

UNOFFICIAL COPY

PREPARED BY:

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Doc#: 1416119091 Fee: \$42.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 06/10/2014 04:07 PM Pg: 1 of 3

AFTER RECORDING MAIL TO:

David E. Shoub, Esq.
233 South Wacker Drive
Suite 6825
Chicago, IL 60606

AFFIDAVIT OF DEATH OF TRUSTEE

Mark Muskal, of legal age, being first duly sworn, deposes and states:

Herbert Muskal, the decedent mentioned in the attached Death Certificate, is the same person named as Trustee of the Herbert Muskal Living Trust, dated March 5, 2011, executed by Herbert Muskal, as Trustmaker. At the time of the decedent's death, decedent was the owner, as Trustee, of certain real property acquired by deed recorded on December 4, 2001, as document number 0011135474, in the official records of Cook County, Illinois, covering the following described property situated in Cook County, State of Illinois:

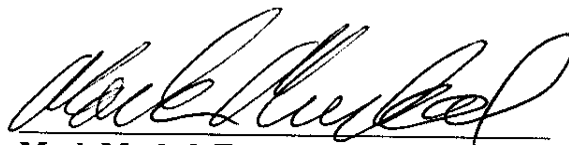
LOT 288 IN ARLINGTON HILLS IN BUFFALO GROVE BEING A SUBDIVISION IN SECTIONS 5 AND 6, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index Number (PIN): 03-05-312-004-0000

Property Address: 804 Beechwood Road, Buffalo Grove, IL 60089.

I am a successor Trustee of the same Trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said Trust to serve as Trustee thereof.

Dated this 6 day of June, 2014


Mark Muskal, Trustee

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I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that **Mark Muskal, Trustee**, 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 6 day of June, 2014.



Notary Public



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 2014 0003611

DATE ISSUED 1/17/2014

DECEDENT'S LEGAL NAME HERBERT MUSKAL		SEX MALE	DATE OF DEATH JANUARY 10, 2014	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 72 YEARS	DATE OF BIRTH JUNE 09, 1941		
CITY OR TOWN ARLINGTON HEIGHTS		HOSPITAL OR OTHER INSTITUTION NAME NORTHWEST COMMUNITY HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH DIVORCED FROM MARRIAGE	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 804 BEECHWOOD ROAD	APT. NO.	CITY OR TOWN BUFFALO GROVE	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60089	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JACOB MUSKAL	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ROSE ISRAEL
INFORMANT'S NAME MARK MUSKAL		RELATIONSHIP SON	MAILING ADDRESS 4007 NORTH WALNUT, ARLINGTON HEIGHTS, IL, 60004	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION SHALOM MEMORIAL PARK	LOCATION - CITY OR TOWN AND STATE ARLINGTON HEIGHTS, IL	DATE OF DISPOSITION JANUARY 13, 2014
FUNERAL HOME SHALOM MEMORIAL FUNERAL HOME, 1700 W. RAND ROAD, ARLINGTON HEIGHTS, IL, 60004				
FUNERAL DIRECTOR'S NAME WILLIAM PEMBERTON			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015385	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JANUARY 16, 2014	
CAUSE OF DEATH PART I: CHRONIC LYMPHOCYTIC LEUKEMIA				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	10 + YEARS
		b.		
		c.		
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 JANUARY 08, 2014	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 02:45 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JANUARY 15, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH KAREN ZIMMERMAN, 800 CENTRAL, ARLINGTON HEIGHTS, ILLINOIS, 60004				PHYSICIAN'S LICENSE NUMBER 036126325

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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