#### **UNOFFICIAL COPY**

RECORDING REQUESTED BY 00743297 COOK COUNTY 4296/0036 80 002 Page 1 of WILMA C. REHM 2000-09-25 14:54:01 RECORDER Cook County Recorder EUGENE "GENE" MOORE AND WHEN RECORDED MAIL TO BRIDGEVIEW OFFICE WILMA C. REHM 124 Carriage Way, #B211 Burr Ridge, ILL \$50521 GRANT DEED The undersigned declares that the DOCUMENTARY TRANSFER TAX is \$ computed on the full value of the interest or property conveyed; OR IS X computed on the full value of liens or encumbra ices remaining thereon at the time of sale. Signature of Declarant FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, WILMA C. REHM, successor Trustee of the MARY E. TUNELIUS TRUST dated 9/4/81 Grantor. hereby grants the trust's one-half, (1/2) interest in whole grants to IRVING L. REHM and WILMA C. REHM, as Trustees under the IRVING L. REHM and WILMA C. REHM DECLARATION OF TRUST DATED 2/16/84 grantee, the real property located in Burr Ridge city and County, Exhifornia, described as follows: Cook ILLINOIS See attached Exhibit A, incorporated by reference to this document. CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLI STATE OF CONTROLS ILLINOIS) COUNTY OF COOK ) before me, Mary Alleo a said County and State , personally appeared WILMA C. REHM personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s), acted, executed the instrument.

WITNESS my hand and official seal.

"OFFICIAL SEAL"
MARY F. GILLIGAN
Notary Public, State of Illinois
My Commission Expires 5/18/04

(Signature of Norary Public)

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Property of Cook County Clark's Office

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DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 22.0	STATE OF ILLINOIS						STATE FILE NUMBER	
	REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH							
Type or Print in	<u> </u>	IRST	MIDDLE	LAST	SE	x	DATE OF DEAT	TH (MONTH, I	DAY, YEAR)
PERMANENT INK	MADV			NELIUS					
See Funeral Directors, Hospital, or Physicians	1. MAKI COUNTY OF DEATH	ELLEN		UNDER I YEA		PATEOERI	3. AUGUS		.000
Handbook for INSTRUCTIONS			AGE-LAST BIRTHDAY (YRS)	MOS. DAY	S HOURS MIN.	٦			
Marnochona	4. DUPAGE CITY, TOWN, TWP, OR ROAD DISTRIC	TAILMOCD		5b. 1	5c.   N-name (if not in eith			<u> 29, 19</u>	
		, I NOMBER	NOSTITAL ON OTHE	:ninoiii u ilu	IN-NAME (IF NOT IN EITH	EH. GIVE STHEET	AND NUMBER)	OP/EMER. R	R INST, INDICATE D.O.A. IM, INPATIENT (SPECIFY)
A	6a HINSDALE	lara opuse autum			OSPITAL				ATIENT
DECEASED	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVE WIDOWED, DIVO	RMAMMIED, PRCED (SPECIFY)	NAME OF SU	IRVIVING SPOUSE (N	AAIDEN NAME, IF V	VIFE)	- '	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO)
	7. SPRINGFIELD, MO	SPPINGFIELD, MO 8a. WIDOWED			8b. NONE				9. NO
В	SOCY L SEC JRITY NUMBER	USUAL OCCUPA	TION		SINESS OR INDUSTR		ON (SPECIFY ONL Secondary (0-12)		ADE COMPLETED) (1-4 or 5 + )
_	. io. 356 -14-2155	11a.SECRE	rary	16 TNS	L DEPOSIT URANCE COL	χp 12.		l i	· · · · · · · · · · · · · · · · · · ·
D	RESIDENCE STRE TANDNUMBER)		CITY, 1	OWN, TWP, C	OR ROAD DISTRICT	NO. III	ISIDE CITY ES NO)	COUNTY	
Ε	13a 124 CARPIAGE W.	AY DR. #2	211 <sub>13b.</sub>	BURR R	IDGE		3c. YES	13d. CO(	OK
	STATE ZIP COI		E (WHITE, BLACK, AME AN, etc.) (SPECIFY)	RICAN	OF HISPANIC ORIGIN	? (SPECIFYNOC	IR YES-IF YES, SPE	CIFY CUBAN, ME	EXICAN, PUERTO RICAN, etc.)
Į į	13e ILLINOIS 112 6	0521 148			14b. ⊠ NO	□YES S	PECIFY:		
. <u> </u>		V'ODLE	LAST			FIRST	MIDDLE	- (	MAIDEN) LAST
PARENTS	15. ORAL	G	COX		16. G	RACE	DAISY		BURTON
	INFORMANT'S NAME (TYPE OR PRINT)	- <del>()</del> x-		LATIONSHIP	MAILING ADDR	RESS ISTREET A	ND NO. OR FI.F.D	CITY OR TOWN.	STATE, ZIP) IL60521
	17a WILMA C. REHM				1				
		diseases or moii		b.SISTER	enter the mode of dying		E WAY D		
2	shock, or	heart failure. Lo.	y the cause on ea	ch line.	arner the mode of dying	, sucrias carulat	or respiratory an	rest,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
` <b>3</b>	Immediate Cause (Final disease or condition	1. (1.5 1 1 2 1 2 1 1		ADO	VAC ADDO	C 1	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	**************************************	110 1 1.
	resulting in death) (a)	ETO, ORAS A CON	USE OF IENE	CARD	MAC AKKE	91	- 1 No.	- 1	40 minutes
1	CONDITIONS IF AMY		W. 75 _	100	Since in		Δ .	· .	
	WHICH GIVE RISE TO \(\frac{(b)}{}	ENDSTA: ETO,ORASA CON		1) (6)	1PHYSEMA)	<u> </u>			YEARS
CAUSE	IMMEDIATE CAUSE (a) DUI STATING THE UNDERLYING	E TO OH AS A COR	ISECULENCE OF		*	:	. *.	. (	·
	CAUSE LAST. (c)				<u> </u>	·	* .		
4	PART II: Other significant conditions contribu	rling to death but not res	ulting in the underlying cau	segiven (PAP) (			AUTOPSY (YES/NO)		'SY FINDINGS AVAILABLE PRIOR TO I OF CAUSE OF DEATH? (YESNO)
5		` <u>}`</u>	- 1 V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100	/x	:	19a. NO	19b.	
N	DATE OF OPERATION, IF ANY	MAJOR FINDINGS	SOF OPERATION _			:	IF FEMA	LE, WAS THERE MONTHS?	A PREGNANCY IN PAST
Ρ	20a.	20b.	19-			*		YES N	IO [\$\frac{1}{2}\frac{1}{2}
	I (DID) (DID NOT) ATTEND THE DECEA: AND LAST SAW HIM/HER ALIVE ON	SED (MONTH, DA	AY, YEARI		WAS	ORONER OR M	EDICAL HOU	IR OF DEATH	
	21a. AUGUST 5, 200	so (			210.		21c.	4:15	Δ M.
	TO THE BEST OF MY KNOWLEDGE, DI	ATH OCCUPATED	AT THE TIME, DATE	NO PLACE AN	ID DUE TO THE CAUS	E(S, STATED.	DATE	E SIGNED	(RABY, YAG, HT/OM)
	22a. SIGNATURE	2.	V.	<b>,</b>		1/	226.	AUGUST	7.200
CERTIFIER	NAME AND ADDRESS OF CERTIFIER	(TYPE OR PRIN	عمو معج	IFCCI	PARK, M.	D		IOIS LICENSE	
	220. 6900 MADISON STA	PECT 1	ILLAU BROO		60521	٠.	1224	M36.	080235
***	NAME OF ATTENDING PHYSICIAN IF O			<del></del>	00047				WAS INVOLVED IN THIS
	23.						Jr _g*.	TIME CORONER	ROR MEDICAL EXAMINER
<b>&gt;</b>		TERY OR CREMA	TORY-NAME	ILOCA	ATION CITYOF	RTOWN	STATE	DATE	(MONTH, DAY, YEAR)
	REMOVAL (SPECIFY) 24a. BURIAL 24b.	UCODI AUN	CEMETERY	1					
	FUNERAL HOME	NAME		24c. UMBER OR R.F.C		ARK, ILI	LINOIS	STATE	NUG.9, 2000
DISPOSITION .	AS DECUCIED REAL	IN S. LITTT							
-	25a. DRECHSLER, BROW	IN & WILL	TAMS FUNE	KAL HUM	E 203 S. M		LDIRECTOR SILL	PARK,	
	25/7		N DENNIS	re w n	A TTT	'			NOMBER .
, , , , , , , , , , , , , , , , , , ,	LOCAL REGISTRAR'S SIGNATURE	74	DENN.	IS M. D.	AHL.	. 25c.	034-011		<del></del>
	10000	Jim	ia X	(10 m)	106	DATEF	LED BY LOCAL REC	ICA C	*20000
	26a.		<del></del> // ·	un	re, Nils	26b.	MŲ	u u o	2000·
_ '	VR200 (Rev. 5/89)	<b>→</b> Itlinois D	epartment of Public H	lealth-Division	of Vital Records/		(DESI	EQÜN MEUS.	STANDARLCERTIFICATE
	_							".	
	<b>*</b>	/ 1 IV	age Count	<b>y</b> ,,,,,,	orth County Far	un Doad		~	8 9 F
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	L	<u>∞orn</u> rych	artment	Wheat	ton, Illinois 601	87	Elvina VIV	- X	
			•				and ?	A .	* 9
			44				A C. LONG		S. S. Sanda
This is to certify	that this is a true and	l correct o	ony of the o	fficial	•			Samo S .	The States
record filed with	b the Illinois Dans	and a C B	v <sub>P</sub> y of the O	Hiciai				Marie	The Man
record filed with the Illinois Department of Public Health.									
	/ \	-							

Local Registrar

Not valid without the embossed seal of

DuPage County Health Department

### **UNOFFICIAL COPY**

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#### EXHIBIT A

Permanent Real Estate Index Number(s):

18-19-307-007-1187

18-19-307-007-1152

18-19-307-007-1125

Address(es) of real estate:

124 Carriage Way, B211, Burr Ridge, Illinois 60521.

Clork's Office

# UNOFITEMENT CALLED CRANTEE

The Grantor or his Agent affirms that, to the best of his knowledge, the name of the Grantee shown on the Deed or Assignment of Beneficial Interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

Dated 9/25/2000 2000

Subscribed and sworn to before me by the said Wina Kilan "OFFICIAL SEAL"

this 25 day of 1000 MARY F. GILLIGAN

this day of Jeff 2000 MARY F. GILLIGAN
Notary Public Mary Fublic State of Illinois
My Commission Expires 5/18/04
The Grantee or his Agent affirms and verifies that the name of the

Grantee shown on the Deed or Assignment of Beneficial Interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold business or acquire and hold title to real estate in Illinois, a partnership authorized to do other entity recognized as a person and authorized to do business or acquire and hold title to real estate in Illinois, or or acquire and hold title to real estate under the laws of the State of Illinois.

Dated 9/25/20:00

2000

Signature:

Grantee or Agent

Subscribed and sworn to before me by the said William Child Man State 2000 Notary Public Man Sulling

"OFFICIAL SEAL"
WARY F. GILLIGAN
Notar, Public, State of Illinois
by Commission Expires 5/10/0

NOTE: Any person who knowingly submits a late statement concerning the identity of a Grantee shall be cuilty of a misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

(Attach to Deed or ABI to be recorded in Cook County, Illinois, if exempt under the provisions of Section 4 of the Illinois Real

EUGENE "GENE" MOORE COOK COUNTY RECORDER OF DEEDS 90608981

PARCEL 1: UNIT B-211 AND PARKING SPACE NUMBERS B-58 AND B-23 TOGETHER WITH ITS UNDIVIDED PEPCENTAGE INTEREST IN THE COMMON ELEMENTS IN CARRIAGE WAY OF BURR RIDGE CONDCAINIUM AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NUMBER 87607850, IN THE SOUTHWEST 1/4 OF SECTION 19, TOWNSHIP 38 NORTH, RANGE 12, LAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 2: EASEMENT FOR INGRESS AND EGRESS FOR THE BENEFIT OF PARCEL 1 AS SET FORTH AND DEFINED IN THE DECLARATION OF EASEMENT RECORDED AS DOCUMENT NUMBERS 20132354 AND 20158531.

Exempt under Real Estate Transfer Tax Law 35 ILCS 200/31-45 sub par. 4 and Cook County Ord. 93-0 27 par.

Uate 7/15/00

Sign. Wil

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