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

Doc#: 1412246069 Fee: \$46.00
RHSP Fee:\$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 05/02/2014 11:23 AM Pg: 1 of 5

AFFIDAVIT - DEATH OF TRUSTMAKER AND BENEFICIARY

BETTY LOU HOLKE, DAVID A. HOLKE and DIANE L. SWEENEY, of legal age, being first duly sworn, deposes and says: 5

1. That EDWIN E. HOLKE, the decedent mentioned in the attached certified copy of Certificate of Death, executed a Warranty Deed in Trust on October 26, 2001 which conveyed his interest in the following real estate:

A TRACT OF LAND (EXCEPTING THEREFROM THE NORTHWESTERLY 71 FEET THEREOF), SAID TRACT DESCRIBED AS: LOT 14 AND THAT PART OF LOT 16 LYING SOUTHEASTERLY OF AND ADJACENT TO THE SOUTHEASTERLY LINE OF LOT 14, AND ALSO LYING SOUTHEASTERLY OF AND ADJACENT TO A LINE BEING 3 FEET NORTHWESTERLY OF AND PARALLEL WITH THE NORTHWESTERLY LINE OF LOT 14 (AND ITS NORTHEASTERLY AND SOUTHWESTERLY EXTENSIONS), AND ALSO LYING SOUTHERLY OF THE SOUTHERLY LINE OF HILLCREST CIRCLE, AND ALSO LYING NORTHERLY OF THE SOUTHERLY LINE OF MISTEE RIDGE SUBDIVISION, ALL IN MISTEE RIDGE SUBDIVISION OF PART OF THE SOUTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 21, TOWNSHIP 36 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL, IN COOK COUNTY, ILLINOIS

Common address: 9707 Hillcrest Circle, Orland Park, Illinois, 60467
Permanent Real Estate Index Number: 27-21-203-013 and 012 (P & OP)

2. That EDWIN E. HOLKE and BETTY LOU HOLKE conveyed their interest in the aforementioned property to the following:

EDWIN HOLKE, AS TRUSTEE OF INTERVIVOS TRUST AGREEMENT OF
EDWIN E. HOLKE DATED JANUARY 17, 1996

which is also known as:

EDWIN E. HOLKE and BETTY LOU HOLKE, Trustees of the
EDWIN E. HOLKE LIVING TRUST dated January 17, 1996, and any
amendments thereto.

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3. That EDWIN E. HOLKE was the Trustmaker and co-Trustee of the EDWIN E. HOLKE LIVING TRUST dated January 17, 1996;
4. That the date of death of EDWIN E. HOLKE was December 23, 2013;
5. That the successor trustees of the EDWIN E. HOLKE LIVING TRUST are BETTY LOU HOLKE, DAVID A. HOLKE, and DIANE L. SWEENEY;
6. That BETTY LOU HOLKE is the spouse of EDWIN E. HOLKE;
7. That DAVID A. HOLKE is the son of EDWIN E. HOLKE;
8. That DIANE L. SWEENEY is the daughter of EDWIN E. HOLKE;
9. That the EDWIN E. HOLKE LIVING TRUST provides for the successor trustee to transfer any asset out of trust;
10. That the 100% interest of the EDWIN E. HOLKE LIVING TRUST in the aforementioned real estate is allocated to BETTY LOU HOLKE, DAVID A. HOLKE and DIANE SWEENEY, Trustees of the EDWIN E. HOLKE FAMILY TRUST dated January 17, 1996
11. That according to Section 15.17 of the aforementioned trust, the successor Trustee has the following powers with regard to the real estate.

Section 15:17 Real Estate Powers

My Trustee may sell at public or private sale, 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.

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Date: 2/19/14

Betty Lou Holke
BETTY LOU HOLKE

David A. Holke
DAVID A. HOLKE

Diane L. Sweeney
DIANE L. SWEENEY

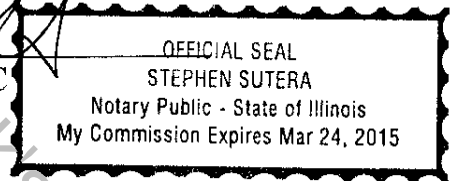
State of Illinois
County of Cook, ss

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that BETTY LOU HOLKE, 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 she signed, sealed and delivered the said instrument as her 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 19 day of FEB, 20 14.

Commission expires 3/24, 20 15

[Signature]
NOTARY PUBLIC



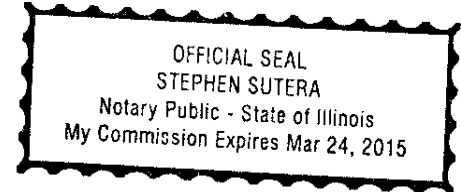
State of Illinois
County of Cook, ss.

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that DAVID A. HOLKE, 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 19 day of FEB, 20 14.

Commission expires 3/24, 20 15

[Signature]
NOTARY PUBLIC



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State of Illinois
County of Cook, ss.

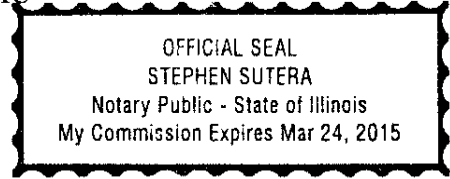
I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that DIANE L. SWEENEY, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that she signed, sealed and delivered the said instrument as her 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 19 day of FEB, 20 14.

Commission expires 3/24, 20 15
[Signature]
NOTARY PUBLIC

PREPARED BY AND MAIL TO:

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



Property of Cook County Clerk's Office

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

STATE FILE NUMBER 2013 0097311

DATE ISSUED 12/26/2013

DECEDENT'S LEGAL NAME EDWIN E HOLKE		SEX MALE	DATE OF DEATH DECEMBER 23, 2013	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 83 YEARS	DATE OF BIRTH JUNE 20, 1930		
CITY OR TOWN ORLAND PARK		HOSPITAL OR OTHER INSTITUTION NAME 9707 HILLCREST CIRCLE		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED] 7885	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME BETTY LOU MONSEN	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 9707 HILLCREST CIRCLE	APT. NO.	CITY OR TOWN ORLAND PARK	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60467	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION BRUNO HOLKE	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANNA BEULTER
INFORMANT'S NAME BETTY LOU HOLKE		RELATIONSHIP WIFE	MAILING ADDRESS 9707 HILLCREST CIRCLE, ORLAND PARK, IL, 60462	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION BETHANIA CEMETERY ASSOCIATION	LOCATION - CITY OR TOWN AND STATE JUSTICE, IL	DATE OF DISPOSITION DECEMBER 28, 2013	
FUNERAL HOME SCHMAEDEKE FUNERAL HOME, 10701 SOUTH HARLEM AVE., WORTH, IL, 60482				
FUNERAL DIRECTOR'S NAME THOMAS M MINTLE			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015231	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR DECEMBER 26, 2013	
CAUSE OF DEATH PART I: PANCREATIC CANCER				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	MONTHS	
		b.	Due to (or as a consequence of):	
		c.	Due to (or as a consequence of):	
			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.			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 DECEMBER 06, 2013	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 12:05 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED DECEMBER 26, 2013	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR MICHAEL LYNCH, ILLINOIS			PHYSICIAN'S LICENSE NUMBER 036064592	

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