# UNOFFICIAL COPY

#### **AFFIDAVIT**

**DATE:** August 5, 2009

**DECEDENT: Patricia A. Bermes** 

EDWARD W. BERMES, JR., hereinafter referred to as the Affiant, deposes and states as follows:

Doc#: 0922529061 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Regorder of Deeds

Date: 08/13/2009 01:19 PM Pg: 1 of 3

1. The Affiant, EDWARD W. BERMES, JR.,

currently resides at 1907 Sunnyside Circle, Northbrook, Illinois 60062, and is the Husband of the Decedent, Patricia & Bermes.

- 2. That Paricia A. Bermes died on June 25, 2009. Attached hereto is a copy of her death certificate.
- 3. That at the time of Patricia A. Bermes' death, she was the Trustee of a certain Trust known as the Patricia A. Bermes Trust Agreement Dated April 20, 2000, which was the owner of record of certain property commonly known as 1907 Sunnyside Circle, Northbrook, Illinois 60062, which is legally described as follows:

LOT 50 IN SUNSET FIELDS UNIT NO 4 BEING A SUBDIVISION IN THE NORTH WEST QUARTER OF SECTION 16, TOWNSHIP 42 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED NOVEMBER 25, 1964 AS DGCUMENT 19314548, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number(s): 04-16-112-020-0000
Address(es) of Real Estate: 1907 Sunnyside Circle, Northbrook, IL 60%62

- 4. The Trust is current in full force and effect. EDWARD W. BERMES, JR. is the Successor Trustee under the Trust Agreement.
- 5. That any Illinois Inheritance Taxes and Federal Estate Taxes, if any, that are due and payable from the Estate of Patricia A. Bermes as a result of her death, have been paid in full.
- 6. That EDWARD W. BERMES, JR. makes this Affidavit to spread Patricia A. Bermes' death of record.

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FURTHER AFFIANT SAYETH NOT.

EDWARD W. BERMES, JR.

SUBSCRIBED AND SWORN to before me this 5th day of Avgust, 2009

PUBLIC OF COOK COUNTY CLERK'S OFFICE

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### **UNOFFICIAL COPY**

### CHIMACOUNTY OF THE THE COLD

#### CHICAGO, ILLINOIS

### **MEDICAL CERTIFICATE OF DEATH**

DECEDENT'S LEGAL NAME PATRICIA ANNE BERMES								SEX FEMALE	DATE OF DEATH JUNE 25, 2009			
COUNTY OF DEATH COOK	THDAY	DATE OF BIRTH MAY 06, 1935										
CITY OR TOWN GLENVIEW PLACE OF DEATH		i			SPITAL OR OTH			NAME				
EMERGENCY ROOM												
OAK PARK, IL	SECURITY NU -26-5238					ATH SURVIVING SPOUSE'S NAME EDWARD BERMES				EVER IN U.S. ARME FORCES? NO		
RESIDENCE 1907 SUNNYSIDE CII			APT. NO,	O, CITY OR TOWN NORTHBROOK			ĸ	1			INSIDE CITY LIMITS? YES	
COOK COOK		P CODE G0062	FATHER'S NAME JOHN SKOKAN			MOTHER'S NAME PRIOR TO FIRST MARRIAGE GURTRUDE GORSKI						
INFORMANT'S NAME EDWARD BERMES			HUSBAND 1907				ING ADDRESS 07 SUNNYSIDE CIRCLE, NORTHBROOK, IL, 60062					
METHOD OF DISPOSITION CREMATION	REMATION K&S					ľ	LOCATION - CITY OR TOWN AND STATE HIGHLAND PARK, IL			DATE OF DISPOSITION JULY 01, 2009		
FUNERAL HOME N.H. SCOTT & HANE!		WAUKEG/	N ROAΓ, G	LENVIEW	/, IL, 60025							
FUNERAL DIRECTOR'S NAME ELIZABETH WALLER						FUNERAL DIRE 03401599				LINOIS LIC	CENSE NUMBER	R
LOCAL REGISTRAR'S NAME DAVID ORR	7	,	DATE FILED WITH LOCAL REGISTRAR JUNE 29, 2009					-				
CAUSE OF DEATH PAI	RTI. CARDIA( a.	CARREST			C			1.4	í Les I	Ď H		
(Final disease or condition resulting in death)	b. CORON/	ARY ARTER	Y DISEASE	Due to (or as a ci	onsequer	<i>.</i>			XIMAT	ND DEA		
							×,		. % ₹	ONSET AN		
	<b>c</b> . "	Due to (or as a consequence of): C.						).	N.	NO		
DART II Enter other significant	ditions sont	- to do	[	Due to (or as a co	onsequence of):	<u> </u>		6	_			
PART II. Enter olher significant	conditions comm	buting to use	ith but not result	ling in the und	terlying cause gr	iven in	PART.I.		<u>:                                      </u>		FORMED? NO	)
DID TOBACCO USE CONTRIBU	STATUS				CCM	L'LETE C	AUSE OF E	NGS USED TO DEATH? N/A				
NO DATE OF INJURY		LAST YEAR	ST YEAR NA									
OCATION OF INJURY		- 100	OF INJURY	FEAU	E OF INJURY					1/2	INJURY AT V	NORK
		<u> </u>	<u> </u>				-			(	9	<del></del> -
DESCRIBE HOW INJURY OCCU							<del></del>	:	IF TR	ANSPORT/	ATION INJURY,	SPECI
ATTEND THE DECEASED? YES	DATE LAST SE MARCH 2		WAS MED CORONEI	DICAL EXAMIN	VER OR ED? YES	- :	DATE PR	ONOUNCED	<u> </u>		TIME OF DEAT 08:45 PM	
ERTIFIER PHYSICIAN			12.0				<u></u>			CERTIFIE JNE 28, 2	D :	
IAME, ADDRESS AND ZIP CODI	* <u>***</u>	260		Account to the				2.1				



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



