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1330841132

DECEASED TRUSTEE'S AFFIDAVIT

Doc#: 1330841132 Fee: \$40.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 11/04/2013 12:32 PM Pg: 1 of 2

STATE OF ILLINOIS)
)SS
COUNTY OF COOK)

DENNIS WM. KEMP, being duly sworn states that he is an attorney-at-law with an office at One East Northwest Hwy., Palatine, Illinois 60067. That he was acquainted with MARLENE A. DeLOUISE, Deceased who, at the time of her death, was the Trustee of the DeLOUISE Living Trust dated October 22, 1997, the owner of the land in the County of Cook, State of Illinois described as:

Lot 26 in Glen Estates, a subdivision in the East 1/2 of the South East 1/4 of Section 11, Township 41 North, Range 12 East of the Third Principal Meridian, according to the plat thereof recorded June 18, 1984 as Document 27133915, in Cook County, Illinois.

Address of Property: 2715 Maynard, Glenview, Illinois 60025
P.T.I.N. 09-11-410-032

That said trustee, MARLENE A. DeLOUISE died August 2, 2013, a certified copy of the death certificate of the deceased attached hereto.

Affiant makes this affidavit for the purpose of inducing a land title insurance company to issue its Title Insurance Policy, describing the above-mentioned property, allowing DENISE WOUTERS, to act as Successor Trustee of the DeLOUISE Living Trust.

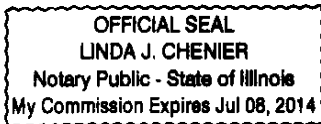
Dennis Wm. Kemp

AFFIANT'S SIGNATURE

Subscribed and Sworn to
before me this 18th day
of October, 2013.

Linda Chenier

NOTARY PUBLIC



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

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INT 24

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CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2013 0061623 MEDICAL EXAMINER'S CASE NUMBER 040 AUG 13 DATE ISSUED 8/21/2013

DECEDENT'S LEGAL NAME MARLENE A DELOUISE		SEX FEMALE	DATE OF DEATH AUGUST 02, 2013
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 77 YEARS	DATE OF BIRTH APRIL 15, 1936	
CITY OR TOWN GLENVIEW	HOSPITAL OR OTHER INSTITUTION NAME 2715 MAYNARD DRIVE		
PLACE OF DEATH DECEDENT'S HOME			
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER ██████████	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME EVER IN U.S. ARMED FORCES? NO
RESIDENCE 2715 MAYNARD DRIVE	APT. NO.	CITY OR TOWN GLENVIEW	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION HARRY PRZYBYLSKI	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANN UNKNOWN
INFORMANT'S NAME PEGGY SCHWARTZ	RELATIONSHIP MEDICAL RECORDS	MAILING ADDRESS 2121 WEST HARRISON, CHICAGO, IL, 60612	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION MORGAN CREMATION CENTERS	LOCATION - CITY OR TOWN AND STATE NORTHLAKE, IL	DATE OF DISPOSITION AUGUST 19, 2013
FUNERAL HOME COLONIAL WOJCIECHOWSKI FH, 8025 W. GOLF ROAD, NILES, IL, 60714			
FUNERAL DIRECTOR'S NAME BRADLEY A RUSHTON		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014689	
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR AUGUST 14, 2013	
CAUSE OF DEATH PART I. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE			
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	UNKNOWN UNKNOWN
		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			WAS AN AUTOPSY PERFORMED? NO
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A
FEMALE PREGNANCY STATUS NOT APPLICABLE			MODE 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?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED AUGUST 02, 2013
			TIME OF DEATH 03:36 PM
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED AUGUST 13, 2013
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH STEPHEN J CINA MD, 2121 W HARRISON ST, CHICAGO, IL, 60612			PHYSICIAN'S LICENSE NUMBER

Record Amended on: 8/18/2013



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: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM