

UNOFFICIAL COPY

STATE OF ILLINOIS)
) SS
COUNTY OF _____)



**AFFIDAVIT - DEATH OF
TRUSTMAKER AND
BENEFICIARY**

Doc#: 0510446121
Eugene "Gene" Moore Fee: \$30.00
Cook County Recorder of Deeds
Date: 04/14/2005 01:53 PM Pg: 1 of 4

JOSEPH M. RUSSO and PETER S. RUSSO, of legal age, being first duly sworn, depose and say:

1. That HELEN M. URSETTA, the decedent mentioned in the attached certified copy of Certificate of Death, executed a Deed in Trust on September 27, 2003 which conveyed her interest in the following real estate:

Lot One-Hundred Twenty Eight (128) in Edward N. Larmon's Subdivision of Block Three (3) in the Canal Trustee's Subdivision of Section Thirty Three (33) Township Thirty Nine (39) North, Range Fourteen (14) East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Real Estate Index Number: 17-33-210-027-0000
Address of Real Estate: 3200 South Wells Avenue, Chicago, Illinois 60616

2. That HELEN M. URSETTA conveyed her interest in the aforementioned property to the following:

VICTORIA C. RUSSO, Trustee of the HELEN M. URSETTA LIVING TRUST dated September 27, 2003, and any amendments thereto.

3. That HELEN M. URSETTA was the Trustmaker of the HELEN M. URSETTA LIVING TRUST dated September 27, 2003;

4. That the date of death of HELEN M. URSETTA was November 13, 2004;

5. That the successor trustees of the HELEN M. URSETTA LIVING TRUST dated September 27, 2003 are JOSEPH M. RUSSO and PETER S. RUSSO and that

The trust is now known as:

JOSEPH M RUSSO and PETER S. RUSSO, Trustees of the HELEN M. URSETTA LIVING TRUST dated September 27, 2003 under Federal ID Number 20-6364770.

6. That JOSEPH M. RUSSO and PETER S. RUSSO are the grandsons of HELEN M. URSETTA and the sons of VICTORIA C. RUSSO, the daughter of HELEN M. URSETTA;

UNOFFICIAL COPY

7. That according to Article Twelve, of the aforementioned trust, the successor Trustees have the following powers with regard to the real estate:

Section 12:17 Real Estate Powers

My Trustee may sell at public or private sale, purchase, exchange, lease for any period, mortgage, manage, alter, improve and in general deal in and with real property in such manner and on such terms and conditions as my Trustee deems appropriate.

My Trustee may grant or release easements in or over, subdivide, partition, develop, raze improvements, and abandon any real property.

My Trustee may manage real estate in any manner that my Trustee deems best and shall have all other real estate powers necessary for this purpose.

My Trustee may enter into contracts to sell real estate. My Trustee may enter into leases and grant options to lease trust property, even though the term of the agreement extends beyond the termination of the trust and beyond the period that is required for an interest created under this agreement to vest in order to be valid under the rule against perpetuities. For such purposes, my Trustee may enter into any contracts, covenants and warranty agreements that my Trustee deems appropriate.

Date: 2-23-05

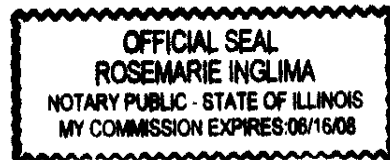
Joseph M. Russo
JOSEPH M. RUSSO

State of Illinois
County of Cook, ss.

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that JOSEPH M. RUSSO, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered the said instrument as his 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 official seal, this 23rd day of Feb, 2005.

Commission expires 6-16, 2008
Rosemarie Inglia
NOTARY PUBLIC



UNOFFICIAL COPY

Peter S. Russo

PETER S. RUSSO

State of Illinois

County of Cook, ss.

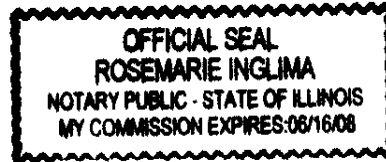
I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that PETER S. RUSSO, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered the said instrument as his 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 official seal, this 23rd day of Feb, 2005.

Commission expires 6-16-, 2008 *Rosemarie Inglia*
NOTARY PUBLIC

PREPARED BY AND MAIL TO:

Stephen Sutera
4927 West 95th Street
Oak Lawn IL 60453-2503
(708)857-7255



REGISTRATION DISTRICT NO. REGISTERED NUMBER DECEASED-NAME

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 615888

1. COUNTY OF DEATH COOK 2. SEX FEMALE 3. DATE OF BIRTH (MONTH, DAY, YEAR) APRIL 18, 1916

4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HELEN 5. AGE - LAST BIRTHDAY (YRS) 88 6. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) MERCY HOSPITAL AND MEDICAL CENTER

7. CHICAGO, IL. 8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) WIDOWED 9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) NO

10. RESIDENCE (STREET AND NUMBER) 3200 S. WELLS ST. 11. USUAL OCCUPATION 11a. HOMEMAKER 11b. KIND OF BUSINESS OR INDUSTRY 11c. DOWN HOME 12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. INSIDE CITY (YES/NO) YES 13. COUNTY COOK

13. OTHER-NAME FIRST MIDDLE LAST ILLINOIS 60616 14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) WHITE 14b. X NO 14c. YES SPECIFY: MIDDLE 15. MOTHER-NAME FIRST MIDDLE LAST LOUIS SCALISE CATHERINE MADIA

16. RELATIONSHIP 16a. HOSPITAL RECORDS 17c. MOTHER-NAME FIRST MIDDLE LAST ELIZABETH SARMIENTO 17b. MOTHER-NAME FIRST MIDDLE LAST MADIA

17. Immediate Cause (Final disease or condition) 17a. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory, etc. 17b. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory, etc. 17c. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory, etc.

18. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF

19. PART II. Other significant conditions contributing to death but not resulting in the underlying cause specified in PART I. 19a. (YES/NO) 19b. (YES/NO) 19c. (YES/NO)

20. DATE OF OPERATION, IF ANY 20a. (MONTH, DAY, YEAR) 11/13/04 20b. MAJOR FINDINGS OF OPERATION 20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES [] NO [X]

21. THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, PLACE AND DUE TO THE CAUSE(S) STATED. 21a. (MONTH, DAY, YEAR) 11/13/04 21b. (CITY OR TOWN, STATE) CHGO, IL 21c. (HOUR OF DEATH) 11:00 P. 21d. (MONTH, DAY, YEAR) 11/14/04

22. SIGNATURE AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22a. DANIEL J. KATZ M.D. 2500 S. MICH AVE CHGO, IL 60616 22b. ILLINOIS LICENSE NUMBER 036-064734

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 23a. JOSE LUIS ABUSTI 23b. (CITY OR TOWN, STATE) CHICAGO, ILLINOIS 23c. (MONTH, DAY, YEAR) 11-17-2004

24. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL 24b. CEMETERY OR CREMATORY-NAME HOLY SEPULCHRE 24c. LOCATION ALSIP, IL. 24d. DATE (MONTH, DAY, YEAR) 11-17-2004

25. FUNERAL HOME 25a. MICHAEL COLETTA SONS 544 W. 31st ST. CHICAGO, ILLINOIS 60616 25b. FUNERAL DIRECTOR'S SIGNATURE 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-014831

26. LOCAL REGISTRAR'S SIGNATURE 26a. 26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) NOV 16 2004

26c. (BASED ON 1999 U.S. STANDARD CERTIFICATE)

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO NOV 16 2004

I, JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.



John L. Wilhelm, M.D. LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.