

POLICY NO. TI**Abstracts & Titles, Incorporated****STATEMENT of INFORMATION**

205 North Second St. EDWARDSVILLE, ILLINOIS 62025

Interrogatories Re: Estate of _____ Deceased

NAME OF AFFIANT

ADDRESS OF AFFIANT

RELATIONSHIP OF AFFIANT TO DECEASED:

OCCUPATION OF DECEASED:

DATE OF DEATH OF DECEDENT:

AGE OF DECEDENT:

NOTE: DEATH CERTIFICATE MUST BE FURNISHED.

RESIDENCE OF DECEASED FOR THE TEN 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 IN WHAT COUNTY AND STATEHAVE THE ADMINISTRATION PROCEEDINGS BEEN COMPLETED? YES NO

DID THE DECEDENT LEAVE A WILL? YES NO IF YES, HAS IT BEEN ADMITTED TO PROBATE? YES NO
 IF NO, HAS IT BEEN FILED WITH THE CLERK OF THE PROBATE COURT OF CCI IN THE UNPROVED WILL BOX? YES NO

WHAT WAS THE TOTAL VALUE OF THE ESTATE OF THE DECEDENT, INCLUDING THE PROPERTY DESCRIBED IN THE ABOVE TITLE INSURANCE APPLICATION. AS WELL AS ALL PERSONAL PROPERTY AND OTHER REAL ESTATE IN ILLINOIS OR ELSEWHERE IN THE U.S., PROCEEDS OF 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?

\$ _____

WHAT WAS THE APPROXIMATE NET VALUE OF THE ESTATE AVAILABLE FOR DISTRIBUTION?

\$ _____

APPROXIMATELY HOW MUCH OF THIS WAS CASH OR MARKETABLE SECURITIES?

\$ _____

WHAT OTHER REAL ESTATE WAS OWNED BY THE DECEASED AT ANY TIME WITHIN 10 YEARS FROM THE DATE OF DEATH. IN ADDITION TO THAT DESCRIBED IN THE ABOVE NUMBERED TITLE INSURANCE APPLICATION	LOCATION	NATURE OF IMPROVEMENTS	APPROXIMATE GROSS VALUE \$	UNPAID BALANCE OF MORTGAGE		ARE THERE ANY EXISTING DEFAULTS IN THE MORTGAGE PAYMENTS?
				SIGNED	ASSUMED	
			\$	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
			\$	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO

HAD THE DECEDENT BEEN A RECIPIENT OF ANY PENSION UNDER THE ILLINOIS OLD AGE PENSION ACT? YES NO

IF YES, HOW MUCH A MONTH \$

AND FOR HOW MANY MONTHS?

HAVE ALL EXPENSES OF THE LAST ILLNESS AND BURIAL OF THE DECEASED, DOCTOR'S, HOSPITAL AND UNDERTAKER'S BILLS BEEN PAID IN FULL? YES NO

NOTE: RECEIPTS FOR THESE ITEMS TO BE PRODUCED

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
(USE SEPARATE SHEET IF NECESSARY).

HAD THE DECEASED AT ANY TIME AFTER JANUARY 1, 1952 BEEN CONFINED IN A STATE OF ILLINOIS MENTAL HOSPITAL? YES NO

NOTE: RECEIPTS TO BE PRODUCED

IF YES, HAVE ALL CHARGES IN CONNECTION THEREWITH BEEN PAID IN FULL? YES NO

IS THE DECEDENT'S ESTATE LIABLE ON ANY LEASE, CONTRACT, MORTGAGE, JUDGMENT, DEFICIENCY DECREE OR OTHER OBLIGATIONS? YES NO

IF YES, DESCRIBE FULLY.

IS THE ESTATE LIABLE TO OR SUBJECT TO A CLAIM ON THE PART OF ANY ONE FOR PERSONAL OR NURSING SERVICES RENDERED OR ROOM AND BOARD FURNISHED TO THE DECEDENT? YES NO IF YES, TO WHOM AND FOR HOW MUCH?

WAS THE DECEASED, AT THE TIME OF HIS OR HER DEATH, ACTING AS ADMINISTRATOR OF THE ESTATE OF OR AS EXECUTOR, OR TRUSTEE UNDER THE WILL OF ANY PERSON? YES NO

IF YES, HAS SUCH ESTATE BEEN CLOSED OR A SUCCESSOR TRUSTEE APPOINTED, THEREBY TERMINATING ALL LIABILITY OF THE DECEDENT A'S FIDUCIARY? YES NO

WAS THE DECEDENT'S ESTATE SUBJECT TO ILLINOIS INHERITANCES TAXES? YES NO

WERE THE PREMISES IN QUESTION SCHEDULED IN THE RETURN? YES NO

HAS THE TAX, IF ANY, BEEN PAID? YES NO

NOTE: IF YES, RECEIPT, OR RELEASE AS TO PREMISES IN QUESTION TO BE PRODUCED.

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

WAS A PRELIMINARY NOTICE ON FORM 704 FILED OR WAS ON REQUIRED TO BE FILED WITH THE DISTRICT DIRECTOR OF INTERNAL REVENUE? YES NO

HAVE ALL INCOME, PERSONAL PROPERTY, RETAILERS' OCCUPATIONAL AND OTHER TAXES DUE AND OWING BY THE DECEDENT OR HIS OR HER ESTATE BEEN FULLY PAID AND DISCHARGED? YES NO

AFFIANT STATES THAT THE FOREGOING ANSWERS TO INTERROGATORIES ARE TRUE AND THAT HE MAKES THIS AFFIDAVIT AND ANSWERS TO INTERROGATORIES TO INDUCE ABSTRACTS & TITLES INC. TO ISSUE ITS PRELIMINARY REPORT AND ITS TITLE INSURANCE POLICY NO. _____ FREE AND CLEAR OF CLAIMS, ADMINISTRATION EXPENSES, TAXES AND OTHER OBJECTIONS, IF ANY, RELATING TO THE ESTATE OF SAID DECEDENT.

(SIGNED)

STATE OF ILLINOIS
COUNTY OF MADISON

SUBSCRIBED AND SWORN TO BEFORE ME

BY THE SAID _____

THIS _____ DAY OF _____, 20_____

NOTARY PUBLIC

PRESENTED TO

ABSTRACTS AND TITLES, INC.

BY _____

ADDRESS _____
