

UNOFFICIAL COPY

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)



Doc#: 0804246051 Fee: \$30.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 02/11/2008 03:35 PM Pg: 1 of 4

**AFFIDAVIT - DEATH OF
TRUSTMAKER AND
BENEFICIARY**

BOBBY G. SMITH, of legal age, being first duly sworn, deposes and says:

1. That PATRICIA A. SMITH, the decedent mentioned in the attached certified copy of Certificate of Death, executed a Quit Claim Deed on September 22, 1995 which conveyed her interest in the following real estate:

LOT 31 IN BLOCK 13 IN FREDERICK H. BARTLETT'S GREATER 79TH STREET SUBDIVISION, BEING A SUBDIVISION OF THE SOUTHWEST QUARTER AND THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 29, ALSO THE SOUTHWEST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 28, ALL IN TOWNSHIP 38 NORTH RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number: 19-29-407-010-0000
Address of Real Estate: 7719 South Major Avenue, Burbank, IL 60459

2. That PATRICIA A. SMITH and BOBBY G. SMITH conveyed their interest in the aforementioned property to the following pursuant to recording Number 95706474.

BOBBY G. SMITH and PATRICIA A. SMITH, Trustees of the SMITH FAMILY REVOCABLE TRUST dated September 22, 1995, and any amendments thereto.

3. That PATRICIA A. SMITH was the Trustmaker and Co-Trustee of the SMITH FAMILY REVOCABLE TRUST dated September 22, 1995;
4. That the date of death of PATRICIA A. SMITH was February 26, 2007;
5. That the successor trustee of the SMITH FAMILY REVOCABLE TRUST dated September 22, 1995 is BOBBY G. SMITH.
6. That BOBBY G. SMITH was the husband of PATRICIA A. SMITH;
7. That according to Section 12.11 and 12.17 of the aforementioned trust, the Trustee has the following powers with regard to the real estate:

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Section 12.11 Loans and Borrowing Powers

My Trustee may make secured or unsecured loans to any person (including a beneficiary), entity, trust or estate, for any term or payable on demand, with or without interest. My Trustee may enter into or modify the terms of any mortgage or security agreement granted in connection with any loan and may release or foreclose on the mortgage or security.

My Trustee may borrow money at interest rates and on other terms that it deems advisable from any person, institution or other source including, in the case of a corporate fiduciary, its own banking or commercial lending department.

My Trustee may encumber trust property by mortgages, pledges and other hypothecation and shall have the power to enter into any mortgage, whether as a mortgagee or mortgagor even though the term may extend 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.

My Trustee may purchase, sell at public or private sale, trade, renew, modify, and extend mortgages. My Trustee may accept deeds in lieu of foreclosure.

Section 12.11 Real Estate Powers

My Trustee may sell at public or private sale, convey, 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: _____

1/15/08

Bobby G. Smith
BOBBY G. SMITH, Trustee

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State of Illinois
County of Cook, ss.

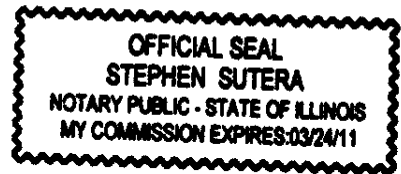
I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that BOBBY G. SMITH, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed 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 15 day of JAN, 2008.

Commission expires March 24, 2011 [Signature]
NOTARY PUBLIC

PREPARED BY AND MAIL TO:

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



Property of Cook County Clerk's Office

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FEB 28 2007

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.

David Orr
COUNTY CLERK

DECEASED'S BIRTH NO. _____

REGISTRATION DISTRICT NO. **16.0**

REGISTERED NUMBER _____

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
STATE FILE 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. **DECEASED-NAME** Patricia Ann Smith 2. Female 3. February 26, 2007

4. **COUNTY OF DEATH** Cook 5a. **AGE - LAST BIRTHDAY (YRS)** 73 5b. **UNDER 1 YEAR** 5c. **UNDER 1 DAY** 5d. **DATE OF BIRTH (MONTH, DAY, YEAR)** September 12, 1933

6a. **CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER** Oak Lawn 6b. **HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)** Advocate Christ Medical Center

6c. **IF HOSP OR INST INDICATED DO A OF DEATH (M, N, A, E) (SPECIFY)** Impatient

7. **BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)** Chicago, IL. 7a. **MARRIED NEVER MARRIED, WIDOWED, DIVORCED, MARRIED** 8a. **NAME OF SURVIVING SPOUSE (A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z)** Bobby Smith

8. **SOCIAL SECURITY NUMBER** 351-26-8057 8b. **NAME OF BUSINESS (A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z)** Bobby Smith

9. **RESIDENCE (STREET AND NUMBER)** 7719 S. Major 9a. **USUAL OCCUPATION** Secretary 9b. **KIND OF BUSINESS (A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z)** Secretary

10. **STATE** Illinois 10a. **CITY, TOWN, TWP. OR ROAD DISTRICT NO.** Burbank 10b. **CITY, TOWN, TWP. OR ROAD DISTRICT NO.** Burbank

11. **FACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)** White 11a. **OF HISPANIC ORIGIN? (SPECIFY)** NO 11b. **INSIDE CITY (YES/NO)** YES 11c. **COUNTY** Cook

12. **FATHER-NAME** Frank 12a. **FIRST** 12b. **MIDDLE** 12c. **LAST** 12d. **RELATIONSHIP** Husband 12e. **MOTHER-NAME** Anna 12f. **FIRST** 12g. **MIDDLE** 12h. **LAST** 12i. **MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)** 7719 S. Major Burbank, IL, 60459

13. **18 PART I:** Immediate Cause (Final disease or condition resulting in death) Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heat failure. List only one cause on each line.

13a. **CAUSE** (a) *Myocardial Infarction* (b) *Coronary Artery Disease* (c) *Consequence of*

14. **CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.**

14a. **(a)** *Myocardial Infarction* 14b. **(b)** *Coronary Artery Disease* 14c. **(c)** *Consequence of*

15. **18 PART II:** Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

15a. **DATE OF OPERATION, IF ANY** 20b. **MAJOR FINDINGS OF OPERATION**

16. **(10D) (10D NOT) ATTEND IN THE DECEASED AND LAST SAW HIM, IF APPLICABLE** 20a. **(MONTH, DAY, YEAR)** 2/26/07 20b. **(MONTH, DAY, YEAR)** 2/28/07

17. **TO THE BEST OF YOUR KNOWLEDGE, THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.** 21a. **(MONTH, DAY, YEAR)** 2/26/07 21b. **(MONTH, DAY, YEAR)** 2/28/07

18. **NAME AND ADDRESS OF DECEASED** 22a. **NAME AND ADDRESS OF DECEASED** 22b. **ILLINOIS LICENSE NUMBER** 22c. **DATE SIGNED** 22d. **DATE SIGNED**

19. **NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)** 23. **NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)** 23a. **NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)** 23b. **NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)**

20. **BURIAL CREMATION, REMOVAL (SPECIFY)** 24a. **Burial** 24b. **CEMETERY OR CREMATORY NAME** St. Casimir 24c. **LOCATION** Chicago 24d. **CITY OR TOWN** Chicago 24e. **STATE** Illinois 24f. **DATE** March 2, 2007

21. **FUNERAL HOME** 25a. **NAME** Lawn Funeral Home 25b. **STREET AND NUMBER OR R.F.D.** 7909 State Road 25c. **CITY OR TOWN** Burbank 25d. **STATE** Illinois 25e. **ZIP** 60459

22. **FUNERAL DIRECTOR'S SIGNATURE** 25a. **FUNERAL DIRECTOR'S SIGNATURE** 25b. **FUNERAL DIRECTOR'S SIGNATURE** 25c. **FUNERAL DIRECTOR'S SIGNATURE** 25d. **FUNERAL DIRECTOR'S SIGNATURE**

23. **LOCAL REGISTRAR'S SIGNATURE** 26a. **LOCAL REGISTRAR'S SIGNATURE** 26b. **LOCAL REGISTRAR'S SIGNATURE** 26c. **LOCAL REGISTRAR'S SIGNATURE**

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