UNOFFICIAL COPY

DECEASED TRUSTEE'S AFFIDAVIT

STATE OF ILLINOIS)
(SS)
(COUNTY OF COOK)



Doc#: 1229049043 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 10/16/2012 02:07 PM Pg: 1 of 2

C'en M. Weller (Truster)

SOFFICO

EDMUND MILLER, being duly sworn states that he resides at 33460 N. Lake Shore Drive, Wildwood, Illinois 60030. That he was acquainted with JOSEPH F. BOWER, Deceased who, at the time of his death, is the Successor Trustee of the Joseph F. Bower Procable Living Trust dated October 2, 2000 the owner of the land in the County of Cook, State of Illinois described as:

Unit Numbers A-1/5-303, A175G-11, and A175F-12, together with their undivided respective percentage interest in the common elements in Boardwalk of Park Ridge Condominium as delineated and defined in the Declaration recorded as Document Number 24558782, in part of Sections 27 and 28, Township 41 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

Address of Property: 175 Boardwalk, Park Ridge, Illinois 60068 P.T.I.N. 09-27-306-154-112, 09-27-306-154-1134 and 09-27-306-154-1135

That said trustee, JOSEPH F. BOWER SK, iied August 31, 2012, a certified copy of the death certificate of the deceased attached hereto.

Affiant makes this affidavit for that purpose of indo in 3 a land title insurance company to issue its Title Insurance Policy, describing the above-mentioned property, allowing the survivor of Joseph F. Bower to act as sole trustee of the Joseph F. Bower Revocable Living Trust.

Subscribed and Sworn to before, me this 28th de

NOTARY PUBLIC

OFFICIAL SEAL
LINDA J. CHENIER
Notary Public - State of Illinois
My Commission Expires Jul 08, 2014

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

PHYSICIAN'S LICENSE NUMBER

036080241

CERTIFICATION OF DEATH RECORD

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

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		ME	DICAL C	ERTIFICAT	re of D	EATH			
STATE FILE NUMBER 2012	2 0065067							DATE	ISSUED 9/5/201
DECEDENT'S LEGAL NAME JOSEPH F BOWER SI						SEX MALE		OF DEATH	2012
COOK		AGE AT LAS	T BIRTHDAY			E OF BIRTH MARCH 09, 192		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2012
CITY OR TOWN PARK RIDGE				HOSPITAL OR O	THER INSTIT	UTION NAME			
PLACE OF DEATH DECEDENT'S HOME					A CONTRACTOR				
BIRTHPLACE	SOCIAL SECURI	TY NUMBER ST	ATUS AT TIME	OF DEATH	SURVIVING	SPOUSE/CIVIL UNION	PARTNER'S MAID	EN NAME	EVER IN U.S. ARMED
CHICAGO, IL	-5	323 N	MARRIED			ELE FELLER			FORCES? YES
RESIDENCE 175 BOARDWALK PL	01		APT N 303		ITY OR TOW PARK RIC	OGE		IN	ISIDE CITY LIMITS?
COOK	TATE ZIP CODE IL 30068	JOSEPH		IOR TO FIRST MARR	AGE/CIVIL UNI		PARENTS NAME F	RIOR TO FIR:	ST MARRIAGE/CIVIL UNION
INFORMANT'S NAME RELATIONSHIP MICHELE BOWER WIFE					MAILING ADDRESS 175 BOARDWALK PLACE, PARK RIDGE, IL, 60068				
METHOD OF DISPOSITION CREMATION CREMATION CREMATION				NC		LOCATION CITY OR TOWN AND STATE DATE OF DISPOSITION SCHILLER PARK, IL SEPTEMBER 04, 2012			
FUNERAL HOME RYAN-PARKE FUNERA	AL HOME, 120 S.	NOISTHWE	ST HWY, PA	ARK RIDGE. I					
FUNERAL DIRECTOR'S NAME EDWARD J ELLIS			\bigcirc	142 132 132 134 14		FUNERAL I	DIRECTOR'S ILL	INOIS LICÉ	NSE NUMBER
LOCAL REGISTRAR'S NAME DAVID ORR					DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 4, 2012				
CAUSE OF DEATH PAR	TI ASPIRATION I	PNEUMONIA	———		1000 F 34 1000 F 35 1000 F 35		INDLICT, ZO	/12	
IMMEDIATE CAUSE (Final disease or condition	. a							E	WEEKS
resulting in death)	b CORONARY A	RTERY DISEA	Due to (or :	as a consequence of:				<u>ت</u> 0	
				9			0 ± 0 ≥ 2 ≥	Ψ.	YEARS
			Due to (or	as a consequence:on).			App App	58.V.C	
	c								
		 	Due to (no	as a consequence of):					
PART II Enter other significant c	onditions contributing	to death but no					WAS AN AUTO	D0140505	auga NO
						14	WERE AUTOPS COMPLETE CA		
NOT APPLICABLE							MANNER OF D	EATH	
DATE OF INJURY		TIME OF INJURY		PLACE OF INJURY					INJURY AT WORK?
LOCATION OF INJURY	- : 1								
DÉSCRIBE HOW INJURY OCCUP	RRED		-				IF TRA	NSPO(J[4]	ION INJURY, SPECIFY
									and the second s
ATTEND THE DECEASED?	DATE LAST SEEN AL AUGUST 23,		S MEDICAL EX	CAMINER OR ACTED? NO	D)	ATE PRONOUNCED		Т	IME OF DEATH 04:44 AM
CERTIFIER PHYSICIAN								CERTIFIED	

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.

NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH

PETER KERSTAN, 205 SOUTH NORTHWEST HWY, PARK RIDGE, ILLINOIS, 60068

David Orr Cook County Clerk

ANY ALTERATION OR FRASHRE VOIDS THIS CERTIFICATE