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of April AD 2014
Carla K. Tacker Auditor
By P.H. Deboard Deputy

Book 2014 Page 948

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DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

AFFIDAVIT RE: REAL ESTATE, CHANGE OF TITLE AND INHERITANCE TAX
Recorder's Cover Sheet

Preparer Information: Daniel H. Swift, 108 N. Madison Street, PO Box 207, Manchester, IA 52057, Phone: (563) 927-4901

Taxpayer Information: Katherine A. Bara, 640 Woodfield Trail, Roselle, Illinois 60172

Return Address: Daniel H. Swift, Swift Law Firm, 108 N. Madison Street, PO Box 207, Manchester, Iowa 52057

Grantors: Roman Louis Kobos and Ida Louise Kobos

Grantees: Katherine A. Bara, Dennis Bara, Timothy Kobos and Marie Kobos, Rebecca Kobos, Joel Shoemaker, Mary Benson, Bruce Benson

Legal Description: See Page 2

Document or instrument number if applicable:

AFFIDAVIT RE: REAL ESTATE, CHANGE OF TITLE AND INHERITANCE TAX

I, the undersigned, Katherine A. Bara, fka Katherine A. Kobos, after being first duly sworn on oath, do depose and state as follows:

I am the daughter of Roman Louis Kobos and Ida Louise Kobos. Roman Louis Kobos and Ida Louise Kobos took title to the hereinafter-described real estate by Warranty Deed as joint tenants with full rights of survivorship, said Deed being recorded on the 20th day of September, 1984 in Book 115-319. Said Warranty Deed dealt with title to the following described real estate, to-wit:

> Lot Eleven (11) of Honey Creek Meadows Addition, the same being part of the Southwest Quarter (SW ¼) of the Northwest Quarter (NW ¼) of Section Sixteen (16), Township Eighty-nine (89) North, Range Five (5), West of the Fifth P.M., according to plat recorded in Book 3, Page 77

Roman Louis Kobos and Ida Louise Kobos, husband and wife, held title to said real estate as joint tenants with full rights of survivorship,

Roman Louis Kobos died on April 3rd, 2006. Attached hereto and identified as Exhibit "A" is copy of Certificate of Death of Roman Louis Kobos. At the time of his death, he was a resident of Delaware County, Iowa. Ida L. Kobos, his wife, survived. Form 706, United States Estate Tax Return, was not required to be filed as a result of the death of Roman L. Kobos. An Iowa Inheritance Tax Return was not required to be filed pursuant to Iowa Code Section 450.22, Subsection 3. There was no estate proceedings instituted on account of the Decedent's death. Pursuant Section 450.22, Subsection 3 of the Iowa Code, no Inheritance Tax Return is required to be filed in any estate of Roman L. Kobos since there is no Federal Estate Tax filing obligation, and all of the Decedent's assets either were held in joint tenancy with right of survivorship solely between the Decedent and the individuals listed in Section 450.9 of the Iowa Code as individuals that are entirely exempt from Iowa Inheritance Tax, or through any other non-probate transfer solely to individuals listed in Section 450.9 as individuals that are entirely exempt from Iowa Inheritance Tax. This Affidavit is filed pursuant to Section 450.22, Subsection 4 of the Iowa Code for the purpose of establishing of record non-liability for Iowa Inheritance Tax without the filing of an Inheritance Tax Return. This Affidavit is further filed to clear title to the real estate described herein. The Affiant requests that the Auditor enter is information on the transfer books pursuant to Section 558.66 of the Iowa Code.

Ida Louise Kobos died on November 18th, 2013. Attached hereto and identified as Exhibit "B" is copy of Certificate of Death of Ida Louise Kobos. At the time of her death, she was a resident of Delaware County, Iowa. Form 706, United States Estate Tax Return, was not required to be filed as a result of the death of Ida Louise Kobos. An Iowa Inheritance Tax Return was not required to be filed pursuant to Iowa Code Section 450.22, Subsection 3. There was no estate proceedings instituted on account of the Decedent's death. Pursuant Section 450.22, Subsection 3 of the Iowa Code, no Inheritance Tax Return is required to be filed in any estate of Ida Louise Kobos since there is no Federal Estate Tax filing obligation, and all of the Decedent's assets either were held in joint tenancy with right of survivorship solely between the Decedent and the individuals listed in Section 450.9 of the Iowa Code as individuals that are entirely exempt from Iowa Inheritance Tax, or through any other non-probate transfer solely to individuals listed in Section 450.9 as individuals that are entirely exempt from Iowa Inheritance Tax.

This Affidavit is filed pursuant to Section 450.22, Subsection 4 of the Iowa Code for the purpose of establishing of record non-liability for Iowa Inheritance Tax without the filing of an Inheritance Tax Return. This Affidavit is further filed to clear title to the real estate described herein. The Affiant requests that the Auditor enter is information on the transfer books pursuant to Section 558.66 of the Iowa Code.

I further state, as a result of my own personal knowledge and belief, that the sole heirs of Ida L. Kobos are Katherine A. Bara and Dennis Bara, wife and husband; Timothy Kobos and Marie Kobos, husband and wife, Rebecca Kobos ~~Shoemaker~~ and Joel Shoemaker, wife and husband; and Mary Benson and Bruce Benson, wife and husband. Attached hereto and identified as Exhibit "C" is a full and complete copy of the Last Will and Testament of Ida L. Kobos and said Exhibit "C" is incorporated herein by this reference. Pursuant to the terms and conditions of Exhibit "C" as attached, as a result of her husband, Roman L. Kobos predeceasing her, all of the property is left in equal shares, per stirpes, to her children, Katherine Kobos, nka Katherine Bara, Timothy Kobos, Rebecca Kobos, nka Rebecca Kobos-Shoemaker, and Mary Kobos, nka Mary Benson.

None of the heirs of Roman L. Kobos and/or Ida L. Kobos predeceased Roman L. Kobos and/or Ida L. Kobos. No children were born to or adopted by Ida L. Kobos after execution of the Will as shown by attached Exhibit "C". Ida L. Kobos did not leave a surviving spouse. Ida L. Kobos died testate. No estate has been opened for Ida L. Kobos as none is necessary.

All just debts of Ida L. Kobos have been paid, including all expenses of her last illness, funeral expenses, and all other obligations that she may have acquired or owed at the time of her death.

I make this Affidavit for purposes of transfer of title to the heretofore-described real estate by delivery of Warranty Deed from all of the heirs of Decedent, Ida L. Kobos, who owned the real estate described herein as a joint tenant with full rights of survivorship with her husband, Roman L. Kobos.

Dated this 23 day of April, 2014.

Katherine A. Bara

Katherine A. Bara

State of Illinois, County of DuPage, ss:

I, Katherine A. Bara, being first duly sworn on oath, depose and state that I have read the foregoing Affidavit Re: Real Estate, Change of Title and Inheritance Tax; the statements and allegations contained therein are true and correct to the best of my present knowledge, belief and information.

Katherine A. Bara

Subscribed and sworn to before me this 23rd day of April, 2014, by Katherine A. Bara.

Notary Public in and for the State of IL.

OFFICIAL SEAL
DELIA B. DACANAY
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 4-7-2016

STATE OF ILLINOIS)
County of Cook)

APR 05 2006

DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

EXHIBIT "A"

David Orr

COUNTY CLERK

☒ PERMANENT CERTIFICATE
☐ TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO. 16.0
REGISTERED NUMBER

STATE OF ILLINOIS

MEDICAL EXAMINER'S – CORONER'S CERTIFICATE OF DEATH

STATE FILE NUMBER

Type, or Print in **PERMANENT INK** *See Coroner's or Funeral Directors Handbook for INSTRUCTIONS*

DECEASED

1. DECEASED–NAME: FIRST Roman; MIDDLE LOUIS; LAST KOBOS
2. SEX: MALE
3. DATE OF DEATH (MONTH, DAY, YEAR): APRIL 3 2006
4. COUNTY OF DEATH: COOK
5a. AGE–LAST BIRTHDAY (YRS): 85
5b. UNDER 1 YEAR MOS. / DAYS
5c. UNDER 1 DAY HOURS / MIN.
5d. DATE OF BIRTH (MONTH, DAY, YEAR): JULY 23 1920
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: ELK GROVE VILLAGE
6b. HOSPITAL OR OTHER INSTITUTION–NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): ALEXIAN BROTHERS MEDICAL CENTER
6c. IF HOSP, OR INST, INDICATE D.O.A., OP/EMER, RM, INPATIENT (SPECIFY): EMER ROOM
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): CHICAGO IL
8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): IDA BROKENS
9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): YES
10. SOCIAL SECURITY NUMBER: [redacted]
11a. USUAL OCCUPATION: DESIGN ENGINEER
11b. KIND OF BUSINESS OR INDUSTRY: PRINTING PRESS
12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12): College (1-4 or 5+): 4
13a. RESIDENCE (STREET AND NUMBER): 18038 183rd ST
13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO.: MANCHESTER
13c. INSIDE CITY (YES/NO): YES
13d. COUNTY: DELEWARE
13e. STATE: IOWA
13f. ZIP CODE: 52057
14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): WHITE
14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES–IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) ☒ NO ☐ YES SPECIFY:

PARENTS

15. FATHER–NAME FIRST MIDDLE LAST: LOUIS KOBOS
16. MOTHER–NAME FIRST MIDDLE (MAIDEN) LAST: STEPHANIE GZRBOWSKI

17a. INFORMANT'S NAME (TYPE OR PRINT): IDA KOBOS
17b. RELATIONSHIP: WIFE
17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 18038 183rd ST MANCHESTER IA 52057

CAUSE

18. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

Immediate Cause (Final disease or condition resulting in death): (a) ARTERIO SCLEROTIC CARDIO VASCULAR DISEASE

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO, OR AS A CONSEQUENCE OF (b)
DUE TO, OR AS A CONSEQUENCE OF (c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

19a. AUTOPSY (YES/NO): NO
19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)

20a. NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY): NATURAL
20b. DATE OF INJURY (MONTH, DAY, YEAR)
20c. HOUR M.
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18)
20e. INJURY AT WORK (YES/NO)
20f. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY)
20g. LOCATION (CITY, VIL. OR TOWN; OR TWP.; OR RD. DIST. NO., COUNTY, STATE)
20h. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES ☐ NO ☐

CERTIFIER

21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUISITION, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT
21b. THE DECEDENT WAS PRONOUNCED DEAD ON MONTH: APRIL DAY: 3 YEAR: 2006
21c. AT: 9:31 A M.
22a. CORONER'S – MEDICAL EXAMINER'S SIGNATURE: Nancy Lynne Jones M.D.
22b. DATE SIGNED (MONTH, DAY, YEAR): APRIL 4 2006
23a. CORONER'S PHYSICIAN'S NAME (Type or Print): NANCY LYNNE JONES MD
23b. DATE SIGNED (MONTH, DAY, YEAR): APRIL 4 2006

H.G.
RIF
UNK
#21

DISPOSITION

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
24b. CEMETERY OR CREMATORY–NAME: ST MICHAEL ARCHANGEL
24c. LOCATION CITY OR TOWN: PALATINE STATE: ILLINOIS
24d. DATE (MONTH, DAY, YEAR): APRIL 6 2006
25a. FUNERAL HOME NAME / STREET AND NUMBER OR R.F.D. / CITY OR TOWN / STATE / ZIP: COUNTRYSIDE FUNERAL HOME & CREMAOTRY 333 SOUTH ROSELLE ROAD ROSELLE IL 60172
25b. FUNERAL DIRECTOR'S SIGNATURE: Darrin Griffin
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034-016094
26a. LOCAL REGISTRAR'S SIGNATURE: David Orr
26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): April 5 2006

VR202 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

EXHIBIT "A"

STATE OF IOWA

CERTIFICATION OF VITAL RECORD

STATE OF IOWA

County Record

EXHIBIT "B"

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH

114-

CERTIFICATE OF DEATH

BIRTH NUMBER

DECEDENT

1. DECEDENT'S FULL NAME: First: Ida; Middle: Louise; Last: Kobos; Suffix: Ifany
2. SEX: Female
3a. AGE – LAST BIRTHDAY: 91 Years
3b. UNDER 1 YEAR: Months / Days
3c. UNDER 1 DAY: Hours / Minutes
4. DATE OF BIRTH (Month, Day, Year): February 8, 1922
5. COUNTY OF DEATH: Delaware
6. PLACE OF BIRTH (City & State, or Foreign Country): Olin, Iowa
7. CITIZEN OF WHAT COUNTRY?: United States
8. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
9. MARITAL STATUS AT TIME OF DEATH: ☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never Married ☐ Unknown
10. DECEDENT'S LAST NAME PRIOR TO ANY MARRIAGE (If ever married): Brokens
11. SURVIVING SPOUSE (Full name prior to any marriage)
12a. RESIDENCE-STATE: Iowa
12b. RESIDENCE-COUNTY: Delaware
12c. RESIDENCE-CITY OR TOWN: Manchester
12d. RESIDENCE-STREET & NUMBER, ZIP CODE: 18038 183rd Street 52057
12e. INSIDE CITY LIMITS? ☐ Yes ☒ No
13. FATHER'S NAME: First: Fred; Middle: ; Last: Brokens
14. MOTHER'S NAME PRIOR TO ANY MARRIAGE: First: Agnes; Middle: ; Last: Boss
15a. INFORMANT'S NAME: Timothy Kobos
15b. INFORMANT'S MAILING ADDRESS (Street & Number, City, State, Zip Code): 11 Applewood Court Cary, Illinois 60013
15c. RELATIONSHIP TO DECEDENT: Son

PLACE

16. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ Dead on Arrival
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice Facility ☒ Nursing Home/Long-Term Care Facility ☐ Decedent's Home ☐ Other (Specify)
17a. FACILITY NAME (If not institution, give street and number): Good Neighbor Home
17b. CITY, TOWN, OR LOCATION & ZIP CODE OF DEATH: Manchester, Iowa 52057
17c. INSIDE CITY LIMITS? ☒ Yes ☐ No

DISPOSITION

18. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
19. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place): St. Michael the Archangel Cemetery
20. LOCATION OF DISPOSITION (City or Town & State): Palentine, Illinois
21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY: Leonard-Muller Funeral Home & Crematory 1500 North Franklin Street Manchester, Iowa 52057
22a. FUNERAL DIRECTOR – Printed Name: Brian A. Muller
22b. FUNERAL DIRECTOR – Signature: B A M
23. LICENSE NUMBER: 2387

DATE

PRONOUNCEMENT, CERTIFICATION AND CAUSE OF DEATH
ITEMS 24 – 28 REQUIRED TO BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH
24. DATE PRONOUNCED DEAD (Month, Day, Year) (Spell out month): November 18, 2013
25. TIME PRONOUNCED DEAD: TIME 1705 ☐ AM ☐ PM ☒ Military
26. NAME OF PERSON PRONOUNCING DEATH (If different than certifier) (Type or print legibly) (MD, DO, PA, ARNP, RN, LPN): Amanda Kalb
27. TITLE: RN
28. LICENSE NUMBER: 120033
31a. MEDICAL EXAMINER CONTACTED? ☐ Yes ☒ No
31b. If Yes, M.E. case number
29. ACTUAL OR PRESUMED DATE OF DEATH (Month, Day, Year) (Spell out month): November 18, 2013
30. ACTUAL OR PRESUMED TIME OF DEATH: TIME 1705 ☐ AM ☐ PM ☒ Military

CAUSE OF DEATH

CAUSE OF DEATH (See Instructions and examples)
32a. PART I. Enter the chain of events – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.
32b. Approximate interval between onset and death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →
a. Neuroendocrine tumor, Carcinoid the Ileal midgut area, most probably — 21 Months
Due to (or as a consequence of):
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST
b. Due to (or as a consequence of):
c. Due to (or as a consequence of):
d. Due to (or as a consequence of):
32c. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
33. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? ☐ Yes ☐ No
35. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown
36. IF FEMALE: ☒ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
37. MANNER OF DEATH ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be Determined
38. DATE OF INJURY (Month, Day, Year) (Spell out month)
39. TIME OF INJURY ☐ AM ☐ PM TIME ☐ Military
40. PLACE OF INJURY (e.g., home, farm, street, roadway, etc.)
41. INJURY AT WORK? ☐ Yes ☐ No
42. LOCATION OF INJURY: (Complete physical address – Street & Number, Apt. #, City or Town, State, Zip Code)
43. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
44. DESCRIBE HOW INJURY OCCURRED:

CERTIFIER

45. CERTIFIER (Check only one): ☒ Certifying MD, DO, PA, ARNP – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. ☐ Medical Examiner – On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
Signature: Jane Hartnett MD
46. TITLE: MD
47. DATE CERTIFIED (Month, Day, Year): 11/22/13
48. NAME & COMPLETE MAILING ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER: Jane Hartnett MD PO Box 359 Manchester, Iowa 52057
49. LICENSE NUMBER: 28440
50a. COUNTY OF REGISTRATION (County of Death): Delaware
50b. REGISTRAR'S SIGNATURE: Deborah L. Stefan
50c. DATE FILED (Month, Day, Year): Nov. 22, 2013

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This is to certify that this is a true and correct reproduction of the original record as recorded in this office, issued under authority of Chapter 144, Code of Iowa.
This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

NOV 22 2013
DATE ISSUED

BY Deborah L. Stefan
COUNTY REGISTRAR OF VITAL RECORDS

OF DELAWARE
COUNTY

C4017101

EXHIBIT "B"

FORM #588-0328C (03/2010) WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY

American Bank Note Company

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE GREAT SEAL OF THE STATE OF IOWA

COUNTY REGISTRAR — IOWA — REGISTRATION OF VITAL STATISTICS

OF

IDA L. KOBOS

I, IDA L. KOBOS, of Chicago, Illinois, do hereby make, publish and declare this to be my Last Will and Testament and herewith I revoke all prior Wills and Codicils by me made.

ARTICLE ONE

I direct that all of my just unsecured debts and funeral expenses be paid as soon as practicable after my death. I direct further that all estate and inheritance taxes and other governmental charges assessed by reason of my death be paid out of the residue of my estate without seeking reimbursement from or charging any person with any part of the taxes and charges so paid. I direct further that if my husband, ROMAN L. KOBOS, dies within sixty(60) days after my death, the expense of his funeral and last illness be paid as an expense of my estate.

ARTICLE TWO

I GIVE and BEQUEATH to my husband, ROMAN L. KOBOS, all items of household furnishings and personal effects, including automobiles, which I may own at the time of my death. Property such as cash, securities and investments will be dealt with separately elsewhere in this Will. In the event my husband does not survive me, I GIVE and BEQUEATH such items to our children, KATHERINE, TIMOTHY, REBECCA and MARY in equal shares, or, in the event one of them does not survive me, I GIVE AND BEQUEATH all such items to the others. Survival is a condition to take under this Article. I call to the attention of my legatees and executor that there may be stored with my Will or elsewhere among my personal papers a letter or other memorandum sugge sting the further disposition of certain

D.L.K

MADSEN AND ASSOC.
ATTORNEYS AT LAW
IE N. NORTHWEST HWY.
PARK RIDGE, IL 60068

suant thereto would represent a gift from my legatee and not from my estate.

ARTICLE THREE

All the rest, residue and remainder of my estate, both real and personal, of every nature and wheresoever situated of which I may die seised or possessed, after distribution in accordance with the foregoing Articles and such Codicils as I may from time to time make to this Will hereafter and herein referred to as my residual estate, I GIVE, DEVISE and BEQUEATH to my husband, ROMAN L. KOBOS, if he survives me sixty (60) days or longer.

ARTICLE FOUR

In the event my husband predeceases me or dies within sixty (60) days after my death, I GIVE DEVISE and BEQUEATH my residual estate in equal shares per stirpes to my children, KATHERINE, TIMOTHY, REBECCA and MARY in equal shares provided, however, that in the event a child of mine should not survive me but leave descendants surviving me, I GIVE, DEVISE and BEQUEATH to such descendants in equal shares per stirpes that same share which such child who did not survive me would have taken if such child had survived me.

ARTICLE FIVE

In the event any descendant of a child of mine qualifies for distribution under this Will at a time when such descendant is under the age of thirty(30), I direct my executor transfer the full share of such underage beneficiary to the surviving parent or guardian of such beneficiary in trust as trustee with power to make disbursements to, for and on behalf of such beneficiary as the trustee shall in his own discretion determine. This shall include the power to make full distribution to the beneficiary at any time, and shall also

RLK.

IEN AND ASSOC.
)RNEYS AT LAW
NORTHWEST HWY.
: RIDGE, IL60068

include the power to retain all distribution until age thirty (30) at which time distribution shall be made in full in all events. My trustee shall serve without bond or security of any kind. I give to my trustee all powers hereinafter granted to my executor.

ARTICLE SIX

I nominate and appoint my husband, ROMAN L. KOBOS, as executor of this Will, or in the event he fails or ceases to act, I nominate and appoint my oldest living child willing and able to serve in that capacity as executor hereof, or in the event no child so serves, I nominate and appoint CITIZENS BANK & TRUST COMPANY of Park Ridge, Illinois as executor hereof. I direct no surety or security shall be required on the official bond of the executor hereof. I give to the executor full power and authority without authorization by any court to sell, mortgage or pledge the whole or any par of my estate, real or personal, for such prices, on such terms and to such persons as the executor decides; to make distribution of my estate wholly or partly in kind; to pay, settle, compromise or abandon any or all claims either in favor of or against my estate, as the executor deems best; to invest the funds of the estate or any trust created under this Will in marketable securities including shares of a common trust fund; and for any of the aforesaid purposes to make, execute and deliver any and all deeds, mortgages, bills of sale or other instruments necessary or desirable therefor.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 14 day of February, 1984.

Ida L. Kobos (SEAL)

O.K.K.

We hereby certify that the foregoing instrument consisting of four (4) pages, this page included, was on the date thereof signed, sealed, published and declared by IDA L. KOBOS as and for her Will in our presence, and that, at her request, and in her presence and in the presence of each other, we have subscribed our names below as witnesses thereof, believing the said IDA L. KOBOS at the time of so signing to be of sound mind and memory.

Rose B. Leta Residing at 4237 Addison
Park Ridge, Ill.

Paul L. Harrity Residing at 605 S. Greenwood
Park Ridge, Ill. 60068

Residing at 1 N Northwest
Park Ridge, Ill.