UNOFFICIAL

STATE OF ILLINOIS)SS. COUNTY OF COOK

1212229047 Fee: \$42.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 05/01/2012 11:24 AM Pg: 1 of 3

NOTICE

I, MICHAEL J. CORNFIELD,

hereby referred to as the affiant, states under oath that the affiant does hereby give notice of the death of CARL J. LEMMERMAN, on February 16, 2010; and that

at the time of death, the decedent was trustee of the Carl J. Lemmerman Trust dated June 19, 2000, which contained the following property by virtue of a properly recorded deed, deeding into trust said property located in Cook County, Illinois, and legally described as per the attached:

Address of Property: 6300 N. Sheridan Rd., Unit 301, Chicago, IL 60660 P.I.N. 14-05-202-019-1030

That the Carl J. Lemmerman Trust date. June 19, 2000, is in full force and effect, and that Bank of America is the currently acting Trustee pursuant to the tenns of the Trust Agreement;

That all funeral expenses have been paid, and there are no unpaid debts of the decedent.

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on February 16, 2010, as evidenced by a certified copy of his death certificate attached hereto, leaving a last will and testament;

That the Illinois Estate Tax and the Federal Estate Tax, if any was due from the decedent's estate has been paid in full.

That the affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc. to is ue its policy of title insurance on the above described property.

day of

Subscribed & Sworn to before me this

NOTARY PUBLIC

Affidavit prepared by and return to: McParland and Cornfield 6153 N. Milwaukee Avenue

Chicago, IL 60646

OFFICIAL SEAL PAMELA G. BETTI Notary Public, State of Illinois Ay Commission Expires 06/13/12

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LEGAL DESCRIPTION

Legal Description:

UNIT NUMBER '301', IN 6300 NORTH SHERIDAN ROAD CONDOMINIUM, AS DELINEATED ON THE SURVEY OF THE FOLLOWING DESCRIBED PARCEL OF REAL ESTATE (HEREINAFTER REFERRED TO AS 'PARCEL'):

LOTS 7 THROUGH 12, BOTH INCLUSIVE, IN BLOCK 2 IN COCHRAN'S SECOND ADDITION TO EDGEWATER, A SUBDIVISION OF THE EAST FRACTIONAL 1/2 OF SECTION 5, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPT THE WEST 1320 FEET OF THE SOUTH 1913 FEET THEREOF AND EXCEPT RAILROAD), IN COOK COUNTY, ILLINOIS;

WHICH SURVEY IS ATTACHED AS EXHIBIT 'A' TO THE DECLARATION OF CONDOMINIUM AND BY-LAWS FOR 6300 NORTH SHERIDAN ROAD CONDOMINIUM, MADE BY 6300 BUILDING CORPORATION, AN ILLINOIS CORPORATION AND RECORDED IN THE CFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS, AS DOCUMENT NUMBER 24259148, TOGETHER WITH AN UNDIVIDED '1.0312' PER CENT INTEREST IN SAID PARCEL (EXCEPTING TYA JD SUR

OF COUNTY CIEPTS OFFICE FROM SAID PARCEL ALL THE PROPERTY AND SPACE COMPRISING ALL THE UNITS THEREOF AS DEFINED AND SET FORTH IN SAID DECLARATION AND SURVEY), ALL IN COOK COUNTY, ILLINOIS.

Permanent Index Number:

Property ID: 14-05-202-019-1030

Property Address:

6300 N. Sheridan Rd. #301 Chicago, IL 60660

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CENTIFICATION OF LEATURED SAL

CHICAGO, ILLINOIS MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

ЬT	ATE FILE NUMBER 2010 001	6633	MEDI	CAL EXAM	INER'S CASE N	UMBE	R 216 FEB 1	0		DATI	E 1550ED 03/08/20	
1	DECEDENT'S LEGAL NAME CARL J LEMMERMAN SEX MALE									DATE OF DEATH FEBRUARY 16, 2010		
\vdash	COUNTY OF DEATH	AGE AT LAST BIRTHDAY				DATE OF B	<u> </u>					
L	COOK	87 YE	5					21, 1922				
	CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 6300 NORTH SHERIDAN ROAD									
1	LACE OF DEATH											
-	DECEDENT'S HOME	SOCIAL SECURIT	Y NUMBER MARITAL STATUS AT TIME OF DEATH SURVIVING SI					SPOUSE'S NA	ME		EVER IN U.S. ARMED	
	GERMANY		WIDOWED								FORCES? NO	
Γ	RESIDENCE 6300 NORTH SHER/ンハN	 ROAD			T. NO. 801	1	OR TOWN				INSIDE CITY LIMITS? YES	
	COUNTY STA							NAME PRIOR TO FIRST MARRIAGE A H MICHLER				
	INFORMANT'S NAME MICHAEL CORNFIELD	100						AILING ADDRESS 6153 NORTH MILWAUKEE AVENUE, CHICAGO, IL, 6064				
1	METHOD OF DISPOSITION		207 2101 00111011								DATE OF DISPOSITION	
1	CREMATION		OKEST CREMATORY				ROMEOVILLE, IL			MARCH 05, 2010		
	FUNERAL HOME CREMATION SOCIETY OF ILLINOIS - LAKE VIE W. 736 WEST ADDISON STREET, CHICAGO, IL, 60613											
	FUNERAL DIRECTOR'S NAME BROOKE ELISABETH BE						FUNERAL DIRECTOR'S ILLINOIS 034015594			CENSE NUMBER		
1	LOCAL REGISTRAR'S NAME DAVID ORR DATE FILED WITH L MARCH 5, 20										XAR	
	CAUSE OF DEATH PART I. HYPERTENSIVE CARDIOVASCULAR O'S FASE											
	IMMEDIATE CAUSE a. (Final disease or condition Due to for sea prosecution and processing and pr											
8	(Final disease or condition Due to (or as a consequence of): resulting in death) b.											
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):											
	Due to (or as a consequence (ii):											
				Due	to (or as a consequen	ce of):	1/		<u> </u>			
%	PART II. Enter other significant cond	ditions contributing	to death bu				iven in PAI T I.		WAS AN AL	JTOPSY PE	REORMED? NO	
											INGS USED TO DEATH? N/A	
	DID TOBACCO USE CONTRIBUTE T	O DEATH?	FEMALE PREGNANCY STATUS NOT APPLICABLE						MANNER OF DEATH			
	DATE OF INJURY		TIME OF INJ	IURY	PLACE OF IN	PLACE OF INJURY			<u></u>		INJURY AT WORK?	
1	LOCATION OF INJURY											
_	DESCRIBE HOW INJURY OCCURRED: IF TR									TRA, ISPC	TATION INJURY, SPECIFY	
	ATTEND THE DECEASED? DATE LAST SEEN		.IVÉ					DATE PRONOUNCED FEBRUARY 16, 2010			TIME OF DEATH 04:40 PM	
	CERTIFIER MEDICAL EXAMINER/CORONER								 	DATE CERTIFIED		
-		DATE LAST SEEN ALIVE WAS MEDICAL EXAMINER OR CORONER CONTACTED? DATE PRONOUNCED TIME OF DEATH 04:40 PM DATE CERTIFIED										
Ø.	NANCY L JONES MD, 21	21 W HARRIS	ON ST, C	HICAGO,	IL, 60612							



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



