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1104646029

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

Doc#: 1104646029 Fee: \$44.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 02/15/2011 02:22 PM Pg: 1 of 5

AFFIDAVIT - DEATH OF TRUSTMAKER AND BENEFICIARY

HELEN L. NOWICKI and JOHN GAJKOWSKI of legal age, being first duly sworn, depose and say:

1. That IRENE J. BOWMAN, the decedent mentioned in the attached certified copy of Certificate of Death and LYNDELL F. BOWMAN, the decedent mentioned in the attached certified copy of Certificate of Death, executed a Quitclaim Deed on April 28, 1990 which conveyed their interest in the following real estate:

Lot 23 in Baltis Resubdivision of Lots 47, 48, and 49; Lots 52 to 57, both inclusive; Lots 60 to 79, both inclusive; Lots 82 to 102, both inclusive; Lots 201 to 227, both inclusive in George F. Nixon & Co's 2nd Civic Center Addition to Westchester in the West Half of the Southwest Quarter of Section 21, Township 39 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Real Estate Index Number: 15-21-306-055-0000
Address of Real Estate: 10265 Wight Street, Westchester, Illinois 60154

2. That IRENE J. BOWMAN and LYNDELL F. BOWMAN conveyed their interest in the aforementioned property to the following:

LYNDELL F. BOWMAN and IRENE J. BOWMAN, Trustees, or their successors in trust, under the LYNDELL F. BOWMAN LOVING TRUST, dated March 28, 1990, and any amendments thereto of 10265 Wight Street, Westchester, Illinois as to a 50% interest;

IRENE J. BOWMAN and LYNDELL F. BOWMAN, Trustees, or their successors in trust, under the IRENE J. BOWMAN LOVING TRUST, dated March 28, 1990, and any amendments thereto of 10265 Wight Street, Westchester, Illinois as to a 50% interest.

3. That LYNDELL F. BOWMAN was the Trustmaker and Co-Trustee of the LYNDELL F. BOWMAN LOVING® TRUST, dated March 28, 1990;

4. That the date of death of LYNDELL F. BOWMAN was October 10, 2001;

5. That IRENE J. BOWMAN and HELEN L. NOWICKI, successor Trustees of the LYNDELL F. BOWMAN Loving Trust conveyed his interest to his family trust.

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6. That IRENE J. BOWMAN was the Trustmaker and Co-Trustee of IRENE J. BOWMAN LOVING® TRUST, dated March 28, 1990;

7. That the date of death of IRENE J. BOWMAN was October 25, 2010;

8. That the successor trustees of the LYNDELL F. BOWMAN LOVING® TRUST, dated March 28, 1990, now known as the LYNDELL F. BOWMAN FAMILY TRUST, dated October 10, 2001 are JOHN GAJKOWSKI and HELEN L. NOWICKI.

9. That IRENE J. BOWMAN was the wife of LYNDELL F. BOWMAN;

10. That the successor trustees of the IRENE J. BOWMAN LOVING TRUST are JOHN GAJKOWSKI and HELEN L. NOWICKI.

11. That according to Article Seventeen, Section 3, of the aforementioned trust, the successor Trustee has the following powers with regard to the real estate:

t. Real Estate Powers

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.

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.

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Date: 12-1-10

Helen L. Nowicki
HELEN L. NOWICKI

State of Illinois
County of DuPage, ss.

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that HELEN L. NOWICKI, 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 she signed, sealed and delivered the said instrument as her 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 1st day of December, 20 10.

Commission expires July 13, 20 13 Ellen Pettigrew
NOTARY PUBLIC

Date: 12-1-2010
John Gajkowski
JOHN GAJKOWSKI

State of Illinois
County of DuPage, ss.



I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that JOHN GAJKOWSKI, 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 she signed, sealed and delivered the said instrument as her 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 1st day of December, 20 10.

Commission expires July 13, 20 13 Ellen Pettigrew
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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PROVIDO TOWNSHIP REGISTRAR

HILLSIDE, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2010 0077782

DATE ISSUED 10/28/2010

DECEDENT'S LEGAL NAME IRENE J BOWMAN			SEX FEMALE	DATE OF DEATH OCTOBER 25, 2010	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 95 YEARS		DATE OF BIRTH JANUARY 09, 1915	
CITY OR TOWN WESTCHESTER			HOSPITAL OR OTHER INSTITUTION NAME 10265 WIGHT		
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE CHICAGO, IL		SOCIAL SECURITY NUMBER [REDACTED] 3559	MARITAL STATUS AT TIME OF DEATH WIDOWED		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 10265 WIGHT			APT. NO.	CITY OR TOWN WESTCHESTER	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60154	FATHER'S NAME VINCENT MAJDECKI		MOTHER'S NAME PRIOR TO FIRST MARRIAGE ANGELA SRONSKI
INFORMANT'S NAME HELEN L NOWICKI		RELATIONSHIP SISTER		MAILING ADDRESS 10335 OXFORD, WESTCHESTER, IL, 60154	
METHOD OF DISPOSITION ENTOMBMENT		PLACE OF DISPOSITION QUEEN OF HEAVEN CATHOLIC CEMETERY		LOCATION - CITY OR TOWN AND STATE HILLSIDE, IL	DATE OF DISPOSITION OCTOBER 30, 2010
FUNERAL HOME HURSEN FUNERAL HOME, 4001 W. ROOSEVELT ROAD, HILLSIDE, IL, 60162					
FUNERAL DIRECTOR'S NAME ANTHONY A RAINIERO			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014434		
LOCAL REGISTRAR'S NAME WILLIAM J DAUGHERTY JR			DATE FILED WITH LOCAL REGISTRAR OCTOBER 28, 2010		
CAUSE OF DEATH PART I. PULMONARY EMBOLISM					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		b. Due to (or as a consequence of):			
		c. Due to (or as a consequence of):			
				Due to (or as a consequence of):	
PART II. Enter other significant conditions contributing to death 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 OCTOBER 14, 2010	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 05:00 AM
CERTIFIER PHYSICIAN				DATE CERTIFIED OCTOBER 27, 2010	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH KEN NELSON MD, 2434 WOLF ROAD, WESTCHESTER, ILLINOIS, 60154					PHYSICIAN'S LICENSE NUMBER 036067123

26347

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.

OCT 28 2010

TOWNSHIP CLERK



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DECEASED'S BIRTH NO.		REGISTRATION DISTRICT NO. <u>16.92</u>		STATE OF ILLINOIS				STATE FILE NUMBER	
		REGISTERED NUMBER <u>1256</u>		MEDICAL CERTIFICATE OF DEATH					
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED - NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)			
1.		<u>LYNELLE F. BOWMAN</u>		<u>2 MALE</u>		<u>3. OCTOBER 10, 2001</u>			
4. COUNTY OF DEATH		AGE - LAST BIRTHDAY (YRS)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)	
<u>4. COOK</u>		<u>5a. 88</u>		<u>5b.</u>		<u>5c.</u>		<u>5d. SEPTEMBER 22, 1913</u>	
6a. WESTCHESTER		6b. 10265 WIGHT		6c. N/A				IF HOSP. OR INST. INDICATE D.O.A. OR EMER. RM. INPATIENT (SPECIFY)	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)				9. NO	
<u>7. QUINCY, ILLINOIS</u>		<u>8a. MARRIED</u>		<u>8b. IRENE J. MAJDECKI</u>					
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)			
<u>10. [REDACTED]-3537</u>		<u>11a. TICKET AGENT</u>		<u>11b. BUS COMPANY</u>		<u>12. 12</u>			
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY			
<u>13a. 10265 WIGHT</u>		<u>13b. WESTCHESTER</u>		<u>13c. YES</u>		<u>13d. COOK</u>			
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)			
<u>13e. ILLINOIS</u>		<u>13f. 60154</u>		<u>14a. WHITE</u>		<u>14b. X NO</u>			
FATHER - NAME FIRST MIDDLE LAST		MOTHER - NAME FIRST MIDDLE LAST (MAIDEN) LAST		16. <u>ETHEL YORK</u>					
<u>15. CHARLES BOWMAN</u>		<u>16. ETHEL YORK</u>							
INFORMANT'S NAME (TYE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)					
<u>17a. IRENE BOWMAN</u>		<u>17b. SPOUSE</u>		<u>17c. 10265 WIGHT WESTCHESTER ILLINOIS 60154</u>					
18. PART I. Immediate Cause (Final disease or condition resulting in death)		Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		<u>(a) Pulmonary cancer</u>							
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		DUE TO, OR AS A CONSEQUENCE OF							
		<u>(b)</u>							
		<u>(c)</u>							
PART II. Other significant conditions contributing to death but not resulting in this underlying cause given in PART I.		DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
		<u>20a.</u>		<u>20b.</u>		<u>19a. NO</u>		<u>19b.</u>	
IF (DID/DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH					
<u>21a. 9/17/2001</u>		<u>21b. NO</u>		<u>21c. 8:10 A.M.</u>					
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR)		ILLINOIS LICENSE NUMBER					
<u>22a. [Signature]</u>		<u>22b. 10/10/2001</u>		<u>22d. 036084387</u>					
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.					
<u>22c. Wanda Wing M.D. 1325 Memorial Dr. Carlsburg, IL 60525</u>		<u>22d. [Signature]</u>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY - NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)			
<u>24a. ENTOMBMENT</u>		<u>24b. QUEEN OF HEAVEN</u>		<u>24c. HILLSIDE, ILLINOIS</u>		<u>24d. 10-13-01</u>			
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE		ZIP			
<u>25a. HURSEN FUNERAL HOME 4001 W. ROOSEVELT ROAD HILLSIDE ILLINOIS 60162</u>									
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
<u>25b. [Signature]</u>		<u>25c. 34-14434</u>		<u>26b. October 12, 2001</u>					
LOCAL REGISTRAR'S SIGNATURE		BROADVIEW ILLINOIS 60155							
<u>26a. [Signature]</u>									

26426

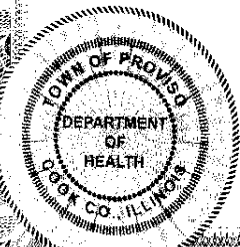
VR200 (Rev. 5-89)

Illinois Department of Public Health - Division of Vital Records

(BASED ON 1986 U.S. STANDARD CERTIFICATE)

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.

William J. Daugherty
TOWNSHIP CLERK



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE