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QUIT CLAIM DEED INTO TRUST

THE GRANTOR(S), Thomas Martelli a widower and not since remarried of the City of Palos Hills, County of Cook, State of Illinois for and in consideration of Ten and 00/100 Dollars, (\$10.00) and other valuable consideration in hand paid, CONVEY(s) and QUIT CLAIM(S) to The Thomas Martelli Trust dated the 13th day of January, 2015, 10300 Michael Drive, Palos Hills, Illinois, the following described Real Estate situated in the County of Cook in the State of Illinois, to wit:



Doc#: 1505146111 Fee: \$44.00
RHSP Fee: \$9.00 APRF Fee: \$1.00
Affidavit Fee: \$2.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 02/20/2015 11:04 AM Pg: 1 of 4

====For Recorder's Use====

LOT 216 IN THE THIRD ADDITION TO OAKWOOD HILLS, A SUBDIVISION OF PART OF THE EAST 1/2 OF THE NORTH WEST 1/4 OF SECTION 13, TOWNSHIP 37 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois.

Permanent Real Estate Index Number(s): 23-13-109-001
Address of Real Estate: 10300 Michael Drive, Palos Hills, IL 60465

DATED this 15th day of January, 2015

X Thomas Martelli (SEAL) _____ (SEAL)

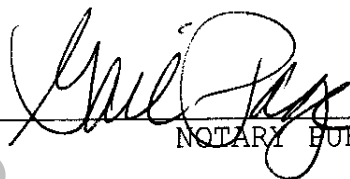


Gail Page

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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 of Illinois, DO HEREBY CERTIFY that Thomas Martelli as widower and not since remarried, 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 15th day of January, 2015.



NOTARY PUBLIC

(SEAL)



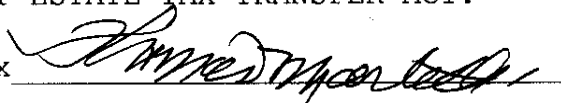
=====
This instrument was prepared by: Peter S. Cleary, Attorney at Law
6965 W. 117th Street, Worth, IL 60482

Tax Bill To: Martelli Trust
C/o Thomas Martelli
10300 Michael Drive
Palos Hills, Illinois 60465

Return To: Martelli Trust
c/o Thomas Martelli
10300 Michael Drive
Palos Hills, Illinois 60465

RECORDER'S OFFICE BOX NO. _____

THE UNDERSIGNED GRANTOR HEREBY AFFIRMS AND WARRANTS THAT THIS CONVEYANCE IS EXEMPT FROM TRANSFER TAXES PURSUANT TO PARAGRAPH E SECTION 4, THE EAST ESTATE TAX TRANSFER ACT.

x 

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STATEMENT BY GRANTOR AND GRANTEE

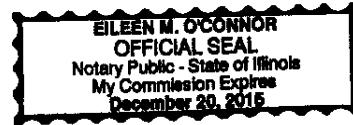
The grantor or his agent affirms that, to the best of his knowledge, the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

Dated: Jan 15, 2015

Signature: *[Signature]*
Grantor or Agent

Subscribed and sworn to before me by the said Grantor this 15th day of Jan, 2015.

Eileen M. O'Connor
Notary Public



The grantee or his agent affirms and verifies that the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated: Jan 15th, 2015

Signature: *[Signature]*
Grantee or Agent

Subscribed and sworn to before me by the said Grantee this 15th day of January, 2015.

Eileen M. O'Connor
Notary Public



NOTE: Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

(Attach to deed or ABI to be recorded in Cook County, Illinois, if exempt under the provisions of Section 4 of the Illinois Real Estate Transfer Tax.)

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

STATE FILE NUMBER 2015 0006168

DATE ISSUED 1/23/2015

| | | | | | |
|--|--|--|---|--|----------|
| DECEDENT'S LEGAL NAME THOMAS MARTELLI | | SEX MALE | DATE OF DEATH JANUARY 22, 2015 | | |
| COUNTY OF DEATH COOK | AGE AT LAST BIRTHDAY 82 YEARS | DATE OF BIRTH NOVEMBER 21, 1932 | | | |
| CITY OR TOWN PALOS HEIGHTS | | HOSPITAL OR OTHER INSTITUTION NAME PALOS COMMUNITY HOSPITAL | | | |
| PLACE OF DEATH INPATIENT | | | | | |
| BIRTHPLACE CHICAGO, IL | SOCIAL SECURITY NUMBER 209-26-8423 | STATUS AT TIME OF DEATH WIDOWED | SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME | EVER IN U.S. ARMED FORCES? YES | |
| RESIDENCE 10300 SOUTH MICHAEL | APT. NO. | CITY OR TOWN PALOS HILLS | INSIDE CITY LIMITS? YES | | |
| COUNTY COOK | STATE IL | ZIP CODE 60465 | FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION EDGAR MARTELLI | MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ROSE DE CARLO | |
| INFORMANT'S NAME THOMAS J MARTELLI | | RELATIONSHIP SON | MAILING ADDRESS 9224 WEST 175TH STREET, TINLEY PARK, IL, 60487 | | |
| METHOD OF DISPOSITION BURIAL | PLACE OF DISPOSITION SAINT MARY CATHOLIC CEMETERY | LOCATION - CITY OR TOWN AND STATE EVERGREEN PARK, IL | DATE OF DISPOSITION JANUARY 27, 2015 | | |
| FUNERAL HOME RICHARD-MIDWAY FUNERAL HOME, 5749 ARCHER AV., CHICAGO, IL, 60638 | | | | | |
| FUNERAL DIRECTOR'S NAME JEFFREY A ANDERZUNAS | | | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014335 | | |
| LOCAL REGISTRAR'S NAME DAVID ORR | | | DATE FILED WITH LOCAL REGISTRAR JANUARY 23, 2015 | | |
| CAUSE OF DEATH | PART I. ACUTE RESPIRATORY FAILURE | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) | a. _____ Due to (or as a consequence of): | | | | 13 DAYS |
| | b. METASTATIC POORLY DIFFERENTIATED CANCER OF BLADDER ORIGIN Due to (or as a consequence of): | | | | 13 DAYS |
| | c. BLADDER CANCER Due to (or as a consequence of): | | | | 2 MONTHS |
| PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. DIFFUSE LARGE B-CELL LYMPHOMA, ACUTE RENAL FAILURE | | | 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 21, 2015 | WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO | DATE PRONOUNCED | TIME OF DEATH 05:50 AM | |
| CERTIFIER PHYSICIAN | | | DATE CERTIFIED JANUARY 22, 2015 | | |
| NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH FARIS A. KHASAWNEH, M.D., 12251 SOUTH 80TH AVENUE, PALOS HEIGHTS, ILLINOIS, 60463 | | | PHYSICIAN'S LICENSE NUMBER 036-117597 | | |

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