

# UNOFFICIAL COPY

## DECEASED TRUSTEE'S AFFIDAVIT



Doc#: 1034955033 Fee: \$38.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 12/15/2010 02:28 PM Pg: 1 of 2

STATE OF ILLINOIS     )  
                                  )SS  
COUNTY OF COOK     )

JANINE L. ADAMSKI, CRAIG A. WENTE and LORI A. SALOMONE, being duly sworn states that they are the children of Virginia L. Wente, who resided at 1337 E. Carpenter, Palatine, Illinois 60074. That they were acquainted with VIRGINIA L. WENTE, deceased who, at the time of her death, was the Trustee of the Virginia L. Wente Trust dated September 18, 2001, the owner of the land in the County of Cook, State of Illinois, described as:

Lot 111 in Virginia Lake Subdivision Unit Number 2, being a subdivision of part of the South 1/2 of Section 12, Township 42 North, Range 10 East of the Third Principal Meridian, in Cook County, Illinois.

Address of Property: 1337 E. Carpenter, Palatine, Illinois 60074

P.T.I.N. 09-12-408-014

That said trustee, Virginia L. Wente died November 18, 2010, a certified copy of the death certificate of the deceased attached hereto.

Affiant makes this affidavit for that purpose of inducing a land title insurance company to issue its Title Insurance Policy, describing the above-mentioned property, naming JANINE L. ADAMSKI, CRAIG A. WENTE and LORI A. SALOMONE as the Successor Trustees of said Trust..

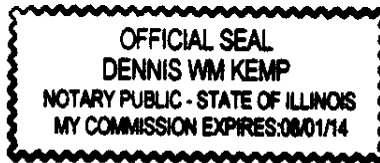
\_\_\_\_\_  
JANINE L. ADAMSKI

\_\_\_\_\_  
CRAIG A. WENTE

\_\_\_\_\_  
LORI A. SALOMONE

Subscribed and Sworn to  
before me this 13<sup>th</sup> day  
of December, 2010.

\_\_\_\_\_  
NOTARY PUBLIC



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**CERTIFICATION OF DEATH RECORD**  
**UNOFFICIAL COPY**

**COOK COUNTY CLERK VITAL RECORDS**  
**CHICAGO, ILLINOIS**  
**MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2010 0083935

DATE ISSUED 12/10/2010

DECEDENT'S LEGAL NAME VIRGINIA L WENTE				SEX FEMALE	DATE OF DEATH NOVEMBER 18, 2010
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 80 YEARS	DATE OF BIRTH OCTOBER 20, 1930		
CITY OR TOWN ARLINGTON HEIGHTS			HOSPITAL OR OTHER INSTITUTION NAME NORTHWEST COMMUNITY HOSPITAL		
PLACE OF DEATH INPATIENT					
BIRTHPLACE ARLINGTON HEIGHTS, IL	SOCIAL SECURITY NUMBER [REDACTED] 3678	MARITAL STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE'S NAME		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 1337 E CARPENTER DRIVE		APT. NO.	CITY OR TOWN PALATINE		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60074	FATHER'S NAME EDWIN GOEBBERT		MOTHER'S NAME PRIOR TO FIRST MARRIAGE ANNA BUSSE
INFORMANT'S NAME CRAIG A WENTE		RELATIONSHIP SON	MAILING ADDRESS 700 S OLD RAND ROAD, LAKE ZURICH, IL, 60047		
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION MEMORY GARDENS CEMETERY	LOCATION - CITY OR TOWN AND STATE ARLINGTON HEIGHTS, IL	DATE OF DISPOSITION NOVEMBER 22, 2010	
FUNERAL HOME AHLGRIM FAMILY FUNERAL SERVICES, 201 NORTH NORTHWEST HIGHWAY, PALATINE, IL, 60067					
FUNERAL DIRECTOR'S NAME ROGER D AHLGRIM				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034009946	
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR NOVEMBER 19, 2010	
<b>CAUSE OF DEATH</b> PART I. CONGESTIVE HEART FAILURE					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	Due to (or as a consequence of)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS
		b.	MYOCARDIAL INFARCTION		2 WEEKS
		c.	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.				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 NOT APPLICABLE		MANNER OF DEATH 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? YES	DATE LAST SEEN ALIVE NOVEMBER 18, 2010	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 11:00 PM
CERTIFIER PHYSICIAN				DATE CERTIFIED NOVEMBER 19, 2010	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. PATRICIA STRINGER, 1606 N ARLINGTON HEIGHTS ROAD, ARLINGTON HEIGHTS, ILLINOIS, 60004				PHYSICIAN'S LICENSE NUMBER 036074337	

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

*David Orr*  
 David Orr  
 Cook County Clerk



**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE FACILE SECURITY HOLOGRAPHIC FOLDS AT BOTTOM