



Doc#: 0805355035 Fee: \$32.50  
Eugene "Gene" Moore RHSP Fee:\$10.00  
Cook County Recorder of Deeds  
Date: 02/22/2008 11:52 AM Pg: 1 of 5

**ABSTRACT OF TRUST**

This Abstract of a certain Declaration of Trust (relevant portions thereof attached hereto as Exhibit A and made a part hereof) which trust is dated May 21, 1994, is recorded as notice of change of trustee to said trust, and affects the following described property located in Cook County, Illinois:

(Above space for Recorder of Deeds)

LOT NUMBER ONE THOUSAND ONE HUNDRED NINETY-ONE (#1191) IN ROLLING MEADOWS UNIT NUMBER SEVEN (#7), BEING A SUBDIVISION IN THE SOUTH HALF (S 1/2) OF SECTIONS TWENTY-FIVE (25) AND TWENTY-SIX (26), AND IN THE NORTH HALF (N 1/2) OF SECTIONS THIRTY-FIVE (35) AND THIRTY-SIX (36), ALL IN TOWNSHIP FORTY-TWO NORTH (42 N), RANGE TEN (10), EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Common Address: 2900 Cardinal Drive, Rolling Meadows, IL 60008

Real Estate Index Number: 02-36-104-014-0000

Notice is hereby given that Robert G. Llewellyn, initial trustee of said trust, died on December 25, 2007, and his death certificate is attached hereto as Exhibit B. Pursuant to said trust, NANCY L. STEINBERG shall act as successor trustee.

Said Abstract of Trust certified to on 2/14/08

Nancy Steinberg  
NANCY L. STEINBERG, successor trustee  
to the aforesaid trust

SUBSCRIBED and SWORN TO before me on

2/14/2008  
[Signature]  
NOTARY PUBLIC

**OFFICIAL SEAL**  
**MICHAEL BABIARZ**  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES: 12/28/11

This instrument prepared by and after recording mail to:  
Michael A. Babiarz  
625 North Ct., Suite 230  
Palatine, IL 60067

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EXHIBIT A

*The Llewellyn Family Trust***ARTICLE I***Transfer in Trust*

For good and valuable consideration, the Trustor, **Robert G. Llewellyn** of Rolling Meadows, Illinois, County of Cook, hereby transfers, conveys, and delivers to the Trustees and their successors the property listed in Schedule "A" or supplemental schedules annexed hereto and incorporated herein by reference, to have and to hold the same, and any cash, securities, or other property which the Trustees may, pursuant to any of the provisions hereof, at any time hereafter hold or acquire, all of such property being hereinafter referred to collectively as the "Trust Estate" for the uses and purposes and upon the terms and conditions herein set forth.

**ARTICLE II***Disposition During the Life of the Trustor*

During the life of the Trustor, the Trustees shall hold, manage, invest, and re-invest the Trust Estate, and shall collect the income thereof and shall dispose of the net income and principal as follows:

A. The Trustees shall pay to the Trustor all of the net income of this Trust, in monthly or other convenient installments, but at least annually. The Trustees may, in their discretion, pay or apply for the benefit of the Trustor, in addition to the income payments herein provided for, such amounts of the principal of the Trust Estate, up to the whole thereof, as the Trustees may from time to time deem necessary or advisable for the use and benefit of the Trustor.

**ARTICLE III***Disposition on Death of the Trustor*

A. Upon the death of the Trustor, the property of the trust, and including also any other portions added thereto from the estate of the Trustor or other sources, along with the undistributed income shall be held in trust and shall be administered and disposed of as follows:

B. **Nancy L. Steinberg, (daughter with a 100% share)**. Individual beneficiaries will receive their portion of the trust estate upon reaching the age of: Twenty-one (21) .

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termination of these trusts as provided for in this paragraph, the Trustees shall distribute the Trust Estate as it shall then be constituted, together with any new income, to the beneficiaries then entitled to the income from the Trust Estate in the same proportions in which they are entitled to such income.

## ARTICLE VII

### Trustees

A. The following people will act as Trustees in the following order of succession:

**FIRST:** The Trustor, Robert G. Llewellyn, alone.

**SECOND:** At the death of the Trustor, the following, shall serve as successor Trustees, in the order listed: Nancy L. Steinberg, Citibank Trust Department of Chicago,

*Illinois add - Eugene M. Steinberg (deceased) son-in-law, Melanie Steinberg, granddaughter*

**THIRD:** Trustees chosen by a majority of the beneficiaries, with a parent or legal guardian voting for minor beneficiaries; provided, however, that the issue of any deceased child shall have collectively only one vote.

B. A majority of the trustees, whether individual or corporate, shall have the power to make any decision, undertake any action, or execute any documents affecting the Trusts created herein. In the event of a difference of opinion among the Trustees, the decision of a majority of them shall prevail, but the dissenting or non-assenting trustees shall not be responsible for any action taken by the majority pursuant to such decisions. If only two individual Trustees are in office, they must act unanimously. If an individual and a corporate Trustee are in office, the determination of the Individual Trustees shall be binding.

C. Any Trustees may from time to time delegate to one or more of the remaining Trustees any powers, duties, or discretions. Every such delegation shall be made by a writing delivered to the delegate or delegates, and shall remain effective for the time therein specified or until earlier revocation by a writing similarly delivered. Every one dealing with the Trustees shall be absolutely protected in relying upon the certificate of any Trustees as to whom are the Trustees for the time being acting, and as to the extent of their authority by reason of any delegation or otherwise.

D. No Trustees named above need give bond in any jurisdiction. If a fiduciary's bond may not be dispensed with, the Trustor requests that the bond be accepted without surety and in the lowest possible amount. In the absence of breach of trust, no Trustees shall ever be required to qualify before, be appointed by, or account to any court, or obtain the order or approval of any court in the exercise of any power or discretion herein given. The Trustees are entitled to ordinary and reasonable compensation for services rendered in the administration and distribution

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In Witness Whereof, the Trustor has executed the foregoing Trust Agreement, dated the 21st day of May, 19 94.

Trustor:

Trustee:

Robert G. Llewellyn  
Robert G. Llewellyn

Robert G. Llewellyn  
Robert G. Llewellyn

## Certificate of Acknowledgement of Notary Public

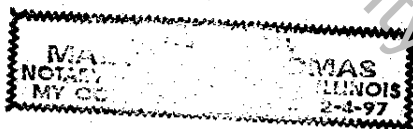
State of Illinois )  
  ) :ss.  
County of Cook )

On this 21st day of May, A.D. 19 94, appeared before me Robert G. Llewellyn personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed in this instrument, and acknowledged that he/she executed it.

Marleen C. Thomas  
Notary Public

Residing in Wheeling, Ill

NOTARY SEAL:



STATE OF ILLINOIS)  
County of Cook)

# UNOFFICIAL COPY

DAVID ORR, County Clerk

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

PRECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <b>16.0</b>	STATE OF ILLINOIS	STATE FILE NUMBER		
<b>MEDICAL CERTIFICATE OF DEATH</b>					
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. <b>Robert G Llewellyn</b>		2. <b>Male</b>	3. <b>December 25, 2007</b>	
	COUNTY OF DEATH	AGE - LAST BIRTHDAY (YRS) 5a. <b>85</b>	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	
	4. <b>Cook</b>	5a. <b>85</b>	5b.	5c.	
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		DATE OF BIRTH (MONTH, DAY, YEAR)		
6a. <b>Arlington Heights</b>		5d. <b>July 18, 1922</b>			
DECEASED	6b. <b>Manor Care of Arlington Heights</b>		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)		
	6c. <b>Inpatient</b>				
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WID, W/F, D, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		
	7. <b>Wheatland, IN</b>	8a. <b>Widowed</b>	8b. <b>N/A</b>		
	SOCIAL SECURITY NUMBER		KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10.		11a. <b>Welder</b>	11b. <b>Communication</b>		
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY	
13a. <b>2900 Cardinal drive</b>		13b. <b>Rolling Meadows</b>	13c. <b>No</b>	13d. <b>Cook</b>	
PARENTS	FATHER - NAME FIRST MIDDLE LAST	MOTHER - NAME FIRST MIDDLE LAST	(MAIDEN) LAST		
	15. <b>Thomas Llewellyn</b>	16. <b>Ruth (Coleman) Llewellyn</b>			
	INFORMANT'S NAME (TYPE OR PRINT)		RELATIONS (IF Daughter)		
	17a. <b>Nancy Steinberg</b>		17b. <b>504 Harbor Terrace</b>		
			17c. <b>Bartlett, IL 60103-</b>		
CAUSE	18. 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 on each line.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	Immediate Cause (Final disease or condition resulting in death) → (a) <b>Cardio Respiratory Arrest</b>				
	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.				
	(b) <b>DM, HTN, CRI</b>				
	(c) <b>DM, HTN, CRI, Anemia, Hto collecting, recent pneumonia</b>				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			ALTOPSY (YES/NO)	WERE ALTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
19. <b>DNR on comfort care</b>			19a. <b>No</b>	19b. <b>No</b>	
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	
20a.		20b.		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		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH	
21a. <b>10/25/07</b>		21b. <b>No</b>		21c. <b>3:55 AM</b>	
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 → <i>Manju Joseph</i>			22b. <b>12/27/07</b>		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)			ILLINOIS LICENSE NUMBER		
22c. <b>Manju Joseph, 1545 Hicks Road, Rolling Meadows, IL 60008</b>			22d. <b>036113444</b>		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)			NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
23. <b>Marrasat Bala MD</b>					
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY - NAME	LOCATION	CITY OR TOWN	STATE	
24a. <b>Burial</b>	24b. <b>Maryhill Cemetery</b>	24c. <b>Niles</b>	<b>IL</b>	DATE (MONTH, DAY, YEAR)	
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP			
25a. <b>Meadows Funeral Home 3615 Kirchoff Road Rolling Meadows, IL 60008</b>					
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
25b. <i>William H. ...</i>		25c. <b>034 010383</b>			
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
26a. <i>David Orr</i>		26b. <b>DEC 27 2007</b>			