

UNOFFICIAL COPY

0010749619

2001-08-15 13:42:32

Cook County Recorder 27.50

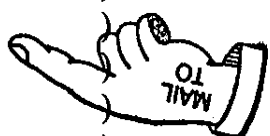


0010749619

DEED IN TRUST (ILLINOIS)

RETURN TO:

Jeffrey P. White & Associates, P.C.
18-2 East Dundee Road, Suite 101
Barrington, IL 60010



SUBSEQUENT TAX BILLS TO:

Mr. and Mrs. Don Amato
327 Beverly
Barrington, IL 60010

PREPARED BY:

Jeffrey P. White & Associates, P.C.
18-2 East Dundee Road, Suite 101
Barrington, IL 60010

COOK COUNTY RECORDER
EUGENE "GENE" MOORE
ROLLING MEADOWS

THE GRANTORS, JUDSON L. HOVLAND, deceased, and BARBARA A. HOVLAND, his wife, of 227 W. Hillside Ave., Barrington, Illinois 60010,

for and in consideration of Ten Dollars and other good and valuable consideration in hand, paid, CONVEY and WARRANT unto THE GRANTEE,

DON AMATO and LYNN JANET AMATO, Trustees, or their successors in trust, under the BARBARA A. HOVLAND LIVING TRUST, dated March 16, 2001, and any amendments thereto, as to 100% of the beneficial interest hereunder,

(the Grantees hereinafter referred to as "said trustee," regardless of the number of trustees), and unto all and every successor or successors in trust under said trust agreements, the following described real estate in the County of Cook and State of Illinois, to wit:

LOT 5 IN HAWLEY'S SUBDIVISION OF THE NORTH 10 RODS OF THE WEST HALF OF THE SOUTHWEST QUARTER OF SECTION 1, TOWNSHIP 42 NORTH, RANGE 9, EAST OF THE 3D P.M., IN COOK COUNTY, ILLINOIS.

PERMANENT INDEX NUMBER: 01-01-300-005

COMMON ADDRESS: 227 W. Hillside Ave.
Barrington, IL 60010

3028

UNOFFICIAL COPY

And the said Grantors hereby expressly waive and release any and all right or benefit under and by virtue of any and all statutes of the State of Illinois, providing for the exemption of homesteads from sale or execution or otherwise.

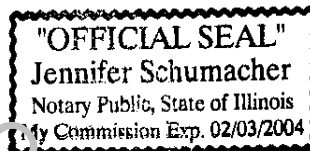
IN WITNESS WHEREOF, the GRANTOR aforesaid have hereunto set their hands and seals this 6th day of August, 2001.

Barbara Hovland
BARBARA A. HOVLAND

State of Illinois
County of Cook

I, the undersigned Notary Public in and for said County and State aforesaid, DO HEREBY CERTIFY that **Barbara A. Hovland** is personally known to me to be the same person(s) whose name(s) are subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that they signed, sealed and delivered the said instrument as their free and voluntary act for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and seal, this 6th day of August, 2001.



Jennifer Schumacher SEAL:
Notary Public

AFFIX TRANSFER STAMPS ABOVE

OR

This transaction is exempt from the provisions of the Real Estate Transfer Tax Act under Paragraph "e", Section 4 of said Act.

Jennifer Schumacher Date: August 6, 2001
Buyer, Seller or Representative

STATE OF ILLINOIS 0010749819 Page 3 of 4

UNOFFICIAL COPY

REGISTRATION DISTRICT NO. 49.5E

REGISTERED NUMBER _____

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. **JUDSON L HOVLAND** 2. **MALE** 3. **APRIL 12, 1988**

RACE—(WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) ORIGIN OR DESCENT (SPECIFY) AGE—LAST BIRTHDAY (M, D, Y) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MO., DAY, YEAR) COUNTY OF DEATH

4a. **White** 4b. **Norwegian** 4c. **59** 4d. **6 June 26, 1928** 7a. **LAKE**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION—NAME, ST. NO., R. F. NO., OR R. F. D. NO. IF HOSP. OR INST., INDICATE DOA OP/EMER. RM. INPATIENT (SPECIFY)

7b. **CUBA TOWNSHIP** 7c. **GOOD SHEPHERD HOSPITAL** 7d. **INPATIENT**

STATE OF BIRTH (IF NOT U.S.A. NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)

8. **Minnesota** 9. **U S A** 10. **Married** 11. **Barbara Ann Reeder**

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) WAR OR DATES OF SERVICE

12. **474-24-9051** 13a. **Industrial Eng** 13b. **United Air Lines** 13c. **Yes** 13d. **WW 2**

RESIDENCE STREET AND NUMBER CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY STATE

14a. **227 W. Hillside Ave.** 14b. **Barrington** 14c. **Yes** 14d. **Cook** 14e. **Illinois**

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. **Iver G. Hovland** 16. **Margaret E. Dix**

INFORMANT NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)

17a. **Barbara Ann Hovland** 17b. **Wife** 17c. **227 W. Hillside Ave. Barrington, Ill**

18. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. IMMEDIATE CAUSE

10a. **Cerebral Ischemia (Massive)**

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

10b. **Hypertension**

PART II. OTHER SIGNIFICANT CONDITIONS: CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19. **Dietary Malnutrition**

19a. **No** 19b. **IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH**

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?

20a. _____ 20b. _____ 20c. **NO** 20d. **NO**

I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO) HOUR OF DEATH

21a. **4-12-88** 21b. **NO** 21c. **10:00 A.M.**

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MO., DAY, YR.)

22a. SIGNATURE **Victor I. Steiner MD** 22b. **4-12-88**

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER

22c. **Victor I. Steiner MD 450 W. Hwy 22 Barrington, Ill 60010** 22d. **39353**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)

24a. **Burial** 24b. **Evergreen** 24c. **Barrington Illinois** 24d. **April 15, 1988**

FUNERAL HOME NAME STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP

25a. **Stirven-Pieper 149 W. Main St. Barrington, Illinois 60010**

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

25b. **Harold A. Pieper** 25c. **6845**

LOCAL REGISTRAR'S SIGNATURE DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26a. **Allen Sabatky by M. G. ...** 26b. **April 14, 1988**

VR 200 REV. 5/82 Illinois Department of Public Health - Office of Vital Records (BASED ON 1978 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named as item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE April 14, 1988 SIGNED Mary ...

AT Village of Lake Zurich, Illinois OFFICIAL TITLE Deputy Clerk

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

UNOFFICIAL COPY

STATEMENT BY GRANTOR AND GRANTEE

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 8/8/01

Signature [Handwritten Signature]
Grantor or Agent

SUBSCRIBED and **SWORN** to
before me this 8 day of August, 2001.

[Handwritten Signature]
Notary Public



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 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 8/8/01

Signature [Handwritten Signature]
Grantee or Agent

SUBSCRIBED and **SWORN** to
before me this 8 day of August, 2001.

[Handwritten Signature]
Notary Public

