



Doc#: 1216419041 Fee: \$64.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 06/12/2012 11:18 AM Pg: 1 of 3

STATE OF ILLINOIS)
) ss:
COOK COUNTY)

AFFIDAVIT OF SUCCESSOR
TRUSTEE

44904178

That, JOZEFA WIEKIERAK, being first duly sworn, according to law, deposes and says she is the Successor Trustee of The Wiekierak Living Trust UAD 06/27/07, and in such capacity further states as follows:

1. That the original Trustee, John Wiekierak is now deceased and thereby is no longer Trustee, having so died on 7/24/2008
2. That this **AFFIDAVIT** is being presented to the Cook County Auditor for filing with the Cook County Recorder, along with a copy of the Certificate of Death, as applicable, of said Original Trustee:
3. That there were no other prior trustees and the sole Successor Trustee is **AFFIANT**, whose address is 184 Poteet Avenue, Barrington, IL 60010;
4. That the said real property is located at 184 Poteet Avenue, Barrington, IL 60010, and further described as follows:

SEE ATTACHED EXHIBIT A

Prepared by: Jozefa Wiekierak
184 Poteet Ave
Barrington, IL 60010

Permanent Parcel Number 02-17-300-009-0000;

5. That this **AFFIDAVIT** is being given in support of a prior transfer of the subject real estate to the original Trustee as set forth in deed recorded in Document No. 0720609012, of the Cook County, Illinois Records; and

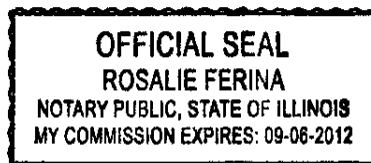
Further, **AFFIANT** sayeth naught.

Jozefa Wiekierak

Sworn before me, a Notary Public, by the aforesaid Jozefa Wiekierak this 25th day of April, 2012.

Rosalie Ferina
NOTARY PUBLIC

My commission expires: 9/6/2012



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STATE OF ILLINOIS CERTIFICATE OF DEATH

UNOFFICIAL COPY

REGISTRATION DISTRICT NO. 16.0		STATE FILE NUMBER	
LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) John - Wiekierak		2. SEX Male	3. DATE OF DEATH (Month/Day/Year) (Spell Month) July 24, 2008
4. COUNTY OF DEATH Cook	5a. AGE AT LAST BIRTHDAY (Years) 77	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____
7a. CITY OR TOWN Arlington Heights		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) Northwest Community Hospital	
7c. PLACE OF DEATH (Check only one: See instructions)		7d. PLACE OF DEATH (Check only one: See instructions)	
IF DEATH OCCURRED IN A HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____	
8. BIRTHPLACE (City and State or Foreign Country) Poland	9. SOCIAL SECURITY NUMBER 322-36-9500	10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) Josephine Smolen
12. EVER IN U.S. ARMED FORCES <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13a. RESIDENCE (Street and Number) 184 Poteet	
13b. APT. NO. - - -		13c. CITY OR TOWN Inverness	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13e. COUNTY Cook	13f. STATE IL	13g. ZIP CODE 60010	14. FATHER'S NAME (First, Middle, Last) Wladyslaw Wiekierak
15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Barbara Kolodziej		16a. INFORMANT'S NAME Josephine Wiekierak	
16b. RELATIONSHIP Wife		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 184 Poteet, Inverness, IL 60010	
17. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) St. Michael Cemetery	19. LOCATION - CITY, TOWN AND STATE Palatine, IL
20. DATE OF DISPOSITION (Month/Day/Year) July 28, 2008		21a. FUNERAL HOME NAME Ahlgrim & Sons	
21b. FUNERAL DIRECTOR'S SIGNATURE <i>James R. Ahlgrim</i>		21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-014378	
22. LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) JUL 29 2008	
24. CAUSE OF DEATH (See instructions and examples) PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. METASTATIC COLORECTAL UNKNOWN PRIMARY Due to (or as a consequence of): _____ Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST 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.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 YR
25. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		26. IF FEMALE: <input type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months	
27. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation		30. DATE OF INJURY (Month/Day/Year)	
31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area)	
33. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34. LOCATION OF INJURY - Street and Number Apartment Number _____ City or Town _____ State _____ ZIP Code _____	
35. DESCRIBE HOW INJURY OCCURRED: TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) _____			
37. (DID) DID NOT ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW (NUMBER ALIVE ON) 7/23/08		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. DATE PRONOUNCED (Month/Day/Year) July 24 2008		40. TIME OF DEATH 11:25 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	
41. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.			
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) HEYER DEVARAPALLI 1400 GOLF RD STE 219 DESPLAINES, IL 60016		43. PHYSICIAN'S LICENSE NUMBER 036 117190	
44. TITLE OF CERTIFIER M.D.		45. DATE CERTIFIED (Month/Day/Year) 7/25/08	
46. SIGNATURE OF CERTIFIER <i>David Orr</i>			

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

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

JUL 29 2008

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

David Orr
COUNTY CLERK

Based on the 2003 U.S. Standard Certificate

Illinois Department of Public Health - Division of Vital Records

VR200 (Rev. 1/08)

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EXHIBIT A

SITUATED IN THE COUNTY OF COOK, STATE OF ILLINOIS:

LOT 10 IN BLOCK 8 IN WILLIAM M. ANDERSON AND COMPANY'S
POULTRY ESTATES UNIT NO. 6, BEING A SUBDIVISION OF SECTIONS
17 AND 18, TOWNSHIP 42 NORTH, RANGE 10, EAST OF THE THIRD
PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PPN: 02-17-300-009-0000
JOHN WIEKIERAK AND JOZEFA WIEKIERAK, TRUSTEES OF THE
WIEKIERAK LIVING TRUST DATED JUNE 27, 2007

184 POTEET AVENUE, BARRINGTON IL 60010
Loan Reference Number : 826350-324897-40866
First American Order No: 44904178
Identifier:

 **WIEKIERAK**
44904178
FIRST AMERICAN ELS
AFFIDAVIT


IL

WHEN RECORDED, RETURN TO:
FIRST AMERICAN MORTGAGE SERVICES
1100 SUPERIOR AVENUE, SUITE 200
CLEVELAND, OHIO 44114
NATIONAL RECORDING

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