



Doc#: 1502715023 Fee: \$50.25
RHSP Fee:\$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 01/27/2015 10:52 AM Pg: 1 of 6

When Recorded Return To:
Accurate Title Group
2925 Country Drive
St. Paul, MN 55117
79711856

TRUST DEED MODIFICATION AGREEMENT

Date: 3/23/2012

"Borrower" Patricia A Burke and Marian C Burke
Unmarried

Property Address: 9620 S 52nd Ave Oak Lawn IL 60453

PIN# 24-09-122-032-0000
1732335-01

"Trustee" The Chicago Trust Company

"Note" the contract between Borrower and Lender dated 12/20/1996 with loan number
XXXXXXXXXX1065XXXX.

"Trust Deed" means the Trust Deed that secures the Note, which is dated the same date as the Note and
which is recorded in the Office of the County Recorder, Cook County, Illinois on 12/26/1996, as Document
Number 96-971585.

CHANGES TO THE TRUST DEED

Borrower and Lender agree that the Trust Deed is changed as follows:

Any reference to a specific interest rate in the Trust Deed is hereby deleted. The Note will carry interest as set forth
therein or as may be agreed by the Borrower and Lender from time to time.

The scheduled date for final payment of what Borrower owes under the Trust Deed is changed to
12/26/2026.

Upon payment of \$NA, the maximum principal indebtedness secured is hereby reduced to \$NA.

The following is added to the Trust Deed:

The Borrower shall pay to Lender on the day the scheduled monthly payments are due under the Note, until the
Agreement is paid in full, a sum (the "Funds") to provide for payment of amounts due for: (a) taxes and
assessments and other items which can attain priority over the Trust Deed as a lien or encumbrance on the
Property; and (b) premiums for any and all flood insurance required by Lender, if any. These items are called

S Y
P 6
S N
M N
SC Y
E Y
INT JT

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"Escrow Items." At origination or at any time during the term of the Agreement, Lender may require that Borrower provide escrow for hazard insurance premiums, Community Association Dues, Fees, and Assessments, if any; and such premiums, dues, fees and assessments shall be an Escrow Item.

Borrower shall promptly furnish to Lender all notices of amounts to be paid under this Trust Deed. Borrower shall pay Lender the Funds for Escrow Items unless Lender waives Borrower's obligation to pay the Funds for any or all Escrow Items. Lender may waive Borrower's obligation to pay to Lender Funds for any or all Escrow Items at any time. Any such waiver may only be in writing. In the event of such waiver, Borrower shall pay directly, when and where payable, the amounts due for any Escrow Items for which payment of Funds has been waived by Lender and, if Lender requires, shall furnish to Lender receipts evidencing such payment within such time period as Lender may require. Borrower's obligation to make such payments, and to provide receipts, shall, for all purposes, be deemed to be an obligation of the Borrower in this Trust Deed. If Borrower is obligated to pay Escrow Items directly, pursuant to a waiver, and Borrower fails to pay the amount due for an Escrow Item, Lender may exercise its rights under this Trust Deed and pay such amount. Borrower shall then be obligated to repay to Lender any such amount. Lender may revoke the waiver as to any or all Escrow Items at any time by a written notice to Borrower by Lender. Upon such revocation, Borrower shall pay to Lender Funds, in such amounts that are then required under this Trust Deed.

Lender may, at any time, collect and hold Funds in an amount (a) sufficient to permit Lender to apply the Funds at the time specified under RESPA, and (b) not to exceed the maximum amount a lender can require under RESPA. Lender shall estimate the amount of Funds due on the basis of current data and reasonable estimates of expenditures of future Escrow Items or otherwise in accordance with the law governing the Note.

The Funds may be commingled with other funds of the Lender. Lender shall apply the Funds to pay the Escrow Items no later than the time specified under RESPA. Unless an agreement is made in writing, Lender shall not be required to pay Borrower any interest or earnings on the Funds. Borrower and Lender can agree in writing, however, that interest shall be paid on the Funds. Lender shall give to Borrower, without charge, an annual accounting of the Funds as required by RESPA.

If there is a surplus of Funds held in escrow, as defined under RESPA, Lender shall account to Borrower for the excess funds in accordance with RESPA. If there is a shortage of Funds held in escrow, as defined under RESPA, Lender shall notify Borrower as required by RESPA, and Borrower shall pay to Lender the amount necessary to make up the shortage in accordance with RESPA, but in no more than 12 monthly payments. If there is a deficiency of Funds held in escrow, as defined under RESPA, Lender shall notify Borrower as required by RESPA, and Borrower shall pay to Lender the amount necessary to make up the deficiency in accordance with RESPA, but in no more than 12 monthly payments.

Upon payment in full of all sums secured by this Trust Deed, Lender shall promptly refund to Borrower any Funds held by Lender.

NOTE & TRUST DEED REFERENCES

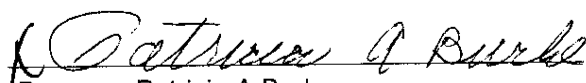
Borrower and Lender agree that whenever the Note refers to the Trust Deed, each reference will be to the Trust Deed as modified by this Agreement.

OTHER CHANGES

All provisions of the Note and Trust Deed, except as changed above, remain unchanged.

All provisions of the Note and Trust Deed, except as changed above, remain unchanged. This Agreement is not effective unless both Borrower and Lender sign this Agreement.

By signing below, Borrower agrees to the changes shown above. By signing, Borrower also states that s/he has received a completed copy of this form.


Borrower Patricia A Burke

Borrower Marian C Burke *Deceased*

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Collateral Owner

Collateral Owner

STATE OF ILLINOIS

COUNTY OF Cook

This instrument was acknowledged before me on this 23 day of MARCH, 2012 by Patricia A Burke and Marian C Burke, Unmarried.

Renata Gal

Notary Public

(SEAL)



Agreed to by
The Chicago Trust Company, Trustee

(Signature)

Its _____

STATE OF ILLINOIS
COUNTY OF _____

This instrument was acknowledged before me on this _____ day of _____, by _____, as _____ of The Chicago Trust Company, an Illinois Corporation doing business in Chicago Illinois.

Notary Public

(SEAL)

Drafted by and Returned to:
JULIE QUENZER
TCF National Bank
Attn: Modification Group
101 East 5th Street Suite 101
St Paul MN 55101

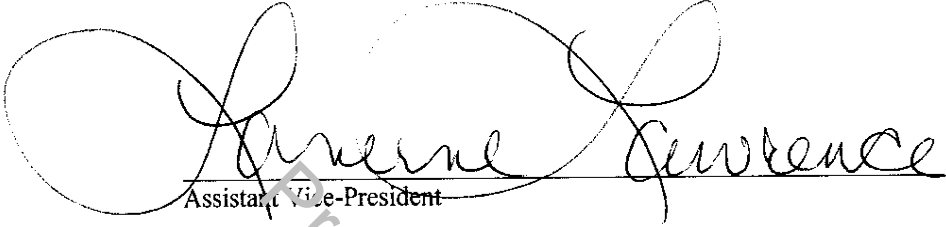
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Consented to by Chicago Title Land Trust Company, as Trustee under
Trust Deed recorded as Document number 96 971 585

Dated: December 1, 2014




Assistant Vice-President

IN WITNESS WHEREOF, as Trustee as aforesaid, has caused these presents to be signed by its Assistant Vice-President, and its corporate Seal to be hereto affixed.

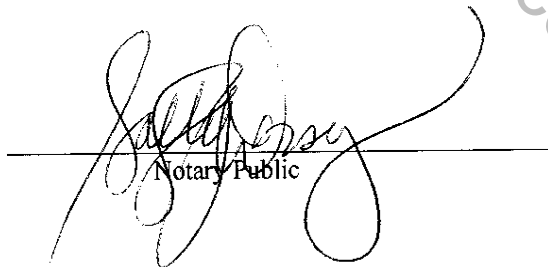
State of Illinois
County of Cook SS.

I, the undersigned, a notary Public in and for the County and State aforesaid, do hereby certify that the above named Assistant Vice President of CHICAGO TITLE LAND TRUST COMPANY, personally known to me to be the same person whose name is subscribed to the foregoing Instrument as such Assistant Vice President appeared before me this day in person and acknowledged that he/she signed and delivered the said Instrument as his/her own free and voluntary act and as the free and voluntary act of the Company; and the said Assistant Vice President then and there caused the corporate seal of said Company to be affixed to said instrument as his/her own free and voluntary act and as the free and voluntary act of the Company.

Given under my hand and notarial seal this

DATE December 1, 2014




Notary Public

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STATE FILE NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16:33
 REGISTERED NUMBER 294

DECEASED-NAME FIRST MIDDLE LAST MARIAN C. BURKE		SEX 2. FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. MAY 26, 2007
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 4. COOK EVERGREEN PARK		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. JUNE 18, 1914	IF HOSPITAL OR INST. INDICATE DO, OPENED FOR MEDICAL EXAM. (YES/NO) 6c. INPATIENT
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. CHICAGO, IL		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) College (1-4 or 5+) 12. CARSON PRILE SCOTT 12	WAS DECEASED AFTER APPOINTED FORECAST (YES/NO) 9. NO
SOCIAL SECURITY NUMBER 10. [REDACTED]		USUAL OCCUPATION 11a. SALES	NAME OF SURVIVING SPOUSE (MAIL IN NAME, IF WIFE) 8b. [REDACTED]
RESIDENCE (STREET AND NUMBER) 13a. 9620 SOUTH 52ND AVENUE		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. OAK LAWN	INSIDE CITY (YES/NO) 13c. YES
STATE 13e. ILLINOIS		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. WHITE	COUNTY 13d. COOK
FATHER-NAME FIRST MIDDLE LAST 15. JOSEPH FORST		MOTHER-NAME FIRST MIDDLE LAST 16. CATHERINE GRAMM	(MAIDEN) LAST
INFORMANT'S NAME (TYPE OR PRINT) 17a. MARY GALEHER/SECRETARY		RELATIONSHIP HOSPITAL	MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP) 2800 WEST 95TH STREET 17b. RECORDS 17c. EVERGREEN PARK, ILLINOIS 60805
18. PART I. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (a) IMMEDIATE CAUSE (Final disease or condition resulting in death) (b) CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) (c) STATING THE UNDERLYING CAUSE LAST. SEPTIC SPYNOLOGIE DIALYZED PULMONS		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. 19a. NO 19b. [REDACTED] 20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 20d. [REDACTED] 20e. [REDACTED] 20f. [REDACTED] 20g. [REDACTED] 20h. [REDACTED] 20i. [REDACTED] 20j. [REDACTED] 20k. [REDACTED] 20l. [REDACTED] 20m. [REDACTED] 20n. [REDACTED] 20o. [REDACTED] 20p. [REDACTED] 20q. [REDACTED] 20r. [REDACTED] 20s. [REDACTED] 20t. [REDACTED] 20u. [REDACTED] 20v. [REDACTED] 20w. [REDACTED] 20x. [REDACTED] 20y. [REDACTED] 20z. [REDACTED] 21a. [REDACTED] 21b. [REDACTED] 21c. [REDACTED] 21d. [REDACTED] 21e. [REDACTED] 21f. [REDACTED] 21g. [REDACTED] 21h. [REDACTED] 21i. [REDACTED] 21j. [REDACTED] 21k. [REDACTED] 21l. [REDACTED] 21m. [REDACTED] 21n. [REDACTED] 21o. [REDACTED] 21p. [REDACTED] 21q. [REDACTED] 21r. [REDACTED] 21s. [REDACTED] 21t. [REDACTED] 21u. [REDACTED] 21v. [REDACTED] 21w. [REDACTED] 21x. [REDACTED] 21y. [REDACTED] 21z. [REDACTED] 22a. [REDACTED] 22b. [REDACTED] 22c. [REDACTED] 22d. [REDACTED] 22e. [REDACTED] 22f. [REDACTED] 22g. [REDACTED] 22h. [REDACTED] 22i. [REDACTED] 22j. [REDACTED] 22k. [REDACTED] 22l. [REDACTED] 22m. [REDACTED] 22n. [REDACTED] 22o. [REDACTED] 22p. [REDACTED] 22q. [REDACTED] 22r. [REDACTED] 22s. [REDACTED] 22t. [REDACTED] 22u. [REDACTED] 22v. [REDACTED] 22w. [REDACTED] 22x. [REDACTED] 22y. [REDACTED] 22z. [REDACTED] 23. [REDACTED]	
DATE OF OPERATION, IF ANY 20a. [REDACTED]		MAJOR FINDINGS OF OPERATION 20b. [REDACTED]	
19d. (DID NOT ATTEND) THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. [REDACTED]		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22a. SIGNATURE [REDACTED]		HOUR OF DEATH 21c. 5:00 P.M.	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. DR. SYED MOJED 3230 W. 95TH ST. EVERGREEN PARK, ILLINOIS 60805		DATE SIGNED (MONTH, DAY, YEAR) 22b. 5/29/07	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23. [REDACTED]		ILLINOIS LICENSE NUMBER 22d. 03608881	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
CEMETERY OR CREMATORY-NAME 24b. ST. MARY CEMETERY		DATE (MONTH, DAY, YEAR) 24c. MAY 30, 2007	
STREET AND NUMBER OR R.F.D. 25a. THOMPSON & KUENSTER FUNERAL HOME 5570 W. 95TH ST. OAK LAWN, ILLINOIS 60453		CITY OR TOWN 24c. EVERGREEN PARK, ILLINOIS	
FUNERAL HOME		STATE ILLINOIS	
FUNERAL DIRECTOR'S SIGNATURE 25b. [REDACTED]		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-011257	
LOCAL REGISTRAR'S SIGNATURE 26a. [REDACTED]		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. May 30, 2007	

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON IN ITEM # 1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTH, STILLBIRTHS, AND DEATHS.

DATE: May 30, 2007
 AT: EVERGREEN PARK, ILLINOIS

REGISTRAR: Lauren M. Carufel
 SIGNATURE: [Signature]

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EXHIBIT A

LOTS 11 AND 12 IN BLOCK 23 IN MINNICK'S OAK LAWN SUBDIVISION IN THE NORTHWEST ¼ AND THE WEST 20 ACRES OF THE NORTHEAST ¼ OF SECTION 9, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office



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