

UNOFFICIAL COPY

TRUSTEES DEED

As Trustee

TO

GEORGE E. COLE
LEGAL FORMS

LOT FOUR------(4)

In Block Six (6), in Crestwood Village, being a Resubdivision of that part of Elder Street (now vacated) lying West of a line drawn from the Northeast Corner of Lot 5, in Block 14, to the Southeast Corner of Lot 5, in Block 15, and East of a line drawn from the Northwesterly corner of Lot 1, in Block 14, to the Southwesterly corner of Lot 10, in Block 15; also Lot 16 (except that part lying West of a North and South straight line which is 7.67 feet East of the Northwest Corner of said Lot and 2.63 feet east of the Southwest Corner of said Lot), in Block 15; also Lot 8, (except that part of the North 50.08 feet lying West of a line drawn from a point in the North line of Lot 16, 7.67 feet East of the Northwest Corner thereof to a point in the South line of the North 50.08 feet of Lot 8, which is 9.0 feet East of the West line of said Lot 8), in Block 15; also those parts of Lots 4, 5, 6, 7, 9 and 10 in Block 15, falling in Original Lot 5 of the Subdivision of the South 107 acres of the Southwest Quarter (1/4) of Section 19, also those parts of Lots 4, 5, 6 and 7, in Block 15, lying North of the North line of original Lot 5, aforesaid, also Lots 1, 2, 3, 4, 5 and 6, Lot 7 (except the South 25 links thereof) and Lot 8 (except the South 25 links thereof), in Block 14, all of the above in Willoway Subdivision, being part of the Southwest Quarter (1/4) of Section 13, Township 42 North, Range 13, East of the Third Principal Meridian, according to Plat of Said Crestwood Village, registered in the Registrar of Titles of Cook County, Illinois, on August 20, 1958, as Document Number 1813072.

3555079

Clerk's Office

Age of Grantor Legal

Address _____

Name of Grantor Each

Name of Grantee Other

Document No. 3555079

Signature [Signature]

REL. _____

Spec # 18354

RE-TITLE
Evanston

389913
IN DUPLICATE
3555079

STATE OF ILLINOIS
County of Cook)**UNOFFICIAL COPY**

DAVID ORR, County Clerk

APR 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

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <u>16.36</u>	STATE OF ILLINOIS				STATE FILE NUMBER
		REGISTERED NUMBER <u>18757</u>	MEDICAL CERTIFICATE OF DEATH				
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED—NAME FIRST MIDDLE LAST 1. <u>Thomas J. Reynolds</u>			SEX 2. <u>Male</u>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <u>November 16, 2000</u>	
		CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 4. <u>Cook County</u>	AGE—LAST BIRTHDAY (YRS) 5a. <u>82</u>	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. <u>April 17, 1918</u>	
A		CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. <u>Skokie</u>		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. <u>Hospice of the North Shore - Skokie</u>		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) 6c. <u>Inpatient</u>	
DECEASED		BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. <u>Chicago, IL</u>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. <u>Married</u>		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. <u>Mary Tyrrel</u>	
B		SOCIAL SECURITY NUMBER 10. <u>354-01-9244</u>		USUAL OCCUPATION 11a. <u>Salesman</u>		KIND OF BUSINESS OR INDUSTRY 11b. <u>Business Supplies</u>	
C		RESIDENCE (STREET AND NUMBER) 13a. <u>281 Crestwood Village</u>		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. <u>Northfield</u>		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (1-4 or 5+) 12. <u>12</u> <u>2</u>	
D		STATE 13e. <u>Illinois</u>		ZIP CODE 13f. <u>60093</u>		INSIDE CITY (YES/NO) 13c. <u>Yes</u>	
E		RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 14a. <u>White</u>		OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
PARENTS		FATHER—NAME FIRST MIDDLE LAST 15. <u>Thomas Reynolds</u>			MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST 16. <u>Ann Bodkin</u>		
1		INFORMANT'S NAME (TYPE OR PRINT) 17a. <u>Mary Reynolds</u>		RELATIONSHIP 17b. <u>Wife</u>		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. <u>281 Crestwood Village, Northfield, IL 60093</u>	
2		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.					
3		Immediate Cause (Final disease or condition resulting in death) (a) <u>Stroke</u>					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>one month</u>
CAUSE		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) _____ (c) _____					
4		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				AUTOPSY (YES/NO) 19a. <u>No</u>	
5						WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.	
N		DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
P		1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. <u>11/16/00</u>		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. <u>Yes</u>		HOUR OF DEATH 2c. <u>3:10 P. M.</u>	
CERTIFIER		TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.				DATE SIGNED (MONTH, DAY, YEAR) 22b. <u>Nov 17, 2000</u>	
		22a. SIGNATURE <u>Allen Smookler</u>		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. <u>Dr. Allen Smookler, 700 Oak, Winnetka, IL 60093</u>		ILLINOIS LICENSE NUMBER 22d. <u>036-070513</u>	
		23. <u>E. Dennis Murphy</u>				NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
DISPOSITION		BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <u>Cremation</u>		CEMETERY OR CREMATORY—NAME 24b. <u>The Lakes Crematory</u>		LOCATION CITY OR TOWN STATE 24c. <u>Lake Villa, Illinois</u>	
		FUNERAL HOME 25a. <u>The Great Lakes Cremation Society, 4451 W. Irving Park Rd., Chicago, IL 60641</u>		DATE (MONTH, DAY, YEAR) 24d. <u>Nov. 18, 2000</u>			
		FUNERAL DIRECTOR'S SIGNATURE 25b. <u>John S. Symonds</u>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. <u>34-12351</u>			
		LOCAL REGISTRAR'S SIGNATURE 26a. <u>Z Lowell Huchleberry</u>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. <u>NOV 17 2000</u>			