

Abstracts & Titles, Inc.
Statement of Information

TI No. _____

Interrogatories Re: Estate of _____, deceased

Name of Affiant: _____

Address of Affiant: _____

RESIDENCES OF THE 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? YES NO

IF YES, HAVE 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 PERSON 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? YES NO

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. YES NO

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 ABSTRACTS & TITLES, INC. 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.

AFFIANT SIGNATURE

STATE OF)
) SS.
COUNTY OF)

SUBSCRIBED AND SWORN TO BEFORE ME BY THE SAID _____

THIS _____ DAY OF _____, 20_____.

NOTARY PUBLIC

PRESENTED TO
ABSTRACTS & TITLES, INC.

BY: _____

ADDRESS: _____