Dr.
That she resides at Buckingham Apt. #302 in the City of Plainfield, IL 60544
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. 1380411 situated in said Cook County, Illinois,
described as follows:

Lot 4 and the North 64 feet of Lot 5 in
Whiteside and Company's Subdivision of
Block 33 in the Subdivision of Section 19
(except the South 300 acres thereof) in
Township 39 North, Range 13 East of the
Third Principal Meridian, in Cook County,
Illinois.

TAX# 16-19-223-017

Affiant states that HENRY F. POSEJPAL, one of the said owners in joint
tenancy, died testate, in the City (Village) of Willowbrook in the State of Illinois
as is confirmed by a Certificate of the health department of said municipality hereto attached.

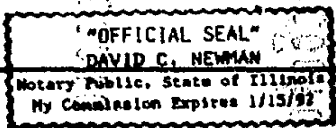
Affiant states that the remaining joint tenant(s) have not changed their marital status since
the issuance of Certificate of Title Number 1380411 (except who
has been married but once since acquiring said real estate and then to).

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.

Gladys J. Posejpal
GLADYS POSEJPAL

Subscribed and sworn to before me
this 7th day of November, 1991

David C. Newman
NOTARY PUBLIC.



c/c of Will ATTACHED

Handwritten mark

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CHICAGO TITLE INS
G#

7341-036

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REGISTER OF TOWN'S TITLES CAROL MOSELEY BRAUN C.T./BONZALES	IDENTIFIED No.
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 CAROL MOSELEY BRAUN
 ASSISTANT REGISTRAR OF TITLES

8000104

11-13-04
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11/13/04