

UNOFFICIAL COPY

ACCEPTANCE OF SUCCESSOR TRUSTEE

PREPARED BY AND MAIL TO:

ROBERT D. GOLDSTINE
GOLDSTINE, SKRODZKI, RUSSIAN
NEMEC AND HOFF, LTD.
835 McClintock Drive
Second Floor
Burr Ridge, Illinois 60527
Phone: (630) 655-6000
Fax: (630) 655-9808

MAIL TAX BILL TO:

Loretta Daley
1824 Pinewood Avenue
Chetek, Wisconsin 54728



Doc#: 0624906092 Fee: \$28.50
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 09/06/2006 02:17 PM Pg: 1 of 3

(The Above Space For Recorder's Use Only)

ACCEPTANCE OF LORETTA DALEY AS SUCCESSOR TRUSTEE

WHEREAS, on January 31, 1997, VIRGINIA KAZMIERSKI, a widow, of the Village of Summit, County of Cook, State of Illinois, for the consideration of TEN DOLLARS (\$10.00) and for other good and valuable consideration in hand paid, CONVEYED and QUIT CLAIMED unto: VIRGINIA A. KAZMIERSKI (or her designated successor), as Trustee of the VIRGINIA A. KAZMIERSKI 1996 TRUST under agreement dated December 31, 1996, as amended, (hereinafter referred to as the "Trust"), the following described Real Estate situated in the County of Cook in the State of Illinois, to wit:

LEGAL DESCRIPTION:

LOT 85 (EXCEPT THE WEST 30 FEET AND EXCEPT THE EAST 40 FEET THEREOF), IN FREDERICK H. BARTLETT'S ARGO PARK SUBDIVISION IN THE EAST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 17, TOWNSHIP 38 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

COMMONLY

KNOWN AS: 7320 West 60th Place, Summit, Illinois

P.I.N.: 18-13-409-028

WHEREAS, VIRGINIA A. KAZMIERSKI died on April 19, 2006 (a copy of the Certificate of Death for VIRGINIA A. KAZMIERSKI has been attached hereto as Exhibit "A"); and

WHEREAS, Article V of the Trust provides that in the event of the death of VIRGINIA A. KAZMIERSKI, LORETTA DALEY shall be appointed to replace her as Trustee of the Trust.

NOW, THEREFORE, LORETTA DALEY does hereby accept her appointment to act as the Trustee of the Trust and acknowledges that she must act in accordance with and subject to the terms and provisions of the trust agreement establishing the Trust.

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With the acceptance of LORETTA DALEY as Trustee of the Trust, the above described real estate shall be held as follows:

LORETTA DALEY (or her designated successors), as Trustee of the VIRGINIA A. KAZMIERSKI 1996 TRUST under agreement dated December 31, 1996

IN WITNESS WHEREOF, LORETTA DALEY has signed her name on this 27th day of April, 2006.

Loretta Daley

LORETTA DALEY, Successor Trustee

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

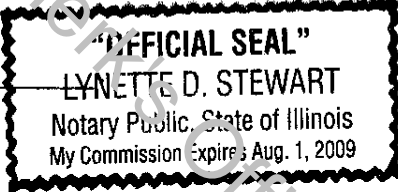
I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that LORETTA DALEY personally known to me to be the same person whose name is subscribed to this document appeared before me this day in person and acknowledged that she signed, sealed and delivered the same instrument as her free and voluntary act, for the uses and purposes therein set forth.

GIVEN under my hand and official seal this 27th day of April, 2006.

Lynette D Stewart

Notary Public

My Commission Expires: 8-1-2009



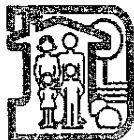
UNOFFICIAL COPY**DuPage County Health Department**

Exhibit A

Central Office

111 North County Farm Road

Wheaton, IL 60187-3988

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| REGISTRATION DISTRICT NO. 22.0 | | STATE OF ILLINOIS | | STATE FILE NUMBER | |
| REGISTERED NUMBER | | MEDICAL CERTIFICATE OF DEATH | | | |
| DECEASED—NAME FIRST MIDDLE LAST 1. VIRGINIA A. KAZMIERSKI | | | SEX 2. FEMALE | DATE OF DEATH (MONTH, DAY, YEAR) 3. APRIL 19, 2006 | |
| COUNTY OF DEATH 4. DUPAGE | | AGE—LAST BIRTHDAY (YRS) 5a. 86 | UNDER 1 YEAR MOS. DAYS 5b. | UNDER 1 DAY HOURS MIN. 5c. 5 | DATE OF BIRTH (MONTH, DAY, YEAR) 5. MARCH 4, 1920 |
| CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. DOWNEYS GROVE | | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. GOOD SAMARITAN HOSPITAL | | IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) 6. INPATIENT | |
| BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. CHICAGO, ILL. | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. WIDOWED | NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. | | WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. NO |
| SOCIAL SECURITY NUMBER 10. 337 01 9948 | | 11a. USUAL OCCUPATION INSPECTOR | 11b. KIND OF BUSINESS OR INDUSTRY CRANE CO. | EDUCATION (SPECIFY OR, Y. HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (1-4 or 5+) 12. 8 | |
| RESIDENCE (STREET AND NUMBER) 13a. 7320 WEST 60th PLACE | | CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. SUMMIT | | INSIDE CITY (YES/NO) 13c. YES | COUNTY 13d. COOK |
| STATE 13e. ILLINOIS | ZIP CODE 13f. 60501 | RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 13g. WHITE | 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: | | |
| FATHER—NAME FIRST MIDDLE LAST 15. JOSEPH J. LUCHOWSKI | | | MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST 16. ANNA ZIENTARSKA | | |
| INFORMANT'S NAME (TYPE OR PRINT) 17a. LORETTA DALEY | | RELATIONSHIP 17b. SISTER | MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 1824 PINWOOD AVE CHETEK, WISC. | | |
| 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 of death. | | | | | APPROXIMATE INTERVAL BETWEEN DEATH AND DEATH |
| Immediate Cause (Final disease or condition resulting in death) | | (a) CONGESTIVE HEART FAILURE | | | |
| DUE TO, OR AS A CONSEQUENCE OF | | (b) CORONARY ARTERY DISEASE | | | |
| CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. | | (c) | | | |
| PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. | | | | | AUTOPSY (YES/NO) 19a. NO WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b. |
| 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"/> | |
| I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 21a. 4/19/06 | | WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO | HOUR OF DEATH 21c. 05:03 p. m. | | |
| 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. 4/20/06 |
| SIGNATURE 22a. [Signature] | | NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. 17 W 755 BUTTERFIELD ROAD, OAKBROOK TERRACE IL 60581 | | ILLINOIS LICENSE NUMBER 22d. 036055129 | |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23. | | | | | NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. |
| BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. ENTOMBMENT | CEMETERY OR CREMATORY—NAME 24b. RESURRECTION | LOCATION CITY OR TOWN STATE 24c. JUSTICE, ILLINOIS | DATE (MONTH, DAY, YEAR) 24d. 4/24/06 | | |
| FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN 25a. FORAN FUNERAL HOME 7300 WEST ARCHER AVE. SUMMIT, ILLINOIS | | FUNERAL HOME'S ILLINOIS LICENSE NUMBER 25c. 034-011331 | | | |
| FUNERAL DIRECTOR'S SIGNATURE 25b. [Signature] RICHARD A. MADEJ | | DATE OF SIGNATURE (MONTH, DAY, YEAR) 26b. APR 21 2006 | | | |
| LOCAL REGISTRAR'S SIGNATURE 26a. [Signature] MAURINE T. McHUGH | | DATE OF SIGNATURE (MONTH, DAY, YEAR) 26b. APR 21 2006 | | | |

VR200 (Rev. 5/99)

Illinois Department of Public Health—Division of Vital Records

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

Not valid without the embossed seal of
DuPage County Health Department

Maureen T. McHugh
Local Registrar