

# UNOFFICIAL COPY

STATE OF ILLINOIS        )  
                                  ) SS  
COUNTY OF Cook        )



Doc#: 1019646006 Fee: \$44.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 07/15/2010 09:51 AM Pg: 1 of 5

## AFFIDAVIT - DEATH OF TRUSTMAKER        AND BENEFICIARY

RONALD BURNSON and BRIAN R. WHEELER, of legal age, being first duly sworn, depose and say:

1. That DELORES M. WHEELER and ROBERT D. WHEELER executed a Deed in Trust on February 4, 1992 which conveyed his interest in the following real estate:

UNIT 15721 1-N IN ORLAND GOLF VIEW CONDOMINIUM AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE: PART OF THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 14, TOWNSHIP 36 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN; AND CERTAIN LOTS IN ORLAND GOLF VIEW CONDOMINIUM SUBDIVISION OF PART OF THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 14, TOWNSHIP 36 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT NUMBER 25-183572 ON OCTOBER 10, 1979, AS AMENDED FROM TIME TO TIME TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

Common address: 15721 Brassie Court, Orland Park Illinois  
Permanent Real Estate Index Number: 27-14-402-024-1057

2. That ROBERT D. WHEELER and DELORES M. WHEELER conveyed their interest in the aforementioned property to the following:

ROBERT D. WHEELER or DELORES M. WHEELER, Trustee, or their successors in trust, under the ROBERT D. WHEELER LIVING TRUST, dated February 4, 1992, and any amendments thereto, of 15721 Brassie Ct., Orland Park, Illinois, as to an undivided 50% interest; and to:

DELORES M. WHEELER or ROBERT D. WHEELER, Trustee, or their successors in trust, under the DELORES M. WHEELER LIVING TRUST, dated February 4, 1992, and any amendments thereto, of 15721 Brassie Ct., Orland Park, Illinois, as to an undivided 50% interest;

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3. DELORES M. WHEELER died on January 16, 2009 and a certified death certificate was previously recorded.
4. Upon the death of DELORES M. WHEELER, her interest was conveyed to ROBERT D. WHEELER, BRIAN R. WHEELER and RONALD BURNSON, as Trustees under the DELORES M. WHEELER FAMILY TRUST, dated February 4, 1992, as to an undivided 50% interest;
5. That ROBERT D. WHEELER was the Trustmaker and Co-Trustee of the ROBERT D. WHEELER LIVING TRUST dated February 4, 1992;
6. That the date of death of ROBERT D. WHEELER was May 16, 2010; a certified death certificate is attached;
7. That the successor trustees of the DELORES M. WHEELER LIVING TRUST dated February 4, 1992 are ROBERT D. WHEELER, RONALD BURNSON and BRIAN R. WHEELER;
8. That the successor trustees of the ROBERT D. WHEELER LIVING TRUST dated February 4, 1992 are RONALD BURNSON and BRIAN R. WHEELER;
9. That ROBERT D. WHEELER was the husband of DELORES M. WHEELER;
10. That BRIAN R. WHEELER was the son of DELORES M. WHEELER;
11. That RONALD BURNSON was the son-in-law of DELORES M. WHEELER;
12. That according to Article Seventeen, Section 3. of the aforementioned trusts, the successor Trustee has the following powers with regard to the real estate:

t. Real Estate Powers

My Trustee may purchase, sell, transfer, exchange or otherwise acquire or dispose of any real estate.

My Trustee may make leases and grant options to lease for any term, even though the term may extend beyond the termination of any trust created under this agreement.

My Trustee may grant or release easements and other interests with respect to real estate, enter into party wall agreements, execute estoppel certificates, and develop and subdivide any real estate.

My Trustee may dedicate parks, streets, and alleys or vacate any street or alley, and may construct, repair, alter, remodel, demolish, or abandon improvements.

My Trustee may elect to insure, as it deems advisable, all actions contemplated by this subsection.

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My Trustee may take any other action reasonably necessary for the preservation of real estate and fixtures comprising a part of the trust property or the income therefrom.

v. Sale, Lease, and Other Dispositive Powers

My Trustee may sell, lease, transfer, exchange, grant options with respect to, or otherwise dispose of the trust property.

My Trustee may deal with the trust property at such time or times, for such purposes, for such considerations and upon such terms, credits, and conditions, and for such periods of time, whether ending before or after the term of any trust created under this agreement, as it deems advisable.

My Trustee may make such contracts, deeds, leases, and any other instruments it deems proper under the immediate circumstances, and may deal with the trust property in all other ways in which a natural person could deal with his or her property.

Date: 7/8/2010

*Brian R. Wheeler*

BRIAN R. WHEELER

State of Illinois

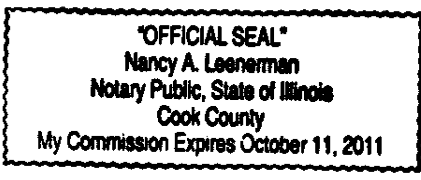
County of Cook, ss.

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that BRIAN R. WHEELER, personally known to me to be the same person whose name is 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, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and official seal, this 8th day of July, 2010.

Commission expires \_\_\_\_\_, 20\_\_\_\_

*Nancy A. Leenerman*  
NOTARY PUBLIC



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Date: 7/9/10

Ronald Burnson  
RONALD BURNSON

State of Illinois  
County of Cook, ss.

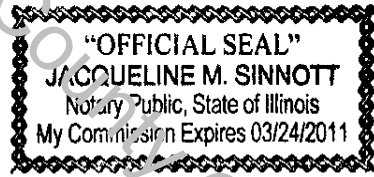
I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that RONALD BURNSON, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered the said instrument as his free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and official seal, this 9<sup>th</sup> day of July, 2010.

Commission expires 3/24/2011, 2011  
Jacqueline Sinnott  
NOTARY PUBLIC

**PREPARED BY AND MAIL TO:**

Stephen Sutera  
4927 West 95th Street  
Oak Lawn IL 60453-2503  
(708)857-7255



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## CERTIFICATE OF DEATH RECORD

### CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2010 0037132

DATE ISSUED 05/24/2010

|   |                                      |   |  |  |   |
|---|--------------------------------------|---|--|--|---|
| DECEDENT'S LEGAL NAME<br>ROBERT D WHEELER   |                                      |   | SEX<br>MALE  | DATE OF DEATH<br>MAY 16, 2010                              |   |
| COUNTY OF DEATH<br>COOK   |                                      | AGE AT LAST BIRTHDAY<br>80 YEARS              |  | DATE OF BIRTH<br>SEPTEMBER 11, 1929                        |   |
| CITY OR TOWN<br>PALOS HEIGHTS   |                                      |   | HOSPITAL OR OTHER INSTITUTION NAME<br>PALOS COMMUNITY HOSPITAL |  |   |
| PLACE OF DEATH<br>INPATIENT   |                                      |   |  |  |   |
| BIRTHPLACE<br>CHICAGO, IL   |                                      | SOCIAL SECURITY NUMBER<br>[REDACTED]-3137     | MARITAL STATUS AT TIME OF DEATH<br>WIDOWED                     |  | EVER IN U.S. ARMED FORCES? YES                        |
| RESIDENCE<br>15721 BRASSIE CT   |                                      |   | APT. NO.   | CITY OR TOWN<br>ORLAND PARK                                | INSIDE CITY LIMITS?<br>YES                            |
| COUNTY<br>COOK  | STATE<br>IL                          | ZIP CODE<br>60462                             | FATHER'S NAME<br>JOHN WHEELER                                  |  | MOTHER'S NAME PRIOR TO FIRST MARRIAGE<br>MARIE CAIRNS |
| INFORMANT'S NAME<br>KATHY BURNSON   |                                      | RELATIONSHIP<br>DAUGHTER                      |  | MAILING ADDRESS<br>15636 SIERRA DR, OAK FOREST, IL, 60452  |   |
| METHOD OF DISPOSITION<br>BURIAL   |                                      | PLACE OF DISPOSITION<br>GOOD SHEPARD CEMETERY |  | LOCATION - CITY OR TOWN AND STATE<br>ORLAND PARK, IL       | DATE OF DISPOSITION<br>MAY 20, 2010                   |
| FUNERAL HOME<br>MCKENZIE FUNERAL HOME LTD, 15618 S CICERO AVE, OAK FOREST, IL, 60452  |                                      |   |  |  |   |
| FUNERAL DIRECTOR'S NAME<br>MCKENZIE, ROBERT   |                                      |   |  | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER<br>034010643    |   |
| LOCAL REGISTRAR'S NAME<br>DAVID ORR   |                                      |   |  | DATE FILED WITH LOCAL REGISTRAR<br>MAY 20, 2010            |   |
| CAUSE OF DEATH PART I: LYMPHOMA   |                                      |   |  |  |   |
| IMMEDIATE CAUSE<br>(Final disease or condition resulting in death)  |                                      | a. _____<br>Due to (or as a consequence of):  |  |  | WEEKS   |
|   |                                      | b. _____<br>Due to (or as a consequence of):  |  |  |   |
|   |                                      | c. _____<br>Due to (or as a consequence of):  |  |  |   |
|   |                                      | Due to (or as a consequence of):              |  |  |   |
| PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.<br>CHRONIC LYMPHOCYTIC LEUKEMIA |                                      |   |  | WAS AN AUTOPSY PERFORMED? NO                               |   |
|   |                                      |   |  | WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A |   |
| DID TOBACCO USE CONTRIBUTE TO DEATH?  |                                      | FEMALE PREGNANCY STATUS<br>NOT APPLICABLE     |  | MANNER OF DEATH<br>NATURAL                                 |   |
| DATE OF INJURY  |                                      | TIME OF INJURY                                | PLACE OF INJURY  |  | INJURY AT WORK?                                       |
| LOCATION OF INJURY  |                                      |   |  |  |   |
| DESCRIBE HOW INJURY OCCURRED:   |                                      |   |  |  | IF TRANSPORTATION INJURY, SPECIFY:                    |
| ATTEND THE DECEASED?<br>YES   | DATE LAST SEEN ALIVE<br>MAY 16, 2010 | WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO |  | DATE PRONOUNCED  | TIME OF DEATH<br>09:30 PM                             |
| CERTIFIER<br>PHYSICIAN  |                                      |   |  |  | DATE CERTIFIED<br>MAY 18, 2010                        |
| NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH<br>MICHAEL LYNCH, 15300 WISE AVE, ORLAND PARK, ILLINOIS, 60463                                       |                                      |   |  |  | PHYSICIAN'S LICENSE NUMBER<br>036064592               |



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

*David Orr*  
David Orr  
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE