

# UNOFFICIAL COPY



STATE OF ILLINOIS )  
 ) SS  
COUNTY OF C O O K )

Doc#: 0510915132  
Eugene "Gene" Moore Fee: \$28.50  
Cook County Recorder of Deeds  
Date: 04/19/2005 11:55 AM Pg: 1 of 3

### NOTICE

**WANDA M. SHEBER**, hereby referred to as the affiant, states under oath that the affiant does hereby give notice of the death of **RICHARD J. SHEBER** on **December 26, 2004**; and that at the time of death, the decedent was Co-trustee of the **RICHARD J. SHEBER AND WANDA M. SHEBER JOINT DECLARATION OF TRUST DATED OCTOBER 26, 2000, TRUST #1**, which contains the following property by virtue of a properly recorded Deed, deeding into Trust said property located in Cook County, Illinois, and legally described as per the attached.

**Address of Property: 650 S. River Road, Apt. 612, Des Plaines, IL 60016**  
**P.I.N. 09-17-416-029-1129**

That the Richard J. Sheber and Wanda M. Sheber Joint Declaration of Trust, is in full force and effect, and that Wanda M. Sheber is the currently acting Trustee pursuant to the terms of the Trust Agreement;

That all funeral expenses have been paid, and there are no unpaid debts of the decedent.

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on December 26, 2004, as evidenced by a certified copy of his death certificate attached hereto, leaving a Last Will and Testament;

That the Illinois Estate Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full.

That the affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc. to issue its policy of title insurance on the above described property.

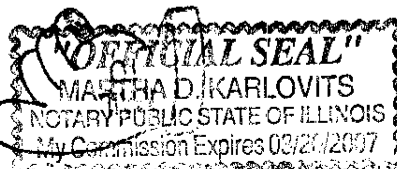
The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold Attorneys' Title Guaranty Fund, Inc. harmless and to reimburse The Fund for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which The Fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of **RICHARD J. SHEBER the decedent**;
2. Illinois Estate Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

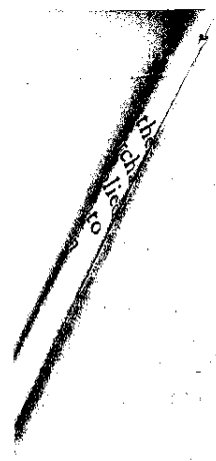
*Wanda M. Sheber* (SEAL)  
**WANDA M. SHEBER**

Subscribed & Sworn to before me this 5TH day of MARCH, 2005

*Michael J. Cornfield*  
Notary Public  
This Affidavit prepared by & mail to:  
**MICHAEL J. CORNFIELD**  
6153 N. Milwaukee Ave., Chicago, IL 60646



# UNOFFICIAL COPY



Property of Cook County Clerk's Office

UNIT 2-612 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST  
IN THE COMMON ELEMENTS IN RIVER POINTE CONDOMINIUM AS  
DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS  
DOCUMENT NUMBER 97131342 AND AS AMENDED FROM TIME TO TIME,  
IN PART OF THE SOUTHWEST QUARTER OF SECTION 16 AND PART OF  
THE SOUTHEAST QUARTER OF SECTION 17, TOWNSHIP 41 NORTH,  
RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK  
COUNTY, ILLINOIS.

# UNOFFICIAL COPY

CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

DEC 29 2004

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.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

STATE FILE NUMBER

## MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

4 NO.

REGISTRATION DISTRICT NO. 16.10	REGISTERED NUMBER	DECEASED-NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
		RICHARD		J.	SHEBER	2. MALE	3. DECEMBER 26, 2004
CITY OF DEATH	CITY OF BIRTH	AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR	DAYS	HOURS	MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)
COOK	Chicago, Ill.	78					5d. January 24, 1926
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	IF HOSP. OR INST. INDICATE D.O.A. OPERMER. RM. INPATIENT (SPECIFY)				
351-14-1966	RESURRECTION MEDICAL CENTER	RESURRECTION MEDICAL CENTER	INPATIENT				
CITY, TOWN, TWP. OR ROAD DISTRICT NO.	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)				
Des Plaines	Wanda M. Kain	Wanda M. Kain	9. Yes				
CITY, TOWN, TWP. OR ROAD DISTRICT NO.	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	College (1-4 or 5+)				
Des Plaines	Insurance	12. Elementary (Secondary) (6-12)	12				
CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	13c. Yes	COUNTY				
Des Plaines	13c. Yes	13d. Cook	COUNTY				
CITY, TOWN, TWP. OR ROAD DISTRICT NO.	14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	14b. White	14b. X NO YES				
650 S. River Road	14a. White	White	14b. X NO YES				
CITY, TOWN, TWP. OR ROAD DISTRICT NO.	14c. ZIP CODE	13f. 60016	14c. YES SPECIFY: MIDDLE				
650 S. River Road	14c. 60016	60016	14c. YES SPECIFY: MIDDLE				
CITY, TOWN, TWP. OR ROAD DISTRICT NO.	14d. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	14e. White	14d. YES SPECIFY: MIDDLE				
650 S. River Road	14d. White	White	14d. YES SPECIFY: MIDDLE				
CITY, TOWN, TWP. OR ROAD DISTRICT NO.	15. FATHER-NAME FIRST MIDDLE LAST	16. Ella Sheber	16. Ella Sheber				
650 S. River Road	15. R. Sheber	Ella Sheber	16. Ella Sheber				
CITY, TOWN, TWP. OR ROAD DISTRICT NO.	17. INFORMANT'S NAME (TYPE OR PRINT)	17b. Wanda M. Sheber	17b. Wanda M. Sheber				
650 S. River Road	17. Wanda M. Sheber	Wanda M. Sheber	17b. Wanda M. Sheber				
CITY, TOWN, TWP. OR ROAD DISTRICT NO.	18. PART I. Immediate Cause (Final disease or condition resulting in death)	18. PART I. Immediate Cause (Final disease or condition resulting in death)					
650 S. River Road	18. MULTIPLE ORGAN FAILURE	18. MULTIPLE ORGAN FAILURE					
CITY, TOWN, TWP. OR ROAD DISTRICT NO.	18. CHRONIC OBSTRUCTIVE PULMONARY DISEASE	18. CHRONIC OBSTRUCTIVE PULMONARY DISEASE					
650 S. River Road	18. CHRONIC OBSTRUCTIVE PULMONARY DISEASE	18. CHRONIC OBSTRUCTIVE PULMONARY DISEASE					
CITY, TOWN, TWP. OR ROAD DISTRICT NO.	19. AUTOPSY (YES/NO)	19a. NO	19b. YES			19. AUTOPSY (YES/NO)	
650 S. River Road	19. NO	NO	YES			19. AUTOPSY (YES/NO)	
CITY, TOWN, TWP. OR ROAD DISTRICT NO.	20. DATE OF OPERATION, IF ANY	20. DATE OF OPERATION, IF ANY					
650 S. River Road	20. DECEMBER 26, 2004	20. DATE OF OPERATION, IF ANY					
CITY, TOWN, TWP. OR ROAD DISTRICT NO.	21. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	21. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.					
650 S. River Road	21. MULTIPLE ORGAN FAILURE	21. MULTIPLE ORGAN FAILURE					
CITY, TOWN, TWP. OR ROAD DISTRICT NO.	22a. SIGNATURE	22a. SIGNATURE					
650 S. River Road	Thomas M.D.	22a. SIGNATURE					
CITY, TOWN, TWP. OR ROAD DISTRICT NO.	22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)					
650 S. River Road	THOMAS, KANNIN M.D. 5936 N. MILWAUKEE, CHICAGO IL 60646	22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)					
CITY, TOWN, TWP. OR ROAD DISTRICT NO.	22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)	22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)					
650 S. River Road		22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)					
CITY, TOWN, TWP. OR ROAD DISTRICT NO.	23. BURIAL, CREMATION, REMOVAL (SPECIFY)	23. BURIAL, CREMATION, REMOVAL (SPECIFY)					
650 S. River Road	Burial	23. BURIAL, CREMATION, REMOVAL (SPECIFY)					
CITY, TOWN, TWP. OR ROAD DISTRICT NO.	24a. CEMETERY OR CREMATORY-NAME	24a. CEMETERY OR CREMATORY-NAME					
650 S. River Road	Maryhill Cemetery	24a. CEMETERY OR CREMATORY-NAME					
CITY, TOWN, TWP. OR ROAD DISTRICT NO.	24b. STREET AND NUMBER OR R.F.D.	24b. STREET AND NUMBER OR R.F.D.					
650 S. River Road	745 Graceland Ave.	24b. STREET AND NUMBER OR R.F.D.					
CITY, TOWN, TWP. OR ROAD DISTRICT NO.	24c. LOCATION	24c. LOCATION					
650 S. River Road	Des Plaines, Ill.	24c. LOCATION					
CITY, TOWN, TWP. OR ROAD DISTRICT NO.	24d. DATE	24d. DATE					
650 S. River Road	Dec. 29, 2004	24d. DATE					
CITY, TOWN, TWP. OR ROAD DISTRICT NO.	25a. FUNERAL HOME	25a. FUNERAL HOME					
650 S. River Road	G.I. Mills Funeral Home	25a. FUNERAL HOME					
CITY, TOWN, TWP. OR ROAD DISTRICT NO.	25b. FUNERAL DIRECTOR'S SIGNATURE	25b. FUNERAL DIRECTOR'S SIGNATURE					
650 S. River Road	John L. Wilhelm, M.D.	25b. FUNERAL DIRECTOR'S SIGNATURE					
CITY, TOWN, TWP. OR ROAD DISTRICT NO.	25c. DATE FILED	25c. DATE FILED					
650 S. River Road	DEC 29 2004	25c. DATE FILED					
CITY, TOWN, TWP. OR ROAD DISTRICT NO.	25d. LOCAL REGISTRAR'S SIGNATURE	25d. LOCAL REGISTRAR'S SIGNATURE					
650 S. River Road	John L. Wilhelm, M.D.	25d. LOCAL REGISTRAR'S SIGNATURE					
CITY, TOWN, TWP. OR ROAD DISTRICT NO.	26a. (BASED ON 1989 U.S. STANDARD CERTIFICATE)	26a. (BASED ON 1989 U.S. STANDARD CERTIFICATE)					