



## REQUIREMENTS FOR ACCEPTANCE OF PERSONAL UNDERTAKING AND ADDITIONAL PREMIUM PAYMENT IN LIEU OF PROBATE

- I. The following documentation should be submitted to an Examiner or Title Underwriter for review:
- \* Affidavit of Heirship (See attached checklist)
  - \* A Certified or Uncertified Copy of the Death Certificate
  - \* A Copy of Will (if the decedent died testate)
  - \* Illinois Estate Tax and Illinois Generation-Skipping Transfer Tax release or final receipt (if applicable)
  - \* Federal Estate Tax release or estate closing letter (if applicable)
  - \* Personal Undertaking form (See attached copy)

NOTE: Upon review and acceptance of the above documentation, title will be shown in the decedent's heirs, by name, in accordance with the intestacy laws of Illinois. If they are different parties, deeds from the legatees under the will to the heirs (or deeds from the heirs to the legatees) will be required in order to confirm title in said grantees.

- II. Upon review and acceptance of the above documentation, the Examiner or Title Underwriter will arrange for the billing of the appropriate premium.

The minimum premium is \$100.00. Upon payment of the premium the applicable exception(s) will then be waived.

NOTE: The above list of requirements is not meant to be exclusive. Additional documentation may be required in certain circumstances. Please confer with the Examiner or Title Underwriter well in advance of the anticipated closing to avoid unnecessary delays.



# CHICAGO TITLE INSURANCE COMPANY

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## GUIDELINES FOR PREPARING AN AFFIDAVIT OF HEIRSHIP

The following constitute the elements of a proper affidavit or table of heirship of a deceased owner of real estate for title insurance purposes.

1. An affidavit in form which is signed and sworn to by a person in a position to know the facts, such as a close relative or close acquaintance. The affidavit must be notarized and the affiant's address should appear on the instrument.
2. Where the affiant claims to be the sole heir, then a corroborative affidavit by a disinterested person should be provided.
3. The affidavit should contain the following facts:
  - a. The date of death.
  - b. A recital that the decedent was the owner of the land.
  - c. The value of the decedent's estate for Federal Estate Tax purposes.
  - d. Whether the decedent died testate or intestate.
  - e. The number of times the decedent was married, the name of each spouse, and whether the marriage ended by death or dissolution.
  - f. The number of children born of each marriage, the name of each child, and his or her age and marital status.
  - g. A positive statement that only the children listed were born of each marriage.
  - h. A positive statement that only the children listed were born of the deceased.
  - i. Whether any child of the decedent has died, if so, the date of death and all of the information necessary to determine whether there may be per stirpes distribution.

NOTE: If a child or spouse died after the deceased owner, that heir's share will pass through the heir's estate. Therefore, the heir's estate will have to be examined separately to determine the devolution of that share. If the heir's estate is not probated, a separate table of heirship should be provided.

- j. Whether the decedent did or did not adopt any children.
- k. If the decedent left no descendants or spouse, the affidavit must affirmatively so state before listing ancestors or collaterals.



# CHICAGO TITLE INSURANCE COMPANY

## TESTATE ESTATE - PERSONAL UNDERTAKING

Order Number: \_\_\_\_\_

Date: \_\_\_\_\_

To: Chicago 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 loss, costs, damages, suits, attorneys' fees and expenses of every kind and nature which 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 of 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.

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Address \_\_\_\_\_

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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 \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_

NOTE: To be executed by all of the Heir(s), Legatee(s) and by the Executor(s) named in the Decedent's will.



# CHICAGO TITLE INSURANCE COMPANY

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## INTESTATE ESTATE - PERSONAL UNDERTAKING

Order Number:

Date: \_\_\_\_\_

To: Chicago 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 loss, costs, damages, suits, attorneys' fees and expenses of every kind and nature which 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 of 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.

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Address \_\_\_\_\_

\_\_\_\_\_

NOTE: To be executed by all of the Heir(s) of the Decedent.

**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 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 CASE NUMBER, COUNTY AND STATE:

HAVE 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 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 U.S., 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

<p>HAVE ALL EXPENSES OF THE LAST ILLNESS AND BURIAL OF THE DECEASED, DOCTOR'S, HOSPITAL AND UNDERTAKER'S BILLS BEEN PAID IN FULL?      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>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?      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>IF YES, DESCRIBE TO WHOM AND FOR HOW MUCH ON REVERSE SIDE.</p>	<p><b>NOTE:</b> PAID RECEIPTS FOR THESE ITEMS SHOULD BE PROVIDED</p>
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HAVE ALL DEBTS OF THE DECEASED, INCLUDING PARTNERSHIP OBLIGATIONS, IF ANY, AND CLAIMS AGAINST THE ESTATE HAD 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 DECREE 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 CHICAGO 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 \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

PRESENTED TO

CHICAGO TITLE INSURANCE COMPANY

BY \_\_\_\_\_

ADDRESS \_\_\_\_\_