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Doc#: 1104829106 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 02/17/2011 02:44 PM Pg: 1 of 4



Doc#: 1106113021 Fee: \$42.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 03/02/2011 01:33 PM Pg: 1 of 4

TRUSTEE'S DEED

MAIL TO:

Gene Hendricks
1114 W. Ardmore Ave., #2S
Chicago, Illinois 60660

SEND SUBSEQUENT TAX BILLS TO:

Gene Hendricks
1114 W. Ardmore Ave., #2S
Chicago, Illinois 60660

THE GRANTOR,

Ronald G. Pestine as Successor Trustee of the William A. Schaefer, Jr. Trust, dated December 29, 1997.

of the Village of Chicago, County of Cook, State of Illinois for the consideration of Ten and 00/XX----
---(\$10.00) DOLLARS, CONVEY(S) and QUIT CLAIM(S) to

Gene Hendricks, a single person
1114 W. Ardmore Ave., #2S
~~Bartlett~~, Illinois 60103
Chicago

all of Grantor's interest in the following described Real Estate situated in the County of Cook, in the State of Illinois, to wit:

PARCEL 1:

UNIT 21-102 IN AMMER RIDGE CONDOMINIUM AS DELINEATED ON A SURVEY OF PART OF LOT 1 IN AMMER RIDGE SUBDIVISION, BEING A SUBDIVISION OF PART OF THE NORTH WEST 1/4 OF SECTION 25, TOWNSHIP 42 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN ACCORDING TO THE PLAT THEREOF RECORDED IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT "C" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT 25380479 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS AS SET FORTH IN SAID DECLARATION.

PARCEL 2:

THE EXCLUSIVE RIGHT TO THE USE OF PARKING SPACE NO. G-21-B, A LIMITED COMMON ELEMENT AS DELINEATED ON THE SURVEY ATTACHED TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT 25380479.

Commonly known as: 2017 N. Ammer Ridge Court, Unit 102
Glenview, Illinois 60025

P.I.N.# 04-26-200-114-1098

*Re-Recording
due to change
above of "Bartlett"
should have been
"Chicago."*

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COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2011 0007749

DATE ISSUED 02/10/2011

DECEDENT'S LEGAL NAME WILLIAM A SCHAEFER			SEX MALE	DATE OF DEATH JANUARY 25, 2011	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 69 YEARS		DATE OF BIRTH APRIL 09, 1941	
CITY OR TOWN EVANSTON			HOSPITAL OR OTHER INSTITUTION NAME EVANSTON HOSPITAL		
PLACE OF DEATH INPATIENT					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 324-34-2069	MARITAL STATUS AT TIME OF DEATH NEVER MARRIED		SURVIVING SPOUSE'S NAME EVER IN U.S. ARMED FORCES? YES	
RESIDENCE 217 AMMER RIDGE COURT		APT. NO. 102	CITY OR TOWN GLENVIEW		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60025	FATHER'S NAME WILLIAM A SCHAEFER		MOTHER'S NAME PRIOR TO FIRST MARRIAGE MILDRED R JOERSCHKE
INFORMANT'S NAME GAIL STAPERT		RELATIONSHIP SISTER		MAILING ADDRESS 1837 OLD CIFAX ROAD, GOODE, VA, 24556	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION K & S CREMATORY		LOCATION - CITY OR TOWN AND STATE HIGHLAND PARK, IL	DATE OF DISPOSITION FEBRUARY 01, 2011
FUNERAL HOME KELLEY & SPALDING FUNERAL HOME, 178 DEERFIELD ROAD, HIGHLAND PARK, IL, 60035					
FUNERAL DIRECTOR'S NAME PATRICK F GRIFFIN JR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015076		
LOCAL REGISTRAR'S NAME EVONDA THOMAS			DATE FILED WITH LOCAL REGISTRAR FEBRUARY 1, 2011		
CAUSE OF DEATH PART I. INTRACEREBRAL HEMORRHAGE					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 25 HOURS	
		b. HYPERTENSION Due to (or as a consequence of)		UNKNOWN	
		c. _____ 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 JANUARY 24, 2011	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED
					TIME OF DEATH 09:30 AM
CERTIFIER PHYSICIAN				DATE CERTIFIED JANUARY 31, 2011	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. NOAM STADLAN, 9600 GROSS POINT ROAD, SKOKIE, ILLINOIS, 60076				PHYSICIAN'S LICENSE NUMBER 036091078	

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

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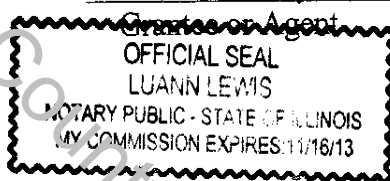
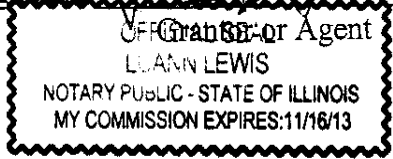
STATEMENT BY GRANTOR AND GRANTEE

The grantor or his agent affirms that, to the best of his knowledge, the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

The grantee or his agent affirms and verifies that the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

Date: 2/17/11 Date: 2/12/11

Signature: [Signature] Signature: [Signature]



Subscribed and Sworn to before me this 17th day of Feb, 2011.

Subscribed and Sworn to before me this 17th day of Feb, 2011.

[Signature]
Notary Public

[Signature]
Notary Public

NOTE: Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of a class C misdemeanor for the first offense and of a class A misdemeanor for subsequent offenses.

(Attach to deed or ABI to be recorded in Cook County, Illinois, if exempt under the provisions of Section 4 of the Illinois Real Estate Transfer Tax Act.)