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STATE OF ILLINOIS)
)SS.
COUNTY OF COOK)

Doc#: 1418929021 Fee: \$44.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00 Karen A.Yarbrough Cook County Recorder of Deeds Date: 07/08/2014 10:26 AM Pg: 1 of 4

NOTICE DECEASED TRUSTEE

I, CHRISTINE OLSON, hereby

referred to as the affiant, states under oath that the affiant does hereby give notice of the deaths of LILLIAN 3. STARZYK on June 13, 2004, followed by the death of STANLEY E STARZYK on January 14, 2614; and that at

the time of their deaths the decedents

were Co-Trustees of the Strally E. Starzyk and Lillian S. Starzyk Joint Trust dated 3/18/91, Trust #1, which contains the following property by virtue of a properly recorded deed, deeding into trust said property located in Cook County, Illinois, and legally described as per the attached:

Address of Property: 740 Creekside I rive, #207D, Mt. Prospect, IL 60056 P.I.N. 03-27-100-092-1167

That the Stanley E. Starzyk and Lillian S. Starzyk Joint Trust dated 3/18/91, Trust #1, is in full force and effect, and that CHRISTINE OLSON is the curren's acting Trustee pursuant to the terms of the Trust Agreement;

That all funeral expenses have been paid, and there are no unpoid debts of the decedents.

That the decedents had no interests in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retersion of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That LILLIAN S. STARZYK died on June 13, 2004, as evidenced by a cartified copy of her death certificate attached hereto, leaving a last will and testament;

That STANLEY E. STARZYK died on January 14, 2014, as evidenced by a certified copy of his death certificate attached hereto, leaving a last will and testament;

That the Illinois Estate Tax and the Federal Estate Tax, if any was due from the decedents' estat is have been paid in full.

That the affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc. to issue its policy of title insurance on the above described property.

The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold Attorneys' Title Guaranty Fund, Inc. harmless and to reimburse The Fund for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which The Fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

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1. Claims against the estates of LILLIAN S. STARZYK and STANLEY E. STARZYK, the decedents;

2. Illinois Estate Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedents;

3. Legacies, if any, created by the will of said decedents;

4. Rights of contribution.

CHRISTINE OLSON

Subscribed & Sworn to before me this

day of

. 2014

Affidavit prepared by and return to:

Michael J. Cornfield

6153 N. Milwaukee Avenue, Chicago, IL 60646

"OFFICIAL SEAL"
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 12/16/15

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PARCEL 1:

UNIT NUMBER 207D IN CREEKSIDE AT OLD ORCHARD CONDOMINIUMS, AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED TRACT OF LAND:

PART OF LOTS 1 AND 2 IN OLD ORCHARD COUNTRY CLUB SUBDIVISION, BEING A SUBDIVISION OF PART OF THE NORTHWEST 1/4 OF SECTION 27 AND PART OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 28 BOTH IN TOWNSHIP 42 NORTH RANGE 11 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT NUMBER 96261584, AS AMENDED FROM TIME TO TIME; TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN COOK COUNTY ILLINOIS

PARCEL 2:

EASEMENT FOR INGRESS AND EGRESS IN FAVOR OF PARCEL 1 CREATED BY DECLARATION RECORDED AS DOCUMENT 96261584, AS AMENDED FROM TIME TO TIME

PARCEL 3:

THE EXCLUSIVE RIGHT TO THE USE OF PARKING SPACE P-32 AND STORAGE SPACE S-32 AS DELINEATED ON SURVEY ATTACHED TO DECLARATION RECORDED AD 96261584, AS AMENDED FROM TIME TO TIME

ADDRESS OF PROPERTY 740 Creekside Drive #207D, Mt. Prospect, IL 60056 P.I.N. 03-27-100-092-1167

CERTHICATION OF DEATH RECORD

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

STATE FILE NUMBER 2014 0003213					DATE ISSUED 1/16/2014
DECEDENT'S LEGAL NAME STANLEY E STARZYK				SEX MALE	DATE OF DEATH JANUARY 14, 2014
COUNTY OF DEATH COOK	AGE AT LAST BIRTHD	ΑŸ	DATE OF B	irth JARY 13, 1922	
CITY OR TOWN ARLINGTON HEIGHTS		HOSPITAL OR OTH NORTHWES	ER INSTITUTION T COMMUNIT		
PLACE OF DEATH INPATIENT					
[ECURITY NUMBER STATUS AT 0-07-9481 WIDOW		SURVIVING SPOUS	E/CIVIL UNION PARTN	ER'S MAIDEN NAME EVER IN U.S. ARMED FORCES? YES
RESIDENCE 740 CREEKSIDE DRIVE		3.3777	Y OR TOWN IT PROSPEC	Γ	INSIDE CITY LIMITS? YES
COUNTY STATE ZIP C		ME PRIOR TO FIRST MARRIA ZYK	GE/CIVIL UNION	MOTHER/CO-PARENT CATHERINE	'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION BAJKO
INFORMANT'S NAME CHRISTINE OLSON	RELATIONSHIP DAUGHTE				
METHOD OF DISPOSITION ENTOMBMENT	PLACE OF DISPOSITION S JINT ADALBERT CATHOLIC	C CEMETERY	LOCATION - CIT	Y OR TOWN AND S	TATE DATE OF DISPOSITION JANUARY 20, 2014
FUNERAL HOME MATZ FUNERAL HOME, 410 E R	AND ROAD MIPROSPE	CT, 1L, 60056			
FUNERAL DIRECTOR'S NAME ALAN G ZAGORSKI	S NAME FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER				
LOCAL REGISTRAR'S NAME DAVID ORR	LANUADY AF DOLL				
CAUSE OF DEATH PART I. CARD IMMEDIATE CAUSE (Final disease or condition resulting in death) b. CVA/S	TROKE	e to (or as a vansequence of):			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
c ATRIA	L FIBRILLATION	e to (or as a consequence c.).	7/2		
		e to (or as a consequence of):)	
PART II. Enter other significant conditions co	ntributing to death but not resulting	ng in the underlying cause	given in PAI T1.		AN AUTOPSY PERFORMED? NO
75				COM	RE AUTOPSY FINDINGS USED TO IPLETE CAUSE OF DEATH? N/A
FEMALE PREGNANCY STATUS NOT APPLICABLE					NER OF DEATH TURAL
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY			INJURY AT WORK?
LOCATION OF INJURY					
DESCRIBE HOW INJURY OCCURRED					IF TRANSPORTATION INJURY, \$PECIFY:
341		ICAL EXAMINER OR CONTACTED? NO	DATE F	PRONOUNCED	TIME OF DEATH 04:19 AM
CERTIFIER PHYSICIAN					DATE CERTIFIED JANUARY 15, 2014
NAME, ADDRESS AND ZIP CODE OF PERSO SINGH, JASMEET, 800 WEST CI			NOIS, 60004		PHYSICIAN'S LICENSE NUMBER 036-132616



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.



