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Notice of Probate and Release of Estate's
Interest in Real Estate (Rev. 8/1/00) CCP 0421

**NOTICE OF PROBATE
UNDER SUPERVISED OR
INDEPENDENT ADMINISTRATION**
The undersigned, who was appointed repre-
sentative of the estate of Jeffrey L. Conner

deceased, on April 25, 2007,
by the Circuit Court of Cook County,
County Department, Probate Division
(Case No. 2007 P 2455, Docket _____,
Page _____) and is currently acting as
representative, gives notice pursuant to
§5/20-24(a) of the Probate Act that:

Decedent of 100 East Huron St, Apt 3801, Chicago, IL 60611, died on March 13, 2007,
owning the following described real estate: (INSERT OR ATTACH LEGAL DESCRIPTION. If decedent had a partial interest,
state the extent of the interest.)

Permanent Real Estate Index No.: 17-10-105-014-1164

The street address of the real estate is: 100 East Huron Street, Apartment 3801, Chicago, IL 60611.

RELEASE OF ESTATE'S INTEREST IN REAL ESTATE UNDER INDEPENDENT ADMINISTRATION

Pursuant to §5/28-8(i) and §5/28-10(a) of the Probate Act, the undersigned independent representative releases the estate's interest
in the above real estate and confirms that title passed at decedent's death to the following heirs or legatees: (INSERT OR ATTACH LIST.)

Name	Address	Share
Judy A. Donahue	100 East Huron St, Apt 3801 Chicago, IL 60611	100%

Dated: June 2, 2008

Judy A. Donahue
Representative(s)
Judy A. Donahue, Independent Administrator
Print or type name(s) of Representative(s)

State of Illinois
County of Cook

Address(es): 100 East Huron St, Apt 3801, Chicago, IL 60611

Acknowledged before me this 2nd day of June, 2008 by Judy A. Donahue

~~a duly authorized officer of
corporation, on behalf of the corporation.~~

"OFFICIAL SEAL"
ANNIE COLVIN
Notary Public, State of Illinois
My Commission Expires 12/03/11

Annie Colvin
(Notary Public)

This instrument was prepared by and should be mailed to: Jean M. Langie, Esq., Vedder Price P.C., 222 North
LaSalle Street, Suite 2400, Chicago, IL 60601-1003

Send subsequent tax bills to: Judy A. Donahue, 100 East Huron Street, Apartment 3801, Chicago, IL 60611

*Use only for a corporate acknowledgment.

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS



Doc#: 0819339054 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 07/11/2008 02:15 PM Pg: 1 of 4

(The Above Space For Recorder's Use Only)

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Attachment to
Notice of Probate and Release of Estate's Interest in Real Estate
Estate of Jeffrey L. Conner
Case Number 2007 P 2455

Legal Description

LOT 2 IN CHICAGO PLACE, A RESUBDIVISION OF THE LAND, PROPERTY AND SPACE WITHIN BLOCK 46 (EXCEPT THE EAST 75.00 FEET THEREOF) IN KINZIE'S ADDITION TO CHICAGO IN THE NORTH HALF OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT OF SAID CHICAGO PLACE RECORDED SEPTEMBER 7, 1990, AS DOCUMENT NO. 90435974, IN COOK COUNTY, ILLINOIS.

Permanent Index Number (PIN): 17-10-105-014-1164

Common address of real estate: Unit 3801, 100 East Huron Street, Chicago, Illinois.

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(Rev. 12/23/03) CCP 0415

LETTERS OF OFFICE - DECEDENT'S ESTATE

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, PROBATE DIVISION

Estate of
JEFFREY L. CONNER

Deceased

No. **2007 P 002455**

Docket

Page

LETTERS OF OFFICE - DECEDENT'S ESTATE

JUDY A. DONAHUE _____ has been appointed
 Independent Administrator _____ of the estate of
JEFFREY L. CONNER _____, deceased,
 who died Tuesday, March 13, 2007, and is authorized to take possession of and collect the
 estate of the decedent and to do all acts required by law.

LS

WITNESS, April 25, 2007

Dorothy Brown
Clerk of the Circuit Court

CERTIFICATE

I certify that this is a copy of the letters of office now in force in this estate.

JMT

WITNESS, June 24, 2008

Dorothy Brown
Clerk of Court

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

VERIFY

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COPY OF THE RECORD ON FILE WITH THE OHIO DEPARTMENT OF HEALTH.

JL 10 07 00 8 0 8 1

Judith B. Nantz
JUDITH B. NANTZ, REGISTRAR
OFFICE OF VITAL STATISTICS
WITNESS MY SIGNATURE AND SEAL

Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH
Type or print in permanent blue or black ink

2007019822

Reg. Dist. No. 77
Primary Reg. Dist. No. 7701
Registrar's No. *2007000512*

State File No.

DECEDENT	1. Decedent's Legal Name (and other AKA's if any) (First Middle, LAST, suffix) JEFFREY L CONNER				2. Sex Male	3. Date of Death (Mo/Day/Year) March 13, 2007
	4. Social Security Number 293-42-9167	5a. Age (Years) 58	5b. Under 1 Year Mo. Yrs. 0 0	5c. Under 1 day Hours Minutes 0 0	6. Date of Birth (Mo/Day/Year) October 01, 1948	7. Birthplace (City and State or Foreign Country) AKRON, OHIO
	8a. Residence State OHIO		8b. County SUMMIT		8c. City or Town AKRON	8d. Zip Code 44333
	8e. Inside City Limits? No		8f. Street and Number 1081 Aspenwood Dr.			
	9. Ever in US Armed Forces? No	10. Marital Status at Time of Death Married		11. Surviving Spouse's Name (if wife, give name prior to first marriage) JUDY A DONAHUE		
	12. Decedent's Education MASTERS DEGREE (E.G., MA, MS.)		13. Decedent of Hispanic Origin No		14. Decedent's Race White	
	15. Father's Name LESTER CONNER		16. Mother's Name (prior to first marriage) HELEN ULMER			
	17a. Informant's Name JUDY A DONAHUE		17b. Relationship to Decedent Wife		17c. Mailing Address (Street and Number, City, State, Zip Code) 1081 Aspenwood Dr. AKRON, OHIO 44333	
	18a. Place of Death Hospital - Emergency Room / Outpatient		18b. Facility Name (if not institution, give street & number) AKRON GENERAL MEDICAL CENTER		18c. City or Town, State and Zip Code AKRON, OH 44307	
	18d. County of Death SUMMIT		19. Signature of Funeral Service Licensee or Other Agent <i>Geoffrey J. Becker</i>			
REGISTRAR	20. License Number (or License) 007138		21. Name and Complete Address of Funeral Facility HECKER FUNERAL HOME, INC. 13151 CLEVELAND AVE N W UNIONTOWN, OH 44685		22a. Method of Disposition Cremation	
	22b. Date of Disposition March 19, 2007		22c. Place of Disposition (Name of Cemetery, Crematory, or other place) AKRON VAULT & CREMATORY		22d. Location (City/Town or State) AKRON, OH	
	23. Registrar's Signature <i>Tawanda M. Weems</i>		24. Date Filed March 14, 2007		25. District No. 7701	
	25a. Name of Person Issuing Burial Permit WEEMS, TAWANDA		25b. Date Burial Permit Issued March 19, 2007		26. Certifier (Check only one) <input type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Coroner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. 36d. Was coroner referred to coroner? Yes	
	26a. Time of Death 12:49		26b. Date Pronounced Dead (Mo/Day/Year) 03/13/2007		26c. License number 35.081082	
CAUSE OF DEATH	26d. Signature and Title of Certifier <i>George C. Stenberg</i> MD, M.E.		26e. Date 3/19/2007		27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death STERBENZ, GEORGE CHRISTOPHER, SUMMIT COUNTY MEDICAL EXAMINER AKRON, OH 44308	
	28. Part I. Enter the disease, injuries, 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. Type or print in permanent blue or black ink. Immediate Cause (Final disease or condition resulting in death) a. Hypertensive Arteriosclerotic Cardiovascular Disease.				Approximate Interval Between Onset and Death YEARS	
	Sequently Ill conditions, if any, leading to immediate cause b. Due to (or as Consequence of)					
	Enter Underlying Cause (Disease or injury that initiated events resulting in a death) c. Due to (or as Consequence of)					
	Part II. Other significant conditions contributing to death but not resulting in the underlying cause (Given in Part I) Hypercholesterolemia; Diabetes Mellitus.				29. Was an Autopsy Performed? No	
30. Did Tobacco Use Contribute to Death? No		31. If Female, Pregnancy Status NOT APPLICABLE.		32. Manner of Death Natural		
33a. Date of Injury (Mo/Day/Year)		33b. Time of Injury		33c. Injury at Work?		
33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		33d. Describe How Injury Occurred:		33g. If Transportation Injury, Specify:		
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)						

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