

UNOFFICIAL COPY



Doc#: 1201849033 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 01/18/2012 02:04 PM Pg: 1 of 2

**DECEASED TRUSTEE'S
AFFIDAVIT**

STATE OF ILLINOIS)
)SS
COUNTY OF COOK)

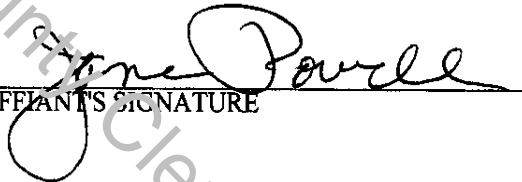
JANE POWELL, being duly sworn states that she resides at 1924 Spring Ridge, in the Village of Arlington Heights, Illinois. That she was acquainted with VIOLA T. DOUGLAS, deceased who, at the time of her death, was one of the Trustees of the Douglas Family Trust dated March 6, 1993, the owner of the land in the County of Cook, State of Illinois, described as:


Lot 2 in Flaska Resubdivision of the East ½ of the West ½ of Lot 8 in A.T. McIntosh and Company's Quintens Road Farm being a subdivision of the West 90 acres of the South West 1/4 of Section 22, Township 42 North, Range 10 East of the Third Principal Meridian, in Cook County, Illinois.

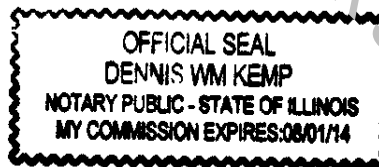
Address of Property: 711 West Gilbert, Palatine, Illinois 60067
P.T.I.N. 02-22-301-085

That said trustee, VIOLA T. DOUGLAS died November 21, 2011, 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 Jane Powell, as Successor Trustee per said Douglas Family Trust.


AFFIANT'S SIGNATURE

Subscribed and Sworn to
before me this 18th day
of January, 2012,

NOTARY PUBLIC



Prepared by: Dennis Wm. Kemp., One E. Northwest Hwy., Palatine, IL. 60067

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

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

STATE FILE NUMBER 2011-0087939

DATE ISSUED 11/29/2011

DECEDENT'S LEGAL NAME VIOLA DOUGLAS		SEX FEMALE	DATE OF DEATH NOVEMBER 21, 2011	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 82 YEARS	DATE OF BIRTH JULY 05, 1929		
CITY OR TOWN ROLLING MEADOWS		HOSPITAL OR OTHER INSTITUTION NAME MANORCARE AT ROLLING MEADOWS		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE MT PROSPECT, IL	SOCIAL SECURITY NUMBER 356-24-1721	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 711 WEST GILBERT ROAD	APT. NO.	CITY OR TOWN PALATINE	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60067	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION HERMAN THIES	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION WILHELMINA SCHROEDER
INFORMANT'S NAME JANE POWELL		RELATIONSHIP DAUGHTER	MAILING ADDRESS 1924 WEST SPRING RIDGE DRIVE, ARLINGTON HEIGHTS, IL 60004	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION RANDY HILL PARK CEMETERY	LOCATION - CITY OR TOWN AND STATE ARLINGTON HEIGHTS, IL	DATE OF DISPOSITION NOVEMBER 26, 2011	
FUNERAL HOME AHL GRIM FAMILY FUNERAL SERVICES, 201 NORTH NORTHWEST HIGHWAY, PALATINE, IL 60067				
FUNERAL DIRECTOR'S NAME KARL H. SCHARMAN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012256	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR NOVEMBER 29, 2011	
CAUSE OF DEATH	PART I	THYROID CANCER		
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.			3 MONTHS
	b.	Due to (or as a consequence of)		
	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
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 14, 2011	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 08:45 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED NOVEMBER 28, 2011	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR MICHAEL GLICKMAN, 1538 NORTH ARLINGTON HEIGHTS ROAD, ARLINGTON HEIGHTS, ILLINOIS, 60004			PHYSICIAN'S LICENSE NUMBER 036887869	

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



NOTE: FACILE SECURITY HOLOGRAPHIC FOILS AT BOTTOM