Notice of Probate and Release of Estate NOFFICIAL COPY Interest in Real Estate (Rev. 4/26/99) CCP 0421

NOTICE OF PROBATE UNDER SUPERVISED OR INDEPENDENT ADMINISTRATION



Doc#: 1004156004 Fee: \$44.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 02/10/2010 11:24 AM Pg: 1 of 5

(The Above Space For Recorder's Use Only) Decedent of 5858 N. Sheriden Rd., Unit 204, Chicago, IL 60660, died on April 29th 2009 (ad Iress) owning the following described real estate: (INSERT OR ATTACH LEGAL DESCRIPTION. If decedent had a partial interest, state the extent of the interest.) 14-05-102-041-1005 Permanent Real Estate Index No.: The street address of the real estate is: 5858 N. Sheridan Road, Unit 204, Chicago, IL 60660 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.) Address Share Name 3021 Castle Street, Los Angeles, CA 93039 3003 BARRY C. WIENER 100 Representative(s) BARRY C. WIENER Print or type name(s) of Representative(s)) Address(s): 3021 Castle Street State of Los Angeles, CA 90039-3003 County of day of Acknowledged before me this *a duly authorized officer of corporation, on behalf of the corporation. This instrument was prepared by and should be mailed to: ALAN J. BERNICK 512 W. Burlington Ave., Ste 105, LaGerange, IL 60525* Send subsequent tax bills to: BARRY C. WIENER 3021 Castle Street, Los Angeles, CA 90039-3003

^{*}Use only for a corporate acknowledgment.

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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California	1
County of LOS Appelles	
on 1/3/10 before me, Salvery C. U	mouth 100 Ruenois 17 tax
Date Rock Line	Here Insert Name and Title of the Officer
personally appeared Dayry C. O	Name(s) of Signer(s)
SAMANTHA LE POEPPING Commission / 1831466 Notary Public - California Los Angeles County My Comm. Expires Jan 16, 2015	who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(e) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
0	true and correct.
4	WITNESS my hand and official solal.
Place Notary Seal Above	Signature AMAMA
OP1	TION/AL SIGNAL S
Though the information below is not required by law, and could prevent fraudulent removal and r	it may prove ve upble to persons relying on the document eatlachment of this form to another document.
Description of Attached Document	70
Title or Type of Document: 1000 +c	2 Robate
Document Date: 2(3//D	Number of Pages:
Signer(s) Other Than Named Above:	
Capacity(ies) Claimed by Signer(s)	O _{/Sc}
Signer's Name: Individual Corporate Officer — Title(s): Partner — Limited General Attorney in Fact Trustee Guardian or Conservator Other:	☐ Individual ☐ Corporate Officer — Title(s): ☐ Partner — ☐ Limited ☐ General ☐ Attorney in Fact ☐ OF SIGNER
Signer Is Representing:	Signer Is Representing:

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EXHIBIT A

NOTICE OF PROBATE ESTATE OF PAUL B. WIENER, DECEASED

Permanent Rea Estate Index Number: 14-05-402-041-1005

Decedent's Interest in this Real Estate (if other than total): Total

Legal Description of the Real Estate.

Unit 204 together with its undivided percentage interest in the common elements in the 5858 Shore Manor Condominium as delineated in the Declaration recorded as Document Number 25298792, as amended, in the Southeast grarter of Section 5, Township 40 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois

Common Address: 5858 N. Sheridan Road, Unit 204, Chicago, IL 60660 hit Clark's Office

Permanent Tax Index Number: 14-05-402-041-1005

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DATE ISSUED

CERTIFICATION OF DEATH RECORD

CITY OF CHICAGO OFFICE OF VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2009 0016376

DECEDENT'S LEGAL NAME PAUL BRAM WIENER							SEX MALE	DATE OF DEA APRIL 29		
COUNTY OF DEATH COOK			E AT LAST BIRTHDAY			DATE OF B	IRTH MBER 31, 195)		
CITY OF TOWN CHICAGO				HOSPITAL OF WEISS N		ISTITUTION AL HOSPI				
PLACE OF DEATH INPATIENT										
BIRTHPLACE CHICAGO, IL		SECURITY NO 1-44-3833		TATUS AT TIME O MARRIED	F DEATH	SURVIVING	SPOUSE'S NAME		EVER IN U.S. ARMED FORCES? NO	
RESIDENCE 5858 NORTH SHERIDA	N	en e		r. no. 04	CITY OR CHIC	100			INSIDE CITY LIMITS? YES	
COOK	TAR.	ZIP CODE 60660	FATHER'S NAME LOUIS WIE	NER			MOTHER'S NAI ANN LIPN	ME PRIOR TO FI	AST MARRIAGE	
INFORMANT'S NAME BARRY WIENER			RELATIONSHIP BROTHER			LING ADDRE 21 CASTL	SS E STREET, LOS	ANGELES, CA	A, 900 3 9	
METHOD OF DISPOSITION	,		DISPOSITION AWN CEMETER	DV		LOCATION - CITY OR TOWN AND STATE NORRIDGE, IL.			DATE OF DISPOSITION MAY 01, 2009	
BURIAL FUNERAL HOME		V 5011	TANN CEMETE	n i	1 10	- COLIDGE	_, (L	I IANY	1 01, 2000	
CHICAGO JEWISH FUN	NERALS,	195 N BUF	ALJ GROVE R	OAD, BUFFAI	O GRO	/E, IL, 60		سينشند بي		
FUNERAL DIRECTORS NAME JEREMY ALEC SEAVE	R						034016175		LICENSE NUMBER	
LOCAL REGISTRAR'S NAME TERRY MASON MD					, v		DATE FILED WI APRIL 30,	- 4 No. 20 Pt	STRAR	
CAUSE OF DEATH PART	LUNG	CANCER						鱼里		
MMEDIATE CAUSE (Final disease or condition	a. 		- Post		- 481			MATÉ STWEEN DEATH		
resulting in death)	b.		Due	to (or as a consequenc	e oi).			APPROX-M NTEHVAL BE ONSET AND E		
				to (or as a consequence	9					
PART II. Enter other significant c	onditions co	ntributing to c	ieath but not resulting	in the underlying	cause given	in PAI.	WA	S AN AUTOPSY	PERFORMED? NO	
									NDINGS USED TO OF DEATH? N/A	
DID TOBACCO COL CONTRIGOTE TO DEATH						NNER OF DEATH ATURAL	the second of the second			
DATE OF INJURY		TIME	OFINJURY	PLACE OF IN	JURY				INJURY AT WORKS	
LOCATION OF INJURY								10		
DESCRIBE HOW INJURY OCCUI	RED:				2.2			IF TRAINS	OFTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAS	T SEEN ALIVE		CAL EXAMINER OF	NO	DATE	PRONOUNCED	+ 	TIME OF DEATH 12:15 AM	
CERTIFIER PHYSICIAN				21 S.E.				DATE CEF APRIL	TIFIED . 30, 2009	
NAME, ADDRESS AND ZIP COD AMIN, SANJAY, 608 P	E OF PERSO	N COMPLETIN	IG CAUSE OF DEATH PLAINES, ILLING	1 OIS, 60016				1	CIAN'S LICENSE NUMBER 6087155	

This is to certify that this is a true and correct abstract from the official record filed with the Chicago Department of Public Health.



Terry Mason, M.D

This copy not valid unless displaying raised seals and registrar signature.

ANY ALTERATION OF ERASIDE VOIDS THIS CERTIFICATE



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LETTERS OF OFFICE-DECEDENT'S ESTATE

(Rev. 12/23/03) CCP 0415

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

COUNTY DEPARTMENT, PROBATE DIVISION

Estate of PAUL B. WIENER No. 2009 P 003768

LETTERS OF OFFICE - DECEDENT'S ESTATE

BARRY C. WIEN	ER	has been appointed
ndependent	Executor	of the estate of
PAUL B. WIEN	ER OF	, deceased,
	/ /	horized to to take possession of and collect the
state of the decedent a	nd to do all acts required by lan.	
LS	WITNLSS,	June 26, 2009
	2	Dorothy Brown
		Clerk of the Circuit Court
		Tis
	CERTIFICATE	150
I certify t	hat this is a copy of the letters of office now in for	rce in this estate.
	WITNESS	June 26, 2009
jmt		Clerk of Court
		URT OF COOK COUNTY, ILLINOIS