

UNOFFICIAL COPY



DEED IN TRUST

WARRANTY DEED

Doc#: 0904246041 Fee: \$66.00  
Eugene "Gene" Moore RHSP Fee:\$10.00  
Cook County Recorder of Deeds  
Date: 02/11/2009 02:13 PM Pg: 1 of 4

**THIS INDENTURE WITNESSETH**, That the Grantor/s, Thomas J. McCormick, widower and since remarried of 7839 W. Arquilla Dr., Palos Heights, IL 60463 and in consideration of Ten (\$10.00) Dollars, and other good and valuable considerations in hand, paid, Convey(s) and Warrant(s) unto the **PALOS BANK AND TRUST COMPANY**, an Illinois Banking Corporation of the United States of America as Trustee under the provisions of a Trust Agreement dated the 10th day of February, 2009 and known as Trust Number 1-7821 in the following described real estate in the County of Cook in the State of Illinois, to wit:

Unit No. 7839-1-A in Oak Hills Condominium I as delineated on survey of certain lots or parts thereof in Burnside's Oak Hills Country Club Village Subdivision in the Southwest Quarter of Section 36, Township 37 North, Range 12, East of the Third Principal Meridian, Cook County, Illinois which survey is attached as Exhibit "A" to Declaration of Condominium Ownership made by Burnside Construction Company, an Illinois Corporation, recorded in the Office of the Recorder of Deeds, Cook County, Illinois as Document No. 23684699 as amended; together with a percentage of the common elements appurtenant to said unit as set forth in said Declaration, as amended from time to time, which percentage shall automatically change in accordance with amended Declarations as same are filed of record pursuant to said Declaration, and together with additional common elements as such amended Declarations are filed of record, in the percentage set forth in such amended Declarations, which percentages shall automatically be deemed to be conveyed effective on the recording of such amended Declaration as though conveyed hereby, all in Cook County, Illinois.

Permanent Index No: **23-26-303-143-1277**

Common Address: **7839 Arquilla Drive, Unit 1A, Palos Heights, IL 60463**

**TO HAVE AND TO HOLD** the said premises with the appurtenances, upon the Trust, and for the uses and purposes herein and in said Trust Agreement set forth.

Full power and authority is hereby granted to said Trustee to improve, manage, protect and subdivide said premises or any part thereof and to resubdivide said Property as often as desired, to contract to sell, to grant options, to sell on any terms, to convey either with or without consideration to donate, to dedicate, to mortgage, pledge or otherwise encumber: to lease said property, or any part thereof, from time to time, by leases to commence in presenti or in futuro, and upon any terms and for any period of time, not exceeding 99 years, and to renew or extend leases upon any terms and for any period or periods of time and to amend, change or modify leases and the terms and provisions thereof at any time or times hereafter; to partition to exchange said property, or any part thereof, for other real or personal property, to grant easements or charges of any kind, to release, convey or assign any right, title or interest in or about said premises and to deal with said property and every part thereof in all ways and for such other considerations as it would be lawful for any persons owning the same to deal with same, whether similar to or different from the ways above specified, at any time or times hereafter.

In no case shall any party, to whom said premises, or any part thereof, shall be conveyed, contracted to be sold, leased or mortgaged by said Trustee, and in no case shall any party dealing with said Trustee in relation to said premises, be obliged to see to the application of any purchase money, rent or money borrowed or advanced on said premises or be obliged to see that the terms of this Trust have been complied with, or be obliged to inquire into the necessity or expediency of any act of said Trustee, or be obliged to inquire into the necessity or expediency of any act of said Trustee, or be privileged or obliged to inquire into any of the terms of said Agreement.

The interest of each and every Beneficiary (ies) hereunder and of all persons claiming under them, is hereby declared to be personal property and to be in earning avails and proceeds arising from the disposition of the premises; the intention hereof being to vest in the said **PALOS BANK AND TRUST COMPANY** the entire legal and equitable title in fee, in and to all of the premises above -described.

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This conveyance is made upon the express understanding and condition that neither **PALOS BANK AND TRUST COMPANY** individually or as Trustee, nor its successors in Trust shall incur any personal liability or be subjected to any claim, judgement or decree for anything it or they or us or their agents or attorneys may do or omit to do or about the said real estate or under the provisions of this Deed or said Trust Agreement or any amendment thereto or for injury to person or property happening in or about said real estate, any all such liability being hereby expressly waived and released. Any contract, obligations or indebtedness incurred or entered into by the Trustee in connection with said real estate may be entered into by it in the name of the then Beneficiary (ies) under Trust Agreement as their attorney-in-fact, hereby irrevocably appointed for such purposes, or at the election of the Trustee, in its own name, as Trustee of an express Trust and not individually (and the Trustee shall have no obligations whatsoever with respect to any such contract, obligation or indebtedness except only so far as the Trust property and funds in the actual possession of the Trustee shall be applicable for the payment and discharge thereof). All persons and corporations whomsoever and whatsoever shall be charged with notice of this condition from the date of the filing for record of this Deed.

Any the said Grantor(s) hereby expressly waive(s) and release(s) any and all right or benefit under and by virtue of any and all statutes of the State of Illinois providing for the exemption of homesteads from sale on execution or otherwise.

IN WITNESS WHEREOF the Grantor(s) aforesaid has (we) hereunto set (his) (her) (their) hand and seal(s) this 10 day of FEBRUARY, 2009.

(SEAL) Thomas J. McCormick  
Thomas J. McCormick

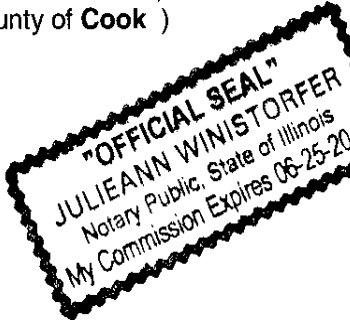
(SEAL) \_\_\_\_\_

(SEAL) \_\_\_\_\_

(SEAL) \_\_\_\_\_

State of Illinois )  
County of Cook )

I, the undersigned \_\_\_\_\_ a Notary Public in and for said County, aforesaid do hereby certify that Thomas J. McCormick, of 7839 Arquilla Drive, Unit 1A, Palos Heights, IL 60463 to be the same person (s) whose name(s) 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, to the users and purposes therein set forth, including the release and waiver of right of homestead.



Given my hand and notary seal this 10 day of Feb, 2009.

[Signature]  
Notary Public

COUNTY – ILLINOIS TRANSFER STAMPS  
EXEMPT UNDER PROVISIONS OF PARAGRAPH  
E, SECTION 4, REAL ESTATE TRANSFER

Mail Tax Bills To:

Thomas J. McCormick  
7839 Arquilla Drive, Unit 1A  
Palos Heights, IL 60463

Dated: Feb. 10, 2009

Thomas J. McCormick  
Buyer, Seller or Representative

This Instrument was prepared by:  
Mary Kay Burke, Assistant Vice Pres./T.O.  
Palos Bank and Trust Company  
12600 S. Harlem Ave.  
Palos Heights, IL 60463

Mail To: Grantee's Address  
Palos Bank and Trust Company  
12600 South Harlem Avenue  
Palos Heights, Illinois 60463  
Trust Department



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REGISTRATION DISTRICT NO. <b>16.0</b>		STATE OF ILLINOIS CERTIFICATE OF DEATH		STATE FILE NUMBER	
LOCAL FILE NUMBER		DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) <b>Patricia A. McCormick</b>		2. SEX <b>Female</b>	
4. COUNTY OF DEATH <b>Cook</b>		5a. AGE AT LAST BIRTHDAY (Years) <b>79</b>		5b. UNDER 1 YEAR Months: _____ Days: _____	
7a. CITY OR TOWN <b>Balos Park</b>		5c. UNDER 1 DAY Hours: _____ Minutes: _____		6. DATE OF BIRTH (Month/Day/Year) <b>March 26, 1929</b>	
7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) <b>Holy Family Villa Nursing Home</b>		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	
8. BIRTHPLACE (City and State or Foreign Country) <b>Chicago, IL.</b>		9. SOCIAL SECURITY NUMBER <b>338-22-6538</b>		10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input 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) <b>Thomas McCormick</b>		12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13a. RESIDENCE (Street and Number) <b>7839 Arquilla Drive</b>	
13b. APT. NO.		13c. CITY OR TOWN <b>Palos Heights</b>		13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. FATHER'S NAME (First, Middle, Last) <b>Terrence Sullivan</b>		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Kathryn Read</b>		16. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) <b>7839 Arquilla Drive Palos Heights, Illinois 60463</b>	
17. METHOD OF DISPOSITION <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) <b>Holy Sepulchre Cemetery</b>		19. LOCATION - CITY, TOWN AND STATE <b>Worth, Illinois</b>	
20. DATE OF DISPOSITION (Month/Day/Year) <b>November 13, 2008</b>		21a. FUNERAL HOME NAME <b>Van Henkelum Funeral Home</b>		21b. STREET AND NUMBER <b>P.O. Box 190</b>	
21c. CITY OR TOWN <b>Palos Heights</b>		21d. STATE <b>Illinois</b>		21e. ZIP <b>60463-0190</b>	
22. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) <b>NOV 12 2008</b>		24. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034-011360</b>	
25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" 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	
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		28. IF FEMALE <input checked="" type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Pregnant within one year (if month but time unknown) <input type="checkbox"/> Unknown if pregnant within the past 12 months		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 checked="" type="checkbox"/> No	
34. LOCATION OF INJURY - Street and Number		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. (DID NOT) ATTEND THE DECEDENT AND LAST SAW HIM/HER ALIVE ON <b>Nov 9, 2008</b>		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) <b>November 9, 2008</b>	
40. TIME OF DEATH <b>10:45</b> <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(s) of death 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(s) stated.		42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) <b>Dr. Joseph Kowalczyk 4340 W. 95th Street Oak Lawn, IL 60453</b>	
43. PHYSICIAN'S LICENSE NUMBER <b>1L036094203</b>		44. TITLE OF CERTIFIER <b>MD</b>		45. DATE CERTIFIED (Month/Day/Year) <b>November 10, 2008</b>	
46. SIGNATURE OF CERTIFIER <i>[Signature]</i>		47. DECEDENT'S EDUCATION - Check the		48. DECEDENT OF HISPANIC ORIGIN? (Check the box that best)	
49. DECEDENT'S RACE - Check one or more races to indicate what the decedent considered himself or herself to be.					

Illinois Department of Public Health - Division of Vital Records (Based on the 2003 U.S. Standard Certificate) VR2000 (Rev. 1/06)

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 12 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.

*[Signature]*  
COUNTY CLERK



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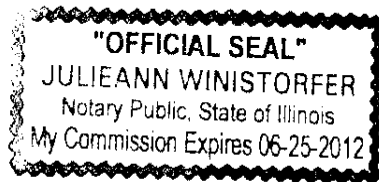
## STATEMENT BY GRANTOR AND GRANTEE

The grantor or his/her agent affirms that, to the best of his/her knowledge, the name of the grantee shown on the Deed or Assignment of Beneficial Interest in a Land Trust is either a natural person, an Illinois Corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated: Feb. 10, 2009

Signature: Thomas J. McCormick  
Agent/Grantor

Subscribed and sworn to before me by the said Thomas J. McCormick  
This 10 day of Feb., 2009.



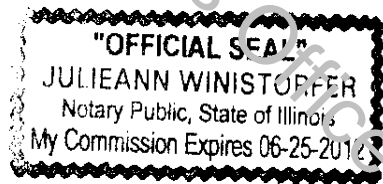
Julieann Winistorfer  
Notary Public

The grantee or his/her agent affirms and verifies that the name of the grantee shown on the Deed or Assignment of Beneficial Interest in a Land Trust is either a natural person, an Illinois Corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated: 2-10-09

Signature: Mary Kay Burke  
Agent/Grantee

Subscribed and sworn to before me by the said Mary Kay Burke  
This 10 day of Feb., 2009.



Julieann Winistorfer  
Notary Public

Note: Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of a Class C Misdemeanor for the first offense and a Class A Misdemeanor for subsequent offenses.

(Attached to Deed or ABI to be recorded in Cook County, Illinois, if exempt under provisions of Section 4 of the Illinois Real Estate Transfer Tax Act.)