

STATEMENT OF INFORMATION

_____ Title Insurance Company	Order No.: _____
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Interrogatories Re: Estate of _____ deceased

NAME OF AFFIANT	ADDRESS OF AFFIANT
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RELATIONSHIP OF AFFIANT TO THE DECEASED:	OCCUPATION OF THE DECEASED:
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RESIDENCES OF DECEASED FOR THE 10 YEARS PRECEDING DATE OF DEATH				
FROM (DATE)	TO (DATE)	STREET NUMBER	CITY	STATE

IS THE ESTATE OF THE DECEDENT BEING PROBATED? YES NO

IF YES, STATE CASE NUMBER, COUNTY AND STATE:

HAVE THE ADMINISTRATION PROCEEDINGS BEEN COMPLETED? YES NO

DID THE DECEDENT LEAVE A WILL?

IF YES, HAS IT BEEN ADMITTED TO PROBATE? YES NO

IF NO, HAS IT BEEN FILED WITH THE CIRCUIT COURT IN THE UNPROVEN WILL BOX? YES NO

WHAT WAS THE TOTAL VALUE OF THE ESTATE OF THE DECEDENT, INCLUDING THE PROPERTY DESCRIBED IN THE ABOVE TITLE INSURANCE COMMITMENT, AS WELL AS ALL PERSONAL PROPERTY AND OTHER REAL ESTATE IN ILLINOIS OR ELSEWHERE IN THE UNITED STATES, PROCEEDS OF THE INSURANCE ON THE LIFE OF THE DECEDENT, CASH, SECURITIES, BANK DEPOSITS AND THE INTEREST OF THE DECEDENT IN REAL OR PERSONAL PROPERTY, IF ANY, HELD IN JOINT TENANCY? \$ _____

IS THE ESTATE OF SUFFICIENT SIZE TO BE SUBJECT TO FEDERAL ESTATE TAX? YES NO

HAVE ALL STATE AND FEDERAL TAXES DUE AND OWING BY THE DECEDENT OR HIS OR HER ESTATE BEEN FULLY PAID AND DISCHARGED? YES NO

HAVE ALL EXPENSES OF THE DECEASED'S LAST ILLNESS AND BURIAL, DOCTORS', HOSPITAL AND UNDERTAKER'S BILLS, BEEN PAID IN FULL?

IS THE ESTATE LIABLE TO OR SUBJECT TO A CLAIM ON THE PART OF ANYONE FOR PERSONAL OR NURSING SERVICES RENDERED OR ROOM AND BOARD FURNISHED TO THE DECEDENT? YES NO

IF YES, DESCRIBE TO WHOM AND FOR HOW MUCH ON REVERSE SIDE.

NOTE: PAID RECEIPTS FOR THESE ITEMS SHOULD BE PROVIDED.

HAVE ALL DEBTS OF THE DECEASED, INCLUDING PARTNERSHIP OBLIGATIONS, IF ANY, AND CLAIMS AGAINST THE ESTATE BEEN FULLY PAID?

YES NO

IF NO, DESCRIBE ALL UNPAID ITEMS IN DETAIL ON REVERSE SIDE.

IS THE DECEDENT'S ESTATE LIABLE ON ANY LEASE, CONTRACTS, MORTGAGE, JUDGMENT, DEFICIENCY DEGREE OR OTHER OBLIGATIONS?

YES NO

IF YES, DESCRIBE FULLY ON REVERSE SIDE.

AFFIANT STATES THAT THE FOREGOING ANSWERS TO INTERROGATORIES ARE TRUE AND MAKES THIS AFFIDAVIT AND ANSWERS TO INTERROGATORIES TO INDUCE _____ TITLE INSURANCE COMPANY TO ISSUE ITS COMMITMENT AND ITS TITLE INSURANCE POLICY ON THE ABOVE-REFERENCED ORDER NUMBER FREE AND CLEAR OF CLAIMS, ADMINISTRATION EXPENSES, TAXES AND OTHER EXCEPTIONS, IF ANY, RELATING TO THE ESTATE OF SAID DECEDENT.

(SIGNED)

STATE OF ILLINOIS

} ss

COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME

BY THE SAID _____

THIS _____

DAY OF _____

20 _____

NOTARY PUBLIC

PRESENTED TO

_____ TITLE INSURANCE COMPANY

BY _____

ADDRESS _____

INTESTATE ESTATE – PERSONAL UNDERTAKING

Order No:

Date: _____

To: _____ Title Insurance Company

In consideration of the issuance of your title insurance policy on the above-referenced order number, the undersigned do hereby, jointly and severally, for themselves, their heirs, personal representatives and assigns, covenant and agree forever fully to indemnify, protect, defend and save you harmless from and to reimburse you for any and all losses, costs, damages, suits, attorneys' fees and expenses of every kind and nature that you may for any cause, at any time and from time to time, suffer, expend or incur by reason or in consequence of the issuance of said policy, and of any and every other insurance policy or policies covering the same real estate, or any part or parts thereof, or interest herein, free and clear of the following exceptions:

1. Claims (including awards, if any) against the estate of _____, deceased.
2. Federal Estate Tax, Illinois Estate Tax and Illinois Generation-skipping Transfer Tax, which may be charged against the estate of said decedent.

Address _____

Address _____

Address _____

Address _____

Address _____

Address _____

NOTE: To be executed by all heirs of the decedent.

TESTATE ESTATE – PERSONAL UNDERTAKING

Order No:

Date: _____

To: _____ Title Insurance Company

In consideration of the issuance of your title insurance policy on the above-referenced order number, the undersigned do hereby, jointly and severally, for themselves, their heirs, personal representatives and assigns, covenant and agree forever fully to indemnify, protect, defend and save you harmless from and to reimburse you for any and all losses, costs, damages, suits, attorneys' fees and expenses of every kind and nature that you may for any cause, at any time and from time to time, suffer, expend or incur by reason or in consequence of the issuance of said policy, and of any and every other insurance policy or policies covering the same real estate, or any part or parts thereof, or interest herein, free and clear of the following exceptions:

1. Claims against the estate of _____, deceased.
2. Federal Estate Tax, Illinois Estate Tax and Illinois Generation-skipping Transfer Tax, which may be charged against the estate of said decedent.
3. Legacies, if any, created by the will of said decedent.
4. Rights to contribution.

Address _____

Address _____

Address _____

Address _____

Address _____

Address _____

_____, the named executor(s) in said will, hereby covenants, agrees and certifies: (1) that there will be no necessity to exercise the power of sale, if any, contained in said will, and, therefore, said power will not be exercised; and (2) that if appointed executor, I/we will procure immediately an order of divestiture if I/we shall be deemed in law to have taken possession of the real estate aforesaid, inasmuch as the property will not be needed for purposes of administration.

Executor(s)

Address _____

NOTE: To be executed by all heirs, legatees and by the executors named in the decedent's will.