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AFFIDAVIT OF TRUSTEE SUCCESSION

Doc#: 1225550072 Fee: \$46.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 09/11/2012 01:22 PM Pg: 1 of 5

MAIL RECORDED AFFIDAVIT TO:
Law Office of John M. Mueller
2103 Norwich Court
Glenview, Illinois 60026

STATE OF ILLINOIS)
)SS
COUNTY OF COOK)

CHRISTOPHER J. STOCKE, the individual who has succeeded to the trusteeship of **THE JEAN D. STOCKE DECLARATION OF TRUST DATED JULY 28, 2010**, which trust was never amended (the "TRUST"), on oath deposes and says (ina):

1. Affiant resides at 310 Elm Street, Glenview, Illinois 60025.
2. Affiant is the Successor Trustee of the TRUST.
3. **JEAN D. STOCKE** (referred to herein as "Grantor"), had acted as trustee of the TRUST until her death on May 23, 2011. An original of the Grantor's Certification of Death Record is attached hereto.
4. One of the assets of the TRUST is that parcel of real estate commonly known as 310 Elm Street, Glenview, Illinois 60025, and legally described as:

Lot 9 in Block 3 in Glenview Park Manor, being a subdivision in the Southeast Quarter (SE-¼) of Section 12, Township 41 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Real Estate Index Number: 09-12-430-020-0000
Address of real estate: 310 Elm Street, Glenview, Illinois 60025

5. Attached hereto is a certified copy of the first and signature pages of the TRUST, and a copy of the provisions of the Trust which names Affiant to act following the resignation of the Grantor.
6. As of the date hereof, the TRUST is in full force and effect and without amendment.
7. Further Affiant sayeth not.

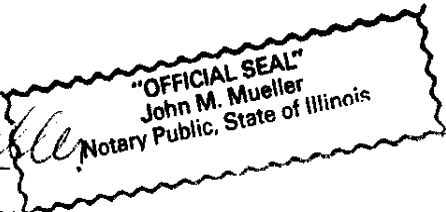
Christopher J. Stocke

CHRISTOPHER J. STOCKE

SUBSCRIBED and sworn to before me this 26th day of August, 2011.

John M. Mueller

Notary Public
Commission expires: December 16, 2013



Prepared by: Law Office of John M. Mueller, 2103 Norwich Court, Glenview, Illinois 60026.

UNOFFICIAL COPY**COPY**DECLARATION OF TRUST

I, JEAN D. STOCKE, of Glenview, Illinois, have transferred to myself as Trustee the property listed in the attached schedule. This declaration of trust and the trusts hereby evidenced shall be known as "THE JEAN D. STOCKE DECLARATION OF TRUST DATED JULY 28, 2010". I declare that I hold that property and all investments and reinvestments thereof and additions thereto (referred to below as the "Trust Estate" and components of the Trust Estate are referred to below as "Trust Property") upon the following trusts:

ARTICLE I - ADMINISTRATION DURING MY LIFETIME

During my lifetime the Trustee shall pay so much or all of the income and principal of the Trust Estate to me or otherwise as I direct. If at any time or times I shall be unable to manage my affairs, the Trustee may use such sums from the income and principal of the Trust Estate as the Trustee deems necessary or advisable for my care, support and comfort, or for any other purpose the Trustee considers to be for my best interests. Any excess income shall be added to principal.

For purposes of this declaration, I shall be considered to be unable to manage my affairs if I am under a legal disability or by reason of illness or mental or physical disability am unable to give prompt and intelligent consideration to my financial matters. The determination as to my inability at any time shall be made by my then attending physician, or if none, a physician who has examined me and who is familiar with my medical history (referred to in either event as my "Physician"), and my son, CHRISTOPHER J. STOCKE ("CHRISTOPHER"). The determination shall be unanimous between my Physician and CHRISTOPHER. If, for any reason, CHRISTOPHER is then either unable or unwilling to participate with my Physician in making such determination, then the decision of my Physician, acting alone, shall be sufficient. All acting and nominated Trustees and all third parties may rely upon such determination, certified in writing, and signed by my Physician and, if

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SECTION 8: I may resign as Trustee at any time by written notice to my son, CHRISTOPHER J. STOCKE, and my son, MICHAEL J. STOCKE. Upon my death or resignation, or my refusal or inability to manage my affairs, my son, CHRISTOPHER J. STOCKE, shall become successor Trustee. In case of the death or resignation, or the refusal or inability for any reason to act or to continue to act of my son, CHRISTOPHER J. STOCKE, then my son, MICHAEL J. STOCKE, shall become successor Trustee. In case of the death or resignation, or the refusal or inability for any reason to act or to continue to act of both of the preceding as successor Trustee, I if living, otherwise the beneficiary or a majority in interest of the beneficiaries then entitled to receive or have the benefit of the income of the trust, shall appoint an individual as successor Trustee. The term "Trustee" shall mean the Trustee or Trustees (including Co-Trustees) from time to time qualified and acting.

Any successor Trustee may resign at any time by written notice to me if I am then living, otherwise to each beneficiary then entitled to receive or have the benefit of the income from the trust. No resignation shall be effective until there is a successor Trustee who is ready, willing and able to act.

As to any individual successor Trustee, such Trustee shall be considered to be unable to act hereunder if such successor Trustee is under a legal disability or, by reason of illness or mental or

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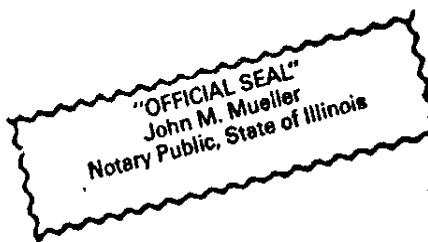
IN WITNESS WHEREOF I have signed this declaration this 28th day of July, 2010.

Jean D Stocke
JEAN D. STOCKE, individually and as Trustee

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

I, John M. Mueller, Notary Public, hereby certify that JEAN D. STOCKE, personally known to me to be the same person whose name is signed to the foregoing instrument, appeared before me this day in person and acknowledged that she signed the instrument as her free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal this 28th day of July, 2010.



John M. Mueller
Notary Public
My commission expires: December 16 2013

CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2011 0039579

DATE ISSUED 05/26/2011

DECEDENT'S LEGAL NAME JEAN D STOCKE			SEX FEMALE	DATE OF DEATH MAY 23, 2011		
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 82 YEARS		DATE OF BIRTH APRIL 18, 1929		
CITY OR TOWN GLENVIEW			HOSPITAL OR OTHER INSTITUTION NAME GLENBROOK HOSPITAL			
PLACE OF DEATH INPATIENT						
BIRTHPLACE CHICAGO, IL		SOCIAL SECURITY NUMBER [REDACTED]	MARITAL STATUS AT TIME OF DEATH WIDOWED		EVER IN U.S. ARMED FORCES? NO	
RESIDENCE 310 ELM STREET			APT. NO.	CITY OR TOWN GLENVIEW	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60025	FATHER'S NAME AXEL NELSON		MOTHER'S NAME PRIOR TO FIRST MARRIAGE DORA JACKSON	
INFORMANT'S NAME CHRISTOPHER STOCKE			RELATIONSHIP SON	MAILING ADDRESS 310 ELM STREET, GLENVIEW, IL, 60025		
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION MORGAN CREMATION SERVICES		LOCATION - CITY OR TOWN AND STATE NORTHLAKE, IL	DATE OF DISPOSITION MAY 26, 2011	
FUNERAL HOME SMITH-CORCORAN FUNERAL HOME - GLENVIEW, 1104 WAUKEGAN RD, GLENVIEW, IL, 60025						
FUNERAL DIRECTOR'S NAME ROBERT JAY SMITH JR				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012032		
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR MAY 26, 2011		
CAUSE OF DEATH						
PART I: METASTATIC SMALL CELL CARCINOMA OF LUNG						
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>		a. Due to (or as a consequence of)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	1 MONTHS
		b. Due to (or as a consequence of)				
		c. Due to (or as a consequence of)				
PART II: Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I: ATRIAL FIBRILLATION						
				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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 02:55 PM	
CERTIFIER PHYSICIAN					DATE CERTIFIED MAY 25, 2011	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MARTIN, LYNN, 2550 WAUKEGAN ROAD, GLENVIEW, ILLINOIS, 60025					PHYSICIAN'S LICENSE NUMBER 036-070818	

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 FOILS AT BOTTOM