

UNOFFICIAL COPY

0020226482

2002-02-27 09:23:12

Cook County Recorder 29.50



0020226482

ABSTRACT OF TRUST

This Abstract of a certain Declaration of Trust (relevant portions thereof attached hereto as Exhibit A and made a part hereof) dated May 15, 1998, and known as the DONALD N. REED AND MARTHA L. REED REVOCABLE LIVING TRUST, is recorded as notice of change of trustee to said trust, and affects the following described property located in Cook County, Illinois:

**COOK COUNTY
RECORDER
EUGENE "GENE" MOORE
ROLLING MEADOWS**

(Above space for Recorder of Deeds)

Unit No. 20-1652 in Arlington on the Ponds I, being a Subdivision in the Northwest 1/4 of Section 21, Township 42 North, Range 11 East of the Third Principal Meridian, according to the plat thereof filed May 27, 1987 as document LR 3620381; in Cook County, Illinois, which survey is attached as Exhibit 'C' to the Declaration of Condominium filed with the Registrar of Titles on June 16, 1987 as Document LR 3626520, together with its undivided percentage interest in the common elements.

Common Address: 1652 Courtland Drive, Arlington Heights, IL 60004
Real Estate Index Number: 03-21-100-027-1057

Notice is hereby given that Martha L. Reed, an initial co-trustee of said trust, is deceased. A copy of her death certificate is attached hereto as Exhibit B and made a part hereof. Pursuant to said trust, Donald N. Reed, shall continue to act as sole trustee and confirms his acceptance of office as such trustee by his signature herein.

Said Abstract of Trust certified to on February 20, 2002.

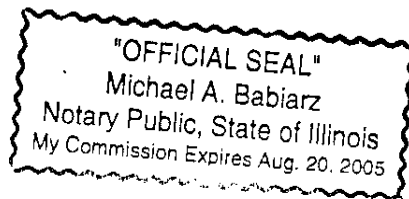
Donald N. Reed

Donald N. Reed, trustee of the aforesaid trust

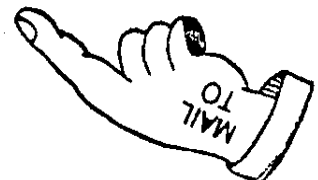
SUBSCRIBED and SWORN TO before me on

[Signature]

NOTARY PUBLIC



This instrument prepared by and after recording, mail to: Michael A. Babiarz, Attorney at Law, 625 North Ct., Suite 230, Palatine, IL 60067



528

UNOFFICIAL COPY

EXHIBIT A

DONALD N. REED AND MARTHA L. REED
REVOCABLE LIVING TRUST

We, DONALD N. REED and MARTHA L. REED, both of 1652 North Courtland Drive, Arlington Heights, Illinois 60004 hereby make this Declaration of Trust which shall be known as the DONALD N. REED AND MARTHA L. REED REVOCABLE LIVING TRUST. By acceptance of this instrument, the Co-Trustees, DONALD N. REED and MARTHA L. REED, agree to administer the trust created by this instrument according to its terms.

ARTICLE I

FUNDING OF THE TRUST

We hereby transfer to the Co-Trustees named above, the property listed in Schedule A hereto attached and have caused or will cause the Co-Trustees to be designated as beneficiaries of any life insurance policies described therein. That property, the proceeds of all life insurance policies payable to the Co-Trustees and any other property that may be received by the Co-Trustees, from each of us or any other person, shall be held and disposed of upon the following trust.

ARTICLE II

REVOCATION AND AMENDMENT

We may, from time to time, revoke or amend this instrument, in whole or in part, but only by an instrument in writing (other

JAMES A.
UMPHREY

in his or her discretion, may divide the trust into two separate trusts of equal or unequal value, to permit allocation of the exemption solely to one trust which will be entirely exempt from generation-skipping transfer tax. The two separate trusts shall have the same terms and conditions as the original trust except that the Trustee in his or her discretion, may make discretionary distributions of income and principal otherwise provided for under the original trust, wholly or partially, from either trust, after taking into account the taxation (including, without limitation, income, gift, and estate generation-skipping) of any such distributions. Notwithstanding any other provision of this instrument, the Trustee shall not add any property that would otherwise be exempt from generation-skipping tax to property that is subject, in whole or part, to generation-skipping tax, but shall instead hold such exempt and non-exempt property as two separate trusts.

ARTICLE IX

SUCCESSOR TRUSTEES

- A. If either DONALD N. REED or MARTHA L. REED shall die, resign or be unable, as certified in writing by a physician attending said person, to properly administer this trust, the other of the two of us shall immediately become and act as First Successor Trustee under this instrument.
- B. If the other of DONALD N. REED or MARTHA L. REED, shall

UNOFFICIAL COPY

This Declaration of Trust was signed by each of us, as Grantors, and accepted by each of us as Co-Trustees, this 15th day of May, 1998.

Donald N. Reed
DONALD N. REED
Grantor

Martha L. Reed
MARTHA L. REED
Grantor

Donald N. Reed
DONALD N. REED
Trustee

Martha L. Reed
MARTHA L. REED
Trustee

Property of Cook County Clerk's Office

EXHIBIT B

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0

REGISTERED NUMBER

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

Martha L. Reed Female 3 January 29, 2002

COUNTY OF DEATH UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)

Cook 1/2 5d October 26, 1929

CITY, TOWN, TWP, OR ROAD/DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE D.O.A. OPER. RM. INFANTRY (SPECIFY)

Arl. Hgts. Northwest Community Healthcare

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF (A), (E)) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)

Galesburg, IL Married Donald N. No

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY (Elementary/Secondary (0-12) College (1-4 or 5-1))

335-24-3056 Secretary Electrical 4

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

1652 N. Courtland Dr. Arlington Hts. Yes Cook

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HIS/PA/IC ORIGIN? (SPECIFY) YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)

IL 60004 White

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST

Ralph D. Lucas Pearl W. Williamson

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 60004

Donald N. Reed Husband 17c. 1652 N. Courtland Dr. Arlington Hts IL

18. PART I. Enter the disease, 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 of death line.

Immediate Cause (Final disease or condition resulting in death) (a) Acute Coronary Hemorrhage

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) Hypertension

STATING THE UNDERLYING CAUSE LAST. (c) 12 hours

PART II. Other significant conditions contributing to death, including those resulting in the underlying cause given in PART I.

Hypertension

DATE OF OPERATION (IF ANY) MAJOR FINDINGS OF OPERATION

Jan 29 2002

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

No No

20a. (1) DID (1) DID NOT ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE, ON? (2) TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

Jan 29 2002 8:30 P. M.

21a. SIGNATURE (TYPE OR PRINT) NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER

Victor H. Lesniawski M.D. 855 E. Palatine Rd, Palatine, IL 60067 036-038326

22a. SIGNATURE (TYPE OR PRINT) NAME AND ADDRESS OF OTHER THAN CERTIFIER (TYPE OR PRINT)

R. Ahlgrim R. Ahlgrim 9946

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

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

Burial Memory Gardens 24c. Arlington Hts., IL 24b. 24c. Arlington Hts., IL 24b 4, 2002

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

25a. Ahlgrim & Sons, Ltd. 201 N. Northwest Hwy., Palatine, IL 60067-5259 01

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

R. Ahlgrim R. Ahlgrim 9946

26a. REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

Karen L. Scott, M.D. 26b. January 1, 2002

REGISTRAR (BASED IN 1989 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statutes relating to the registrar of birth, stillbirth and death.

Date FEB 01 2002 Signed Nadine Mc Curry At Cook County Department of Public Health Official Title Deputy Registrar 1010 Lake Street Suite 300 Oak Park, Illinois 60301