

UNOFFICIAL COPY

**TRUSTEE'S DEED
ILLINOIS STATUTORY**

MAIL TO:

Robert J. Simpson
21925 S. Gailine Avenue
Sauk Village, Illinois 60411-4928

NAME AND ADDRESS OF TAXPAYER:

Robert J. Simpson
21925 S. Gailine Avenue
Sauk Village, IL 60411-4928



Doc#: 1530757160 Fee: \$44.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Affidavit Fee: \$2.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 11/03/2015 12:08 PM Pg: 1 of 4

RECORDER'S STAMP

THE GRANTOR(S) John B. Simpson Revocable Trust, Feb 5, 2009,
John B. Simpson (Deceased) and Robert John Simpson (Trustee(s)),

Of the Village of Sauk Village County of Cook State of Illinois

For and in consideration of Ten DOLLARS

and other good and valuable consideration in hand paid.

CONVEY(S) AND WARRANT(S) to 21925 S. Gailine Avenue, Sauk Village, Illinois 60411

(GRANTEE'S ADDRESS) Robert J. Simpson, 21925 S. Gailine Avenue
of the Village of Sauk Village County of Cook State of Illinois

all interest in the following described real estate situated in the County of Cook, in the State of Illinois
to wit:

**LOT 18 IN BLOCK 25 IN SOUTHDAL E SUBDIVISION UNIT NO. 2, A SUBDIVISION OF PART SECTION 25,
TOWNSHIP 35 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF
SAUK TRAIL ROAD, IN COOK COUNTY ILLINOIS**

NOTE: If additional space is required for legal – attach on separate
8-1/2" x 11" sheet with a minimum 1/2" clear margin on all sides

Permanent Index Number(s): 32-25-317-012-0000
Property Address 21925 S. Gailine Avenue, Sauk Village, Illinois 60411-4928

Dated this _____ day of _____, 2015

Robert J. Simpson (Seal) _____ (Seal)
Robert J. Simpson _____ (Seal) _____ (Seal)

NOTE: PLEASE TYPE OR PRINT NAME BELOW ALL SIGNATURES

UNOFFICIAL COPY

STATE OF ILLINOIS)

) ss

County of Cook)

I, the undersigned, Notary Public in and for said County, in the State aforesaid, CERTIFY THAT

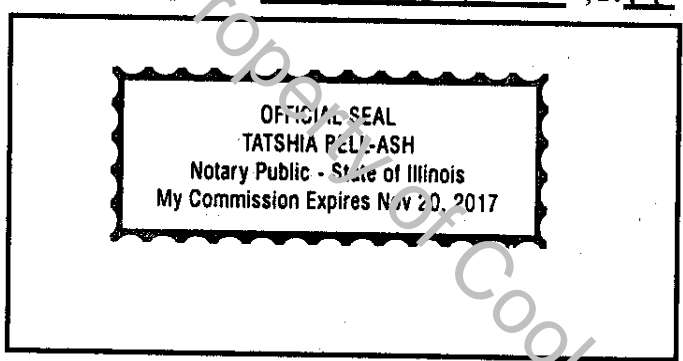
Robert J. Simpson

personally known to me to be the same person(s) whose name Robert J. Simpson subscribed to the foregoing instrument appeared before me this day in person, and acknowledged that he Robert J. Simpson signed, sealed and delivered said instruments as a free and voluntary act, for the use and purpose therein set forth, including the release and waiver of the right of homestead. *

Given under my hand and notarial seal, this 3rd day of Nov, 2015

Tatshia Bell-Ash
Notary Public

My Commission expires on Nov 20, 2017



Cook COUNTY - ILLINOIS TAXPAYERS STAMP

*If Grantor is also Grantee you may want to strike Release & Waiver of Homestead Rights

NAME & ADDRESS OF PREPARER:
Robert J. Simpson
21925 S. Gailine Ave.
Sauk Village, IL 60411-4928

EXEMPT UNDER PROVISIONS OF PARAGRAPH 1E SECTION 4
REAL ESTATE TRANSFER ACT
DATE: Nov 3, 2015

Robert J. Simpson
Signature of Buyer, Seller or Representative

** This conveyance must contain the name and address if the Grantee for tax billing purposes: (55 ILCS 5/35020) And name and address of the person preparing the instrument: (55 ILCS 5/3-5022).

TRUSTEE'S DEED

FROM

John Beatty Simpson
Revocable Trust

TO

Robert J. Simpson

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GRANTOR/GRANTEE AFFIDAVIT: STATEMENT BY GRANTOR AND GRANTEE AS REQUIRED BY SECTION 35 ILCS 200/31-47

GRANTOR SECTION

The **GRANTOR** or her/his agent, affirms that, to the best of her/his knowledge, the name of the **GRANTEE** shown on the deed or assignment of beneficial interest (**ABI**) 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 another 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: Nov 13, 2015

SIGNATURE: [Signature]
GRANTOR or AGENT

GRANTOR NOTARY SECTION: The below section is to be completed by the NOTARY who witnesses the GRANTOR signature.

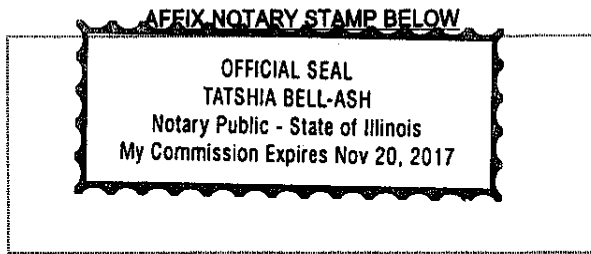
Subscribed and sworn to before me, Name of Notary Public:

Tatshia Bell-Ash

By the said (Name of Grantor): Robert Simpson

On this date of: Nov 13th, 2015

NOTARY SIGNATURE: [Signature]



GRANTEE SECTION

The **GRANTEE** or her/his agent affirms and verifies that the name of the **GRANTEE** shown on the deed or assignment of beneficial interest (**ABI**) 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: Nov 13, 2015

SIGNATURE: [Signature]
GRANTEE or AGENT

GRANTEE NOTARY SECTION: The below section is to be completed by the NOTARY who witnesses the GRANTEE signature.

Subscribed and sworn to before me, Name of Notary Public:

Tatshia Bell-Ash

By the said (Name of Grantee): Robert Simpson

On this date of: Nov 13th, 2015

NOTARY SIGNATURE: [Signature]



CRIMINAL LIABILITY NOTICE
Pursuant to Section **55 ILCS 5/3-5020(b)(2)**, 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 provisions of **SECTION 4** of the **Illinois Real Estate Transfer Act: (35 ILCS 200/Art. 31)**)



INDIANA STATE DEPARTMENT OF HEALTH
UNOFFICIAL COPY
 CERTIFICATE OF DEATH

Tracking No. 68854

Local No 000568

EDR No 00000184746

State No 007650

1. Decedent's Legal Name (First, Middle, Last) JOHN B SIMPSON			1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 05:10 PM		4. Date Of Death (Month/Day/Year) 02/20/2011		
5. Social Security Number 322-18-6189		6a. Age - Yrs 88		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes	
7. Date of Birth (Month/Day/Year) 05/19/1922			8. Birthplace (City and State or Foreign Country) GLASGOW, ST								
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival			10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)						
11. Facility Name (If Not Institution, Give Street and Number) ST MARGARET MERCY HEALTHCARE CENTERS-DYER											
12. City Or Town, State, And Zip Code DYER, IN, 46311					13. County Of Death LAKE			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation WELDER		17. Kind Of Business/Industry STEEL		
18. Residence - State ILLINOIS			18a. County COOK			18b. City Or Town SAUK VILLAGE					
18c. Street And Number 21925 SOUTH GAILINE AVENUE							18d. Apt. No.		18e. Zip Code 60411		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White					
22. Father's Name (First, Middle, Last) WILLIAM SIMPSON				23. Mother's Name (First, Middle, Last) MARY JANE SIMPSON				23a. Mother's Maiden Last Name HENDERSON			
24. Informant's Name ROBERT SIMPSON			24a. Relationship To Decedent SON			24b. Mailing Address (Street And Number, City, State, Zip Code) 21925 SOUTH GAILINE AVENUE, SAUK VILLAGE, IL 60411					
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) REGIONAL CREMATION SERVICE			25c. Location - City, Town, And State MUNSTER, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KISH FUNERAL HOME, 10000 CALUMET AVE, MUNSTER, IN 46321						27a. Funeral Home License Number: FH10700038			
27b. Signature Of Indiana Funeral Service Licensee: KEVIN W. KISH, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01021590					
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.											
Immediate Cause (Final Disease Or Condition Resulting In Death)											
A. DEMENTIA											
B. EMPHYSEMA											
C.											
D.											
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last											
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I											
28. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No											
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined					
34. Date Of Injury (Month/Day/Year)			35. Time Of Injury			36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
36. Location Of Injury - State			38a. City Or Town			38b. Street & Number			38c. Apt. No.		38d. Zip Code
39. Describe How Injury Occurred											
40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian NOT VALID UNLESS											
41. Signature, Of Person Certifying Cause Of Death: MATTHEW MAZUR, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: MATTHEW MAZUR, 5454 HOMAN AVE., DYER, IN 46320						44. License Number 02003607A		45. Date Certified 02/22/2011			
46. Additional Funeral Service Provider:											
46. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						48. For Registrar Only - Date Filed (Month/Day/Year): FEB 23 2011					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											