

UNOFFICIAL COPY

0634/27M 3 of 4
TRUSTEE'S DEED



Doc#: 0627645043 Fee: \$30.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 10/03/2006 01:08 PM Pg: 1 of 4

Joint Tenancy
(Illinois)

Mail To:
Susan M. Manrose
111 Barclay Boulevard, Suite 200
Lincolnshire, IL 60069

Name and Address of Taxpayer:
Donna Burch and Kimberly Stoltz
1325 N. Sterling, #111
Palatine, IL 60067

The Grantor, **MARK MITCHELL**, as Successor Trustee of the **Constance T. Kohr Trust**, in consideration of the sum of Ten and 00/100-----(\$10.00) dollars receipt whereof is hereby acknowledged, and in pursuance of the power and authority vested in the Grantor as said Trustee, and of every other power and authority the Grantor hereunto enabling, does hereby convey and quitclaim unto the Grantees, **DONNA BURCH and KIMBERLY STOLTZ**, not as Tenants in Common, but as **JOINT TENANTS**, the following described real estate, situated in the County of McHenry, State of Illinois, to Wit:

See Legal Description Attached Hereto

Exhibit "A"

together with the tenements, hereditaments and appurtenances thereunto belonging or in any wise appertaining.

Permanent Real Estate Index Number: 02-09-202-013-1043

Address of Real Estate: 1325 N. Sterling, #111, Palatine, IL 60067

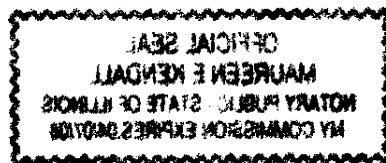
IN WITNESS WHEREOF, the Grantor, **MARK MITCHELL**, as Successor Trustee of the **Constance T. Kohr Trust**, hereunto set his hand and seal this 5th day of September, 2006.

Mail to:
HERITAGE TITLE COMPANY
4405 Three Oaks Road
Crystal Lake, IL 60014

By: 
MARK MITCHELL, Trustee

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Property of Cook County Clerk's Office



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Commonwealth Land Title Insurance Company

Servicing Agent:
Heritage Title Company
4405 Three Oaks Rd.
Crystal Lake, IL 60014

Policy Issuing Agent:
Michling Hofmann Vinton Plaza & Wick, PC
101 N. Throop Street
Woodstock, IL
815-338-9600

File No. 0634127M

Exhibit A

PARCEL 1: UNIT NO 111 IN THE BUILDING IDENTIFIED AS 1325 STERLING AVENUE TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN COUNTRYSIDE CONDOMINIUM AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NUMBER 23072506 IN THE NORTHEAST 1/4 OF SECTION 9, TOWNSHIP 42 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PARCEL 2: A PERPETUAL AND EXCLUSIVE EASEMENT IN AND TO PARKING SPACE NO. P-45 APPURTENANT TO THE ABOVE DESCRIBED UNIT AS DELINEATED IN EXHIBIT "A" OF THE ABOVE DESCRIBED DECLARATION OF CONDOMINIUM.

Pin: 02-09-202-013-1043
Palatine Township

DISTRICT NO. 50.1

NUMBER

UNOFFICIAL COPY MEDICAL CERTIFICATE OF DEATH

REGISTERED NUMBER

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED-NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Constance		T.		Kohr	2. Female	3. June 8, 2005	
COUNTRY OF DEATH		AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		
4. LaSalle		5a. 69	5b. 69	5c. 69	5d. July 2, 1935		
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. OPENER, RM, INPATIENT (SPECIFY)		
5a. Peru		6b. Manor Courts Of Peru			6c. Inpatient		
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		9. No	
7. Chicago, IL.		8a. Never Married		8b. --		9. No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10. 359-26-8230		11a. Secretary		11b. Accounting Firm		12. 1	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES NO)		COUNTY	
13a. 4319 E. Lakeshore Drive		13b. McHenry Township		13c. No		13d. McHenry	
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)		
13e. Illinois		13f. 60097	14a. White		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—NAME		
15. Hilton		G.		Kohr	16. Alice		
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN, STATE, ZIP)			
17a. Shirley Hayden		17b. Cousin		17c. 933 Joliet St. LaSalle, IL. 61301			
18. PART I.		Enter the disease, 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.					
Immediate Cause (Final disease or condition resulting in death)		(a) Breast cancer					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF					
PART II. Other significant conditions contributing to the death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES NO)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES NO)			
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a.		20b.		20c.		20d. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
I (DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH	
21a.		5-17-2005		21b. Yes		21c. 4:44 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)			
22a. SIGNATURE		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
22a. [Signature]		22c. Joel [Signature] Peru, Illinois		22b. 036-043954			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		CITY OR TOWN		STATE		DATE (MONTH, DAY, YEAR)	
23.		24b. Christ The King Cemetery		24c. Wonder Lake, IL.		24d. June 11, 2005	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		DATE (MONTH, DAY, YEAR)	
24a. Burial		24b. Christ The King Cemetery		24c. Wonder Lake, IL.		24d. June 11, 2005	
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN	
25a. Justen's Wonder Lake Funeral Home, 7611 West Hancock Dr., Wonder Lake, IL. 60097		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
25b. [Signature]		25c. 036-014263		25d. June 10, 2005			
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
26a. [Signature]		26b. June 10, 2005					

DECEASED

PARENTS

CAUSE

CERTIFIER

DISPOSITION

I HEREBY CERTIFY that the foregoing is a true and correct copy of this death record, and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths and deaths.

DATE: June 10, 2005 SIGNED: Steven A. Hayes / R. Bonomo, Sr. Registrar District 50.1 LaSalle, Illinois 61301