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1303846008

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

Doc#: 1303846008 Fee: \$42.00
Karen A. Yarbrough RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 02/07/2013 10:08 AM Pg: 1 of 3

**AFFIDAVIT - DEATH OF
TRUSTMAKER AND
BENEFICIARY**

CATHERINE REARDON, of legal age, being first duly sworn, deposes and says:

1. That DANIEL E. REARDON, the decedent mentioned in the attached certified copy of Certificate of Death, executed a Deed in Trust on March 14, 2006 which conveyed his interest in the following real estate:

The West half of the North half of Lot 35 (except the East 14 feet of the North 62,5 feet thereof) in J.S. Hovland's Lawndale Avenue Subdivision of the Southeast Quarter of the North West Quarter of Section 14, Township 37 North, Range 13, East of the Third Principal Meridian (except the North 6.666 Acres of said Southeast quarter in Cook County, Illinois

Permanent Real Estate Index Number: 24-14-112-029
Address of Real Estate: 10533 S. Hamlin Avenue, Chicago, IL 60655

2. That DANIEL E. REARDON conveyed his interest in the aforementioned property to the following:

DANIEL E. REARDON, Trustee of the DANIEL E. REARDON LIVING TRUST dated March 14, 2006, and any amendments thereto.
3. That DANIEL E. REARDON was the Trustmaker and sole Trustee of the DANIEL E. REARDON LIVING TRUST dated March 14, 2006;
4. That the date of death of DANIEL E. REARDON was August 11, 2012;
5. That the successor trustee of the DANIEL E. REARDON LIVING TRUST, dated March 14, 2006 is CATHERINE REARDON;
6. That CATHERINE REARDON was the sister of DANIEL E. REARDON;
7. That the DANIEL E. REARDON LIVING TRUST, dated March 14, 2006, provides for the successor trustee to transfer any asset out of trust;

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- 8. That the interest of the DANIEL E. REARDON LIVING TRUST, dated March 14, 2006, in the aforementioned real estate is allocated to CATHERINE REARDON, Trustee of the DANIEL E. REARDON LIVING TRUST dated March 14, 2006, and any amendments thereto.
- 9. That according to Section 12.17 of the aforementioned trust, the successor Trustee has the following powers with regard to the real estate:

Section 12.17 Real Estate Powers

My Trustee may sell at public or private sale, convey, purchase, exchange, lease for any period, mortgage, manage, alter, improve and in general deal in and with real property in such manner and on such terms and conditions as my Trustee deems appropriate.

My Trustee may grant or release easements in or over, subdivide, partition, develop, raze improvements, and abandon, any real property.

My Trustee may manage real estate in any manner that my Trustee deems best and shall have all other real estate powers necessary for this purpose.

My Trustee may enter into contracts to sell real estate. My Trustee may enter into leases and grant options to lease trust property even though the term of the agreement extends beyond the termination of the trust and beyond the period that is required for an interest created under this agreement to vest in order to be valid under the rule against perpetuities. For such purposes, my Trustee may enter into any contracts, covenants and warranty agreements that my Trustee deems appropriate.

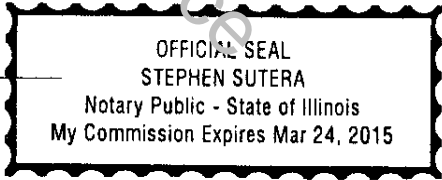
Date: 11-12-12
Catherine Reardon
CATHERINE REARDON

State of Illinois
County of Coll, ss.

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that CATHERINE REARDON, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered the said instrument as his free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and official seal, this 12th day of November, 2012.

Commission expires 3/24, 2015 [Signature]
NOTARY PUBLIC



PREPARED BY AND MAIL TO:

Stephen Sutera
4927 West 95th Street
Oak Lawn, IL 60453-2503
(708)857-7255

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VILLAGE OF EVERGREEN PARK EVERGREEN PARK, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2012 0059767

DATE ISSUED 8/14/2012

DECEDENT'S LEGAL NAME DANIEL E REARDON		SEX MALE	DATE OF DEATH AUGUST 11, 2012	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 70 YEARS	DATE OF BIRTH AUGUST 07, 1942		
CITY OR TOWN EVERGREEN PARK		HOSPITAL OR OTHER INSTITUTION NAME LITTLE COMPANY OF MARY HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 327-34-8046	STATUS AT TIME OF DEATH NEVER MARRIED/NEVER IN CIVIL UNION	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 10533 SOUTH HAMLIN		APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60655	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION WILLIAM F REARDON	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION HELEN MORIEN
INFORMANT'S NAME CATHERINE REARDON		RELATIONSHIP SISTER	MAILING ADDRESS 10538 SOUTH HAMLIN, CHICAGO, IL 60655	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION MARLE LAKES CREMATORIUM	LOCATION - CITY OR TOWN AND STATE JUSTICE, IL	DATE OF DISPOSITION AUGUST 15, 2012
FUNERAL HOME ANDREW J MCGANN AND SON, 10727 S PULASKI RD, CHICAGO, IL, 60655				
FUNERAL DIRECTOR'S NAME SHELLY A MURRAY			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015303	
LOCAL REGISTRAR'S NAME KELLY A KUZLIK			DATE FILED WITH LOCAL REGISTRAR AUGUST 14, 2012	
CAUSE OF DEATH				
PART I. IMMEDIATE CAUSE (Final disease or condition resulting in death)		PART I. RESPIRATORY FAILURE SECONDARY TO ARDS		2 WEEKS
		Due to (or as a consequence of):		
		b. INTESTINAL LUNG DISEASE SECONDARY TO A: BESTOSIS		UNKNOWN
		Due to (or as a consequence of):		
		c. LUNG LOSS (NO BIOPSY DONE SECONDARY TO CRITICAL ILLNESS		UNKNOWN
		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 AUGUST 11, 2012	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 10:39 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED AUGUST 11, 2012	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH VADALI, M, 10837 SOUTH CICERO, SUITE 110, OAK LAWN, ILLINOIS, 60453			PHYSICIAN'S LICENSE NUMBER 036102767	

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.

Kelly A. Kuzlik
Kelly A. Kuzlik
Local Registrar

