## UNOFFICIAL PARTIES

STATE OF ILLINOIS ) SS. COUNTY OF COOK )

Doc#: 0716331064 Fee; \$26.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 06/12/2007 11:57 AM Pg: 1 of 2

## NOTICE

Karen Dickinson, hereby referred to as the affiant, states under oath that the affiant does hereby give notice of the death of LORRAINE PETERSELLI on 04/06/07;

and that at the time of death, the decedent was Trustee of the Lorraine Peterselli Trust dated 06/17/1999 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:

Lot 5 in Block 2 in Ferenborn and Klode's Belmont Terrace being a subdivision of the South East quarter lying South of India. Boundary Line Section 23, Township 40 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

Address of Property: 3455 N. Pacific, Chicago, IL 60634

P.I.N. 12-23-416-026

That the Lorraine Peterselli Trust dated 06'17/1999, is in full force and effect, and that **KAREN DICKINSON** 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 par nership, 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 April 6, 2007, as evidenced by a certified copy of her 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. hermless 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 LORRAINE PETERSELLI, 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.

KAREN DICKINSON

Subscribed & Sworn to before me this

day of Three

2007

Affidavit prepared by and return to:

Michael J. Cornfield 6153 N. Milwaukee Ave.

Chicago, IL 60646

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STATE OF ILLINOIS) County of Cook)

## UNOFFICIAL COPY DAVID ORR, County Clerk

APR 23 2007

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

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.

COUNTY CLERK

CEDENT'S BIRTH N	O. REGISTRATION DISTRICT NO.	16.0	]		STATE OF ILLING	DIS		STATE A	
	REGISTERED MEDICAL CERTIFICATE OF DEA								
Type or Print in PERMANENT INK e Funeral Directors, spital, or Physicians Handbook for INSTRUCTIONS	1. COUNTY OF DEATH 4. COOK CITY, TOWN, TWP, OF	LO	RRAINE	MIDDLE  K.  AGE-LAST BIRTHDAY (YRS) 5a. 85	PETERSELL  UNDER 1 YEAR UNI MOS. DAYS HOUR	SEX  1 2 FEM  DER 1 DAY DA  S MIN.	IALE 3. A	PRIL 6,	
A	6a. DES PLAI	NES	NUMBER	6b. HOLY FA	ER INSTITUTION NAME (IF	NOT IN EITHER, GIV	E STREET AND NU		P, OR INST, INDICATE D.O.A. ER. RM, INPATIENT (SPECIFY)
DECEASED 8	BIRTHPLACE (CITY AN FOREIGN COUNTRY)  7. CHICAGO, I  SOCIAL SECURITY NU	DSTATEOR	MAR' HEU, NEVI W'CUWED, DIVI 8aWID(W) USUAL OCCUP	ERMARRIED, ORCED (SPECIFY)	NAME OF SURVIVINGS  Bb. NONE		R NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
D	10. 359 07 8 RESIDENCE (STREET	840 ND NUMBER)	11a. HOMEM	AY ER	KIND OF BUSINESS OR 11b. OWN HOM OWN, TWP, OR ROAD D	E E	DUCATION (SP ementary/Seconda 2. INSIDE (	NAVATLAB	GRADE COMPLETED)
E	13a. 3450 N. STATE  13a. ILLINOI	S Incorp	E RAC	L3b CE (WHITE, BLACK, P., - AN, etc.) (SPECIFY)	CHICAGO TICAN OFHISPAN	NICORIGIN? (SPE	(YES/NO) 13c. CIFY NO OFI YES-I	TES 13d.	COOK N, MEXICAN, PUERTO RICAN, etc.)
PARENTS		ONARD	IDDLE	LAST WASHBURN	MOTHER-/	NAME FIRST KATHEI	MIDD RINE	E VAN P	(MAIDEN) LAST BUSKIRK
	17a. KAREN II. 18. PARTI.	ICKINSO		171	DATICHTER	ህ በ ወለቀሳ	17// 84/	RRED, CITYORTO	WN, STATE, ZIP)  WT 5/521
	Immediate Cause (Final disease or condition resulting in death)	$\longrightarrow$	spases, or complike eart failure. List o	nly one cause on eac	death. Do not enter the mo	of dying such as	s cardiac or respi	ratory arrest,	APPROXIMATE INTERIVAL BETWEEN ONSET AND DEATH
CAUSE	WHICH GIVE RISE TO IMMEDIATE CAUSE (a STATING THE UNDERLICAUSE LAST.	YING DUET	O, ORAS A CON				45		
	PARTII. Other significant of DATE OF OPERATION, IF 20a.		g to death but not resu AJOR FINDINGS		given in PART f.		AUTO (YES/N 19a.	NO 119b.	OPSY FINDINGS AVAILABLE PRIOR TO ON OF CAUSE OF DEATH? (YESNIO)  RE A PREGNANCY IN PAST
	(DID) (DID NOT) ATTEND AND LAST SAW HIM/HER 21a.	THE DECEASE! ALIVE ON	31	4189		WAS CORONER EXAMINER NOT 21h	RORMEDICAL	20c. YES [	No Ko
ZEWIILIEK -	TO THE BEST OF MY KNO 22a. SIGNATURE NAME AND ADDRESS OF	CERTIFIER	(TYPEOR PRINT)			<del>-</del>	TED.	1 4 5 L	GMGNTH, DAY, YEAR)
	22c. DR. C. PAS NAME OF ATTENDING PH 23.	SQUALE 7 YSICIAN IF OTHE	435 W.	TALCOTT, C	HICAGO, IL 6	50631		NOTE: IF AN IALITIES	-27312
	BURIAL, CREMATION, REMOVAL ISPECIEN 24a, CREMATION FUNERAL HOME			CREMATORY	LOCATION HIL	CITYORTOWN	STATE IL	MUST BE NOTIFIED.	ER OR MEDICAL EXAMINER  IL MONTH, DAY, YEAR)  2007
~ 7	25a, CUMBERLAND	CHAPE:		8390 W.	LAWRENCE AV		RIDGE	STATE  ILLINOIS  P'S ILLINOISLICENSE	<sup>ZIP</sup> 60706
Ī	25b. ► OCAL REGISTRAR'S SIGN 26a. ►	IATURE	tain	18%		2	5c. 031-0		
VF	R200 (Rev. 5/89)		Illinois Depa	artment of Public Heal	th-Division of Vital Recor		6b. APR	1 0 2007	