

# UNOFFICIAL COPY



1334619093

**Doc#:** 1334619093 **Fee:** \$46.00  
**RHSP Fee:** \$9.00 **RPRF Fee:** \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds

Date: 12/12/2013 02:19 PM Pg: 1 of 5

## NOTICE OF SUBSTITUTION OF TRUSTEE

4456 N. Melivna,  
Chicago, IL

13-17-119-013

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## NOTICE OF SUBSTITUTION OF TRUSTEE

The undersigned beneficiary holding sole power of direction, hereby appoints Daniel V. Waters and Gerald M. Waters, as successor co-trustees under the trust agreement executed by JOHN WATERS, known as "I. Allison Trustee of trust number 4456, in which I. Allison, AKA I. Allison Breen, AKA Irene Allison Breen, is named as trustee, JOHN WATERS is named as beneficiary and JOHN WATERS having sole direction of the trust and trustee. I. Allison died December 15, 1992 a copy of her death certificate is attached herewith. JOHN WATERS, sole beneficiary died October 15, 2011 a copy of his death certificate is attached herewith. The Estate of John Waters, probate case #2011 p 6631, now is sole beneficiary of the trust, and the Co-Administrators of the Estate are Daniel V. Waters & Gerald M. Waters, appoint themselves as successor co-trustees, pursuant to the trust agreement.

The trust real estate is described as follows:

Address: 4456 N. Melvina, Chicago, Illinois

Tax Index number: 13-17-119-013-0000

Legal description: Attached herewith

Dated this 11<sup>th</sup> day of December 2013

Signature of Beneficiary Holding Sole Power of Direction

Estate of John Waters

Daniel V. Waters

Daniel V. Waters, Co-Administrator

Gerald M. Waters

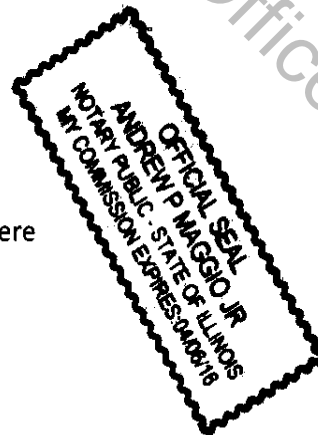
Gerald M. Waters, Co-Administrator

Sworn and Subscribed before me

This 11<sup>th</sup> day of December, 2013

[Signature]  
Notary Public

Seal Here



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(STATE OF ILLINOIS)  
(County of Cook)

April 25, 2013

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 the 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.

This is to certify  
that this is a true  
copy of original instrument

David J. Orr  
COUNTY CLERK

DECEASED'S BIRTH NO.	REGISTRATION DISTRICT NO. <b>16.10</b>	STATE OF ILLINOIS			STATE FILE NUMBER		
REGISTRY FILE NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>			<b>622730</b>		
Type of Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS  DECEASED  B C D E  PARENTS  CAUSE  CERTIFIER  DISPOSITION	DECEASED NAME	FIRST	MIDDLE	LAST	SEX		
	IRENE	A.	BREEK		FEMALE		
	DATE OF BIRTH (MONTH DAY YEAR)	DECEMBER 15, 1992					
	CITY OF BIRTH (COUNTY AND DISTRICT)	CHICAGO					
	BIRTHPLACE (CITY AND STATE)	CHICAGO, ILL.					
	EDUCATION (SCHOOL, COLLEGE, UNIVERSITY)	RESURRECTION MEDICAL CENTER					
	MARRIED NEVER MARRIED	DIVORCED					
	NAME OF SURVIVING SPOUSE (LAST, FIRST, MIDDLE)	NONE					
	USUAL OCCUPATION	NURSE					
	RESIDENCE (STREET AND NUMBER)	CITY	STATE	COUNTY			
4917 N. NEVA AVE	CHICAGO	IL	COOK				
FATHER NAME	FIRST	MIDDLE	LAST	MOTHER NAME	FIRST	MIDDLE	LAST
JOHN			ALLISON	IRENE			YORE
MOTHER'S MAIDEN NAME	IRENE YORE						
17a MRS. IRENE ALLISON	17c 4917 N. NEVA AVE CHGO. IL						
18 PART I Enter the diseases or complications that caused the death. Enter the mode of dying, such as cardiac or respiratory arrest, shock, or heat stroke. List only one cause on each line.							
(a) DEMENTIA							
(b) -							
(c) -							
19a YES 19b NO							
20a SEPSIS 20b							
21a 12-03-92 21b NO							
22a Signature: Michael Franks							
22c MICHAEL FRANKS M.D. 7447 W TALCOTT #520 CHICAGO, IL 60631							
23							
24a BURIAL 24b ALL SAINTS 24c DES PLAINES, IL 24d 12-19-1992							
25a KOLBUS FUNERAL HOME LTD. 6841-57 W. HIGGINS AVE CHGO. IL 60656							
25b Richard E. Kolbus							
25c 034-009914							
26a DEC 16 1992							

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

**UNOFFICIAL COPY**that this is a true  
copy of original instrument**COOK COUNTY CLERK VITAL RECORDS  
CHICAGO, ILLINOIS****MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH**

STATE FILE NUMBER 2011 0076949

MEDICAL EXAMINER'S CASE NUMBER 241 OCT 11

DATE ISSUED 10/19/2011

DECEDENT'S LEGAL NAME JOHN JOSEPH WATERS		SEX MALE	DATE OF DEATH OCTOBER 15, 2011	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 79 YEARS	DATE OF BIRTH JANUARY 01, 1932		
CITY OR TOWN MAYWOOD	HOSPITAL OR OTHER INSTITUTION NAME 2127 SOUTH 11TH AVENUE			
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED] 3726	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? YES
RESIDENCE 2127 SOUTH 11TH AVENUE	APT. NO.	CITY OR TOWN MAYWOOD	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60153	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JEREMIAH WATERS	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ELLEN KELLY
INFORMANT'S NAME GERALD WATERS		RELATIONSHIP BROTHER	MAILING ADDRESS 8141 MEACHAM COURT, NILES, IL, 60714	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION LAKELWOOD CREMATORY	LOCATION - CITY OR TOWN AND STATE GREEN OAKS, IL	DATE OF DISPOSITION OCTOBER 18, 2011	
FUNERAL HOME MEADOWS FUNERAL HOME, 3615 KIRCHOFF ROAD, ROLLING MEADOWS, IL, 60008				
FUNERAL DIRECTOR'S NAME WILLIAM J HABERRICHTER			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034010383	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR OCTOBER 18, 2011	
CAUSE OF DEATH	PART I. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE			
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	Due to (or as a consequence of)		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. ALZHEIMERS DISEASE				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
FEMALE PREGNANCY STATUS NOT APPLICABLE			WAS AN AUTOPSY PERFORMED? NO	
DATE OF INJURY			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
TIME OF INJURY	PLACE OF INJURY	MANNER OF DEATH NATURAL		
LOCATION OF INJURY				INJURY AT WORK?
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY	
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED OCTOBER 15, 2011	TIME OF DEATH 05:15 AM
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED OCTOBER 18, 2011	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH NANCY L JONES MD, 2121 W HARRISON ST, CHICAGO, IL, 60612			PHYSICIAN'S LICENSE NUMBER	

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**

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LEGAL DESCRIPTION:

LOT ONE IN BLOCK FIVE IN OLIVER L. WATSON'S MONTROSE BLVD ADDITION BEING A SUBDIVISION OF THE SOUTH FORTY ACRES OF THE NORTH WEST 1/4 OF SECTION 17, TOWNSHIP FORTY NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 13 17 119 013 0000

aka: 4456 N. MELVINA, CHGO, IL. 60630