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Doc#: 0919056017 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 07/09/2009 02:40 PM Pg: 1 of 4

QUIT CLAIM DEED INTO TRUST
(Exempt Transfer)

The Grantors, DAVIDA R. LOUSCH, not married, and KATHLEEN B. LOUSCH, not married, of the Village of Wilmette, County of Cook, State of Illinois, for and in consideration of Ten Dollars (\$10.00) in hand paid, CONVEY AND QUIT CLAIM to DAVIDA R. LOUSCH and KATHLEEN B. LOUSCH, not individually, but as Co-Trustees of The DAVIDA & Kathleen Loutsch Revocable Trust, under original Trust Agreement dated July 8, 2009, and as may be amended from time to time, residing at 2311 Old Glenview Rd., Wilmette, IL 60091, all interest in the following described Real Estate located in Cook County, Illinois:

LOT 2 IN THE LOUSCH SISTERS SUBDIVISION OF PART OF LOT 16 IN COUNTY CLERK DIVISION OF SECTION 32, TOWNSHIP 42 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 05-32-402-019-0000

Address: 2311 Old Glenview Rd., Wilmette, IL 60091

Subject to covenants, conditions, restrictions, and easements of record, private and utility easement, and general taxes for the year 2008 and subsequent years,

TO HAVE AND TO HOLD SAID PREMISES FOREVER.

Dated: July 8, 2009

David R. Loutsch
DAVIDA R. LOUSCH

Kathleen B. Loutsch
KATHLEEN B. LOUSCH

Village of Wilmette

EXEMPT

Real Estate Transfer Tax

JUL 09 2009

Exempt - 9245

Issue Date _____

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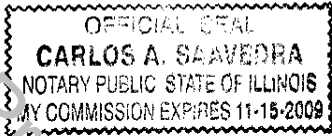
State of Illinois, County of Cook, SS. The undersigned, a Notary Public in Cook County, Illinois, DOES HEREBY CERTIFY that DAVIDA R. LOUTSCH and KATHLEEN B. LOUTSCH, personally known to me to be the same persons shown as Grantors in this Quit Claim Deed, appeared before me in person on this day and signed and delivered this Quit Claim Deed.

July 8, 2009



Notary Public

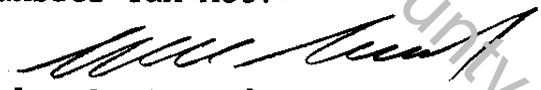
[SEAL]



This Quit Claim Deed was prepared by Attorney Carlos A. Saavedra, 1007 Church St., Suite 106, Evanston, IL 60201.

EXEMPT TRANSACTION

This transaction does not involve any consideration, and is therefore exempt under Section 4(e) of the Illinois Real Estate Transfer Tax Act.


Carlos A. Saavedra, Attorney

Date: July 8, 2009

AFTER RECORDING, MAIL TO:

Carlos A. Saavedra
1007 Church St. #106
Evanston, IL 60201

MAIL SUBSEQUENT TAX BILLS TO:

DAVIDA R. LOUTSCH
2311 Old Glenview Rd.
Wilmette, IL 60091

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STATEMENT BY GRANTOR AND GRANTEE

The grantor or his agent affirms that, to the best of his 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 title to real estate under the laws of the State of Illinois.

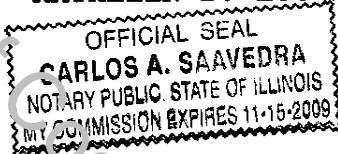
Dated: July 8, 2009

David R. Loutsch
DAVIDA R. LOUTSCH

Signed and acknowledged
before me on July 8, 2009

Kathleen B. Loutsch
KATHLEEN B. LOUTSCH

[Signature]
Notary Public



The grantee or his 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 title to real estate under the laws of the State of Illinois.

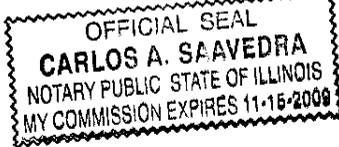
Dated: July 8, 2009

David R. Loutsch
DAVIDA R. LOUTSCH, Co-Trustee

Signed and acknowledged
before me on July 8, 2009.

Kathleen B. Loutsch
KATHLEEN B. LOUTSCH, Co-Trustee

[Signature]
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 of a Class A misdemeanor for subsequent offenses.

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DEC 05 2007

STATE OF ILLINOIS
County of Cook

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

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.0	STATE OF ILLINOIS	STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH		
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS DECEASED CAUSE CERTIFIER DISPOSITION	1. DECEASED NAME FIRST MIDDLE LAST		SEX	
	CLARA E. LOUTSCH		2. FEMALE	
	3. DATE OF DEATH (MONTH, DAY, YEAR)		3. DECEMBER 3, 2007	
	4. COUNTY OF DEATH	5a. AGE—LAST BIRTHDAY (YRS)	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MIN.
	COOK	95		
	6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		6b. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
	WILMETTE		2311 OLD GLENVIEW ROAD	
	7. BIRTHPLACE (CITY AND STATE OF FOREIGN COUNTRY)		8. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
	GROSS POINT, IL		NEVER MARRIED	
	9. SOCIAL SECURITY NUMBER		10. VISUAL OCCUPATION	
334-38-8554		FARMER		
11a. RESIDENCE (STREET AND NUMBER)		11b. CITY, TOWN, TWP, OR ROAD DISTRICT NO.	11c. INSIDE CITY (YES/NO)	
2311 OLD GLENVIEW ROAD		WILMETTE	YES	
12. STATE		13. ZIP CODE	14. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	
ILLINOIS		60091	WHITE	
15. FATHER—NAME FIRST MIDDLE LAST		16. MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST		
MICHAEL F. LOUTSCH		BARBARA PETTINGER		
17a. INFORMANT'S NAME (TYPE OR PRINT)		17b. RELATIONSHIP	17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	
DAVIDA LOUTSCH		SISTER	2311 OLD GLENVIEW RD. WILMETTE, IL	
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.				
Immediate Cause (Final disease or condition resulting in death) → (a) Cerebrovascular Accident CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF (c)				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				
19a. AUTOPSY (YES/NO)		19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)		
NO		NO		
20a. DATE OF OPERATION, IF ANY	20b. MAJOR FINDINGS OF OPERATION		20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	
			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. (I) (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	21c. HOUR OF DEATH	
12/2/2007		No	8:00 A.	
22a. SIGNATURE (TYPE OR PRINT)			22b. DATE SIGNED (MONTH, DAY, YEAR)	
Jennifer Olson MD 517 N. 4th St Wilmette IL			12/5/2007	
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)			22d. ILLINOIS LICENSE NUMBER	
Arthur Peterson MD			036-112437	
23a. BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. CEMETERY OR CREMATORY—NAME	23c. LOCATION CITY OR TOWN STATE	23d. DATE (MONTH, DAY, YEAR)	
Burial	Memorial Park	Skokie, Illinois	Dec. 6, 2007	
24a. FUNERAL HOME NAME		24b. STREET AND NUMBER OR R.F.D.	24c. CITY OR TOWN STATE ZIP	
Donnellan Family Funeral Services, 10045 Skokie Blvd, Skokie, Illinois 60077				
25a. FUNERAL DIRECTOR'S SIGNATURE		25b. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
<i>Jennifer Olson</i>		034-011866		
26a. LOCAL REGISTRAR'S SIGNATURE		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
<i>David Orr</i>		DEC 05 2007		