

# UNOFFICIAL COPY

STATE OF ILLINOIS     )  
                                  ) SS  
COUNTY OF COOK     )



Doc#: 1100546023 Fee: \$42.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 01/05/2011 09:57 AM Pg: 1 of 4

## AFFIDAVIT - DEATH OF TRUSTMAKER AND BENEFICIARY

JAMES C. TRACY, of legal age, being first duly sworn, deposes and says:

1. That JAMES A. TRACY, the decedent mentioned in the attached certified copy of Certificate of Death, executed a Deed in Trust on October 9, 1998 which conveyed his interest in the following real estate:

UNIT 87 & 87G AS DELINEATED ON SURVEY OF THE FOLLOWING DESCRIBED PARCEL OF REAL ESTATE (HEREINAFTER REFERRED TO AS "PARCEL"): LOT 3 IN PARKSHIRE ESTATES, BEING A RESUBDIVISION OF PART OF LOT 1 IN BARTHOLOMEO AND MILORD SUBDIVISION OF PART OF SECTION 10, TOWNSHIP 37 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO DECLARATION OF CONDOMINIUM FOR PARKSHIRE ESTATES CONDOMINIUM NUMBER 5, RECORDED IN THE OFFICE OF RECORDER OF COOK COUNTY, ILLINOIS, AS DOCUMENT NUMBER 20452231, TOGETHER WITH THE RESPECTIVE UNDIVIDED INTERESTS IN THE COMMON ELEMENTS OF SAID PARCEL APPERTAINING TO SAID UNITS, AS DEFINED AND SET FORTH IN SAID DECLARATION, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 24-10-225-027-1007

Address of Property: 4105 West 98<sup>th</sup> Street, #250, Oak Lawn, IL 60453

2. That JAMES A. TRACY conveyed their interest in the aforementioned property to the following:

**JAMES A. TRACY, TRUSTEE OR HIS SUCCESSORS IN TRUST UNDER THE JAMES A. TRACY REVOCABLE LIVING TRUST DATED DECEMBER 2, 1992.**

3. That JAMES A. TRACY was the Trustmaker and Trustee of the JAMES A. TRACY LIVING TRUST dated DECEMBER 2, 1992;
4. That the date of death of JAMES A. TRACY was September 18, 2009;
5. That the successor trustee of the JAMES A. TRACY LIVING TRUST is JAMES C. TRACY.

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6. That JAMES C. TRACY was the son of JAMES A. TRACY;
7. That pursuant to the JAMES A. TRACY LIVING TRUST dated DECEMBER 2, 1992 JAMES C. TRACY is conveying the property as follows:

One-fourth to JAMES C. TRACY and CARYL A. TRACY, as joint tenants with rights of survivorship as tenants-in-common and as to a one-fourth interest with JOSEPH ROSSI and MARY THERESE ROSSI as joint tenants with rights of survivorship as tenants-in-common and as to the one-fourth interest with JAMES C. TRACY, trustee or his successors in trust for the JAMES A. TRACY revocable living trust dated December 2, 1992, for the benefit of WILLIAM A. TRACY under federal identification number 27-6410768 as tenants-in-common as to a one-fourth interest with JAMES C. TRACY, trustee or his successors in trust of the JAMES A. TRACY revocable Living Trust dated December 2, 1992, for the benefit of DANIEL TRACY under federal identification number 27-6410842.

8. That the trustee has the following powers:

A. MANAGEMENT OF TRUST PROPERTY:

With respect to property governed by any trust created this agreement, except as otherwise specifically provided in this trust, the trustee(s) shall have all the rights, powers and authority to deal with and manage the assets of this trust that an individual owner would have if there was no trust and the trustee(s) were acting as legally competent individual(s) dealing with their own property. This includes, but is by no means limited to the right to borrow against or pledge any of the trust assets, including the right to borrow against or pledge any of the trust assets, including the right to mortgage real estate and margin stocks or other securities owned by the trustee(s). This includes all powers now or hereafter conferred upon trustee(s) by applicable state law, and also those powers appropriate to the orderly and effective administration of the trust. Any expenditure involved in the exercise of the trustee(s)' powers shall be borne by the trust.

Trustee(s)' powers shall include, but shall not be limited to, the following powers:

1. To sell, convey, pledge, mortgage, lease, manage, operate, control, transfer, title, divide, convert or allot the trust property, including real and personal property, and to sell upon deferred payments; to lease for terms within or extending beyond the duration of the trust for any purpose; to enter into covenants and agreements relating to the property so leased or any improvements which may be erected on such property.

25. After the death of the grantor, upon any division or partial or final distribution of the trust estate, the trustee(s) shall have the power to partition, allot and distribute the trust estate in undivided interests or in kind, or partly in money and partly in kind, at valuations determined by the trustee(s), and to sell such property as the trustee(s) consider necessary to make such division or distribution. The trustee(s) may make non pro rata divisions between beneficiaries as long as the respective assets allocated to separate trusts or shares or the distributions to beneficiaries have equivalent or proportionate fair market value.

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Date: 11-23-10

James C. Tracy  
JAMES C. TRACY

State of Illinois  
County of \_\_\_\_\_, ss.

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that JAMES C. TRACY, 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 23th day of November, 2010.

Commission expires 2-8-2013, 2010

Delona J. Thurzo  
NOTARY PUBLIC

**PREPARED BY AND MAIL TO:**

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



**CERTIFICATION OF DEATH RECORD**

**UNOFFICIAL COPY**

**WILL COUNTY LOCAL REGISTRAR  
JOLIET, ILLINOIS  
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2009 0067957

DATE ISSUED 09/22/2009

DECEDENT'S LEGAL NAME <b>JAMES L TRACY</b>			SEX <b>MALE</b>	DATE OF DEATH <b>SEPTEMBER 18, 2009</b>		
COUNTY OF DEATH <b>WILL</b>		AGE AT LAST BIRTHDAY <b>79 YEARS</b>		DATE OF BIRTH <b>JUNE 10, 1930</b>		
CITY OR TOWN <b>HOMER GLEN</b>			HOSPITAL OR OTHER INSTITUTION NAME <b>17029 PINE VIEW DRIVE</b>			
PLACE OF DEATH <b>DECEDENT'S HOME</b>						
BIRTHPLACE <b>CHICAGO, IL</b>		SOCIAL SECURITY NUMBER <b>██████-3151</b>	MARITAL STATUS AT TIME OF DEATH <b>MARRIED</b>	SURVIVING SPOUSE'S NAME <b>RITA HAGER</b>	EVER IN U.S. ARMED FORCES? <b>YES</b>	
RESIDENCE <b>17029 PINE VIEW DRIVE</b>			APT. NO.	CITY OR TOWN <b>HOMER GLEN</b>	INSIDE CITY LIMITS? <b>YES</b>	
COUNTY <b>WILL</b>	STATE <b>IL</b>	ZIP CODE <b>60491</b>	FATHER'S NAME <b>JAMES TRACY</b>		MOTHER'S NAME PRIOR TO FIRST MARRIAGE <b>KATHRYN SHORT</b>	
INFORMANT'S NAME <b>RITA PAJAK-TRACY</b>		RELATIONSHIP <b>WIFE</b>		MAILING ADDRESS <b>17029 PINE VIEW DRIVE, HOMER GLEN, IL, 60491</b>		
METHOD OF DISPOSITION <b>BURIAL</b>		PLACE OF DISPOSITION <b>SAINT MARY CATHOLIC CEMETERY</b>		LOCATION - CITY OR TOWN AND STATE <b>EVERGREEN PARK, IL</b>	DATE OF DISPOSITION <b>SEPTEMBER 21, 2009</b>	
FUNERAL HOME <b>MODELL FUNERAL HOME/HOMER GLEN, 12611 W. 143RD ST, HOMER GLEN, IL, 60491</b>						
FUNERAL DIRECTOR'S NAME <b>RICHARD JAMES MODELSKI</b>				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034011510</b>		
LOCAL REGISTRAR'S NAME <b>JOHN J CICERO</b>				DATE FILED WITH LOCAL REGISTRAR <b>SEPTEMBER 21, 2009</b>		
<b>CAUSE OF DEATH</b> PART I. EMPHYSEMA						
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of):			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	<b>10 YEARS</b>
		b. _____ Due to (or as a consequence of):				
		c. _____ Due to (or as a consequence of):				
PART II. Enter other <b>significant conditions contributing to death</b> but not resulting in the underlying cause given in PART I.				WAS AN AUTOPSY PERFORMED? <b>NO</b>		
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <b>N/A</b>		
DID TOBACCO USE CONTRIBUTE TO DEATH? <b>YES</b>		FEMALE PREGNANCY STATUS <b>NOT APPLICABLE</b>		MANNER OF DEATH <b>NATURAL</b>		
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? <b>YES</b>	DATE LAST SEEN ALIVE <b>SEPTEMBER 17, 2009</b>	WAS MEDICAL EXAMINER OR CORONER CONTACTED? <b>YES</b>		DATE PRONOUNCED	TIME OF DEATH <b>03:35 AM</b>	
CERTIFIER <b>PHYSICIAN</b>				DATE CERTIFIED <b>SEPTEMBER 21, 2009</b>		
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH <b>MICHAEL HENNIFF, 13303 SOUTH RIDGELAND AVENUE, PALOS HEIGHTS, ILLINOIS, 60463</b>				PHYSICIAN'S LICENSE NUMBER <b>36081840</b>		

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.

*John J. Cicero, M.H.A.*  
John J. Cicero, M.H.A.  
Executive Director and Local Registrar  
Will County Health Department



**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**