



**Second Trust Amendment
to the
The Lionello Trust dated September 18th, 2000**

This Amendment is made concerning **The Lionello Trust** at the city of Bloomingdale, County of DuPage, in the State of Illinois, by **Joseph J. Lionello**, whose address is **21 Truman Court unit A**, in the city of **Streamwood**, in the State of Illinois, (hereinafter called "Trustors").

WITNESSETH:

The parties hereto are the parties of a certain Trust Agreement dated **September 18th, 2000**. Under the terms of said Trust Agreement, specifically Article XII, Trustors reserved the right to revoke, amend, alter or terminate such Trust. Now therefore, in consideration of the premises herein, the Trustors hereby amend and modify said Trust Agreement as follows:

Article III Paragraph B to read:

Richard Lionello, \$50.00, Nancy Saada \$2,000.00, Lenore Dublinski \$2,000.00, Mike Dublinski \$2,000.00, Kelly Dublinski \$2,000.00, Karen Dublinski \$2,000.00, Albert Hehn \$2,000.00. The residue of the estate to be distributed as follows: Linda Lionello 24% share, Sandra Lionello 19% share, Nick Lionello 19% share, Anthony Lionello 19% share, Frank Lionello 19% share. Individual beneficiaries will receive their portion of the Trust Estate at the attained age of twenty-one (21).

Article VII, Second Paragraph to read:

At the death of the Trustor, the following shall serve as successor Trustee(s): Linda Lionello then Sandra Lionello to serve, each to act alone and successively.

The Trustor(s) ratify all other terms of the Trust.

IN WITNESS WHEREOF, the parties hereto execute this Amendment of Trust this 10th day of **September 2007**.

Joseph J. Lionello
Joseph J. Lionello

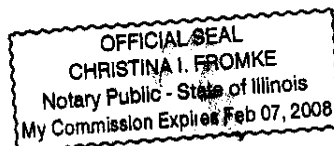
Certificate of Acknowledgment of Notary Public

**State of Illinois
County of DuPage: ss.**

On this 10th day of **September**, AD 2007, **Joseph J. Lionello**, appeared before me, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) are subscribed in this instrument, and acknowledged that they executed it.

Christina I. Fromke Residing in Bloomingdale, IL
Christina I. Fromke

My Commission Expires 2/7/08
NOTARY SEAL:



UNOFFICIAL COPY

EXHIBIT

ADDRESS 21A Truman Court Streamwood, IL 60107

LEGAL DESCRIPTION Unit 36-7 in the Manors of Oak Knoll a condominium as delineated on a survey of the following described real estate:

A part of Oak Knoll Farms Unit 6-A and 8-B being subdivisions of Part of the south $\frac{1}{2}$ of section 22 and part of the northeast $\frac{1}{4}$ of the southwest $\frac{1}{4}$ of section 22, township 41 north, range 9, east of the third principal meridian which survey is attached as exhibit "B" to the declaration of condominium recorded September 1, 1989 as document 89411040 as amended from time to time, together with its undivided percentage interest in the common elements, in Cook County, Illinois.

PIN # 06-22-303-036-1247

Property of Cook County Clerk's Office

UNOFFICIAL COPY

STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0		STATE FILE NUMBER	
LOCAL FILE NUMBER		2. SEX MALE	
1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) JOSEPH J. LIONELLO		3. DATE OF DEATH (Month/Day/Year) (Spell Month) NOVEMBER 14, 2008	
4. COUNTY OF DEATH COOK		5a. AGE AT LAST BIRTHDAY (Years) 82	
5b. UNDER 1 YEAR Months: _____ Days: _____		5c. UNDER 1 DAY Hours: _____ Minutes: _____	
7a. CITY OR TOWN STREAMWOOD		6. DATE OF BIRTH (Month/Day/Year) NOVEMBER 8, 1926	
7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) 21 A TRUMAN CT.		7c. PLACE OF DEATH (Check only one: see instructions) IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____	
8. BIRTHPLACE (City and State or Foreign Country) CHICAGO, ILLINOIS		9. SOCIAL SECURITY NUMBER 360-12-6121	
10. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		11. SURVIVING SPOUSE'S NAME (if wife, give full name prior to first marriage) MARY PARDOL	
12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13a. RESIDENCE (Street and Number) 21 A TRUMAN CT.	
13b. APT. NO.		13c. CITY OR TOWN STREAMWOOD	
13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13e. COUNTY COOK	
13f. STATE IL.		13g. ZIP CODE 60107	
14. FATHER'S NAME (First, Middle, Last) JOSEPH LIONELLO		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) MARY PARDOL	
16a. INFORMANT'S NAME LINDA LIONELLO		16b. RELATIONSHIP DAUGHTER IN LAW	
16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 172A WINCHESTER DR. STREAMWOOD, IL. 60107		17. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____	
18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) QUEEN OF HEAVEN CEMETERY		19. LOCATION - CITY, TOWN AND STATE HILLSIDE, ILLINOIS	
20. DATE OF DISPOSITION (Month/Day/Year) NOVEMBER 20, 2008		21a. FUNERAL HOME NAME SALERNO'S ROSEDALE CHAPELS	
21b. FUNERAL DIRECTOR'S SIGNATURE <i>Joseph Salerno</i>		21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-010202	
22. LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) NOV 17 2008	
24. CAUSE OF DEATH (See Instructions and examples) PART I. Enter the chain of events - diseases, injuries or complication - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. CONGESTIVE HEART FAILURE (LVEF 29%) Sequentially list conditions, if any, leading to the cause listed on line a. b. MYOCARDIUM INFARCTION Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST c. _____ Due to (or as a consequence of): PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. STROKE, PAROXYSMAL ATRIAL FIBRILLATION			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10 months 10 months
25. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		26. IF FEMALE: <input type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death (but time unknown) <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months	
27. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation		30. DATE OF INJURY (Month/Day/Year)	
31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		32. PLACE OF INJURY (e.g. Decedent's home, construction site; restaurant; wooded area)	
33. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code	
35. DESCRIBE HOW INJURY OCCURRED:		36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON 11/6/08		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
39. DATE PRONOUNCED (Month/Day/Year) NOVEMBER 14, 2008		40. TIME OF DEATH 2:26 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	
41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/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.			
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) ALAN L WESS MD 800 Birsteefield #505 Elk Grove Village, IL. 60005			
43. PHYSICIAN'S LICENSE NUMBER 036-058186		44. TITLE OF CERTIFIER INTERNIST	
45. DATE CERTIFIED (Month/Day/Year) 11/17/08		46. SIGNATURE OF CERTIFIER <i>Alan L Wess</i>	
47. DECEDENT'S EDUCATION - Check the box that best describes the highest grade completed. _____			
48. DECEDENT OF HISPANIC ORIGIN - Check the box that best describes the decedent's race. _____			
49. DECEDENT'S RACE - Check the box that best describes the decedent's race. _____			

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

STATE OF ILLINOIS
(County of Cook)

DAVID ORR, County Clerk

NOV 17 2008

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