

UNOFFICIAL COPY

NOTICE OF A DEATH OF THE TRUSTEE

STATE OF ILLINOIS)
)SS
COUNTY OF COOK)



Doc#: 0408349213
Eugene "Gene" Moore Fee: \$26.00
Cook County Recorder of Deeds
Date: 03/23/2004 01:49 PM Pg: 1 of 2

Dennis Wm. Kemp, being duly sworn
states that my office is at One E.
Northwest Hwy., Village of Palatine.
That I was acquainted with Lorraine M.
Linneweh, the deceased who was Trustee
of the Lorraine M. Linneweh Trust dated
the 1st day of July, 1992, as the owner
of land in Cook County, Illinois, described as:

Lot 2744 in Rolling Meadows Unit 19, being a Subdivision of part of the Northeast 1/4 of Section
36, Township 42 North, Range 10, East of the Third Principal Meridian, in Cook County, Illinois.

Address of Property: 2192 Martin Lane, Rolling Meadows, Illinois 60008
P.T.I.N. 02-36-213-044

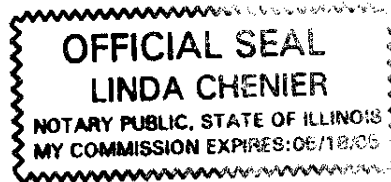
That the deceased died March 3, 2004, as evidenced by a certified copy of the death certificate of
the deceased attached hereto.

Affiant makes this affidavit for the purpose of inducing a land title insurance company to issue its
Title Insurance Policy, describing the above-mentioned property.


AFFIANT'S SIGNATURE

Subscribed and Sworn to
before me this 23 day
of March, 2004.


NOTARY PUBLIC



Prepared by: Dennis Wm. Kemp., One E. Northwest Hwy., Palatine, IL. 60067

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY

DAVID ORR, County Clerk

MAR 05 2004

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.

David Orr
COUNTY CLERK

DECEASED'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.0	STATE OF ILLINOIS				STATE FILE NUMBER
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH					
DECEASED—NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)			
1. Lorraine M. Linneweh		2. Female		3. March 3, 2004			
COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)		UNDER 1 YEAR		DATE OF BIRTH (MONTH, DAY, YEAR)	
4. Cook		5a. 84		5b. 5c.		5d. January 28, 1920	
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. OP/EMER. RM. INPATIENT (SPECIFY)			
6a. Arlington Heights		6b. Northwest Community Healthcare		6c. Emer Room			
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
7. Palatine Illinois		8a. Widowed		8b.		9. No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10. 361-12-0752		11a. Homemaker		11b. Own Home		12. Elementary/Secondary (0-12) College (1-4 or 5+)	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
13a. 2102 Martin Lane		13b. Rolling Meadows		13c. Yes		13d. Cook	
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF H. SPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
13e. Illinois		13f. 60008		14a. White		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST					
15. Martin Linneman		16. Martha Goebert					
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. Ms. Betty L. Voyles		17b. Daughter		17c. 2101 Martin Lane Rolling Meadows, IL 60008			
18. PART I. Enter the diseases, 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. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
Immediate Cause (Final disease or condition resulting in death)		(a) <i>cardiac arrest</i>					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) <i>coronary artery disease</i>					
		(c)					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. <i>Rheumatoid Arthritis, pelvic fracture, asthma</i>							
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	
20a.		20b.		19a. No		19b.	
(DID) (DID NOT) ATTEND THE DECEASED, (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH			
21a. 3/1/04		21b. Yes		21c. 8:48AM M.			
21. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE PLACE AND DUE TO THE CAUSE(S) STATED.							
22a. SIGNATURE		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		DATE SIGNED (MONTH, DAY, YEAR)		ILLINOIS LICENSE NUMBER	
22b. <i>Beth Medical Corporation</i>		1538 N. ARLINGTON HTS. ROAD ARLINGTON HTS. IL 60004		22c. 3/4/04		22d. 036-068-756	
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)	
24a. Burial		24b. Memory Gardens		24c. Arlington Heights IL		24d. 03/06/2004	
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE		ZIP	
25a. Ahlgrim & Sons Funeral Home		201 N. Northwest Hwy. Palatine, IL 60067-5359		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
25b. <i>Karl H. Scharman</i>		Karl H. Scharman		25c. 034-012256			
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
26a. <i>David Orr</i>		26b. March 5, 2004					