

# UNOFFICIAL COPY

RECORDING REQUESTED BY:  
AND WHEN RECORDED MAIL TO:  
Stuart J. Kohn, Esq.  
Levenfeld Pearlstein, LLC  
2 N. LaSalle St., Ste. 1300  
Chicago, Illinois 6062



Doc#: 1608522039 Fee: \$44.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 03/25/2016 11:10 AM Pg: 1 of 4

SPACE ABOVE THIS LINE FOR RECORDER'S USE

## AFFIDAVIT – DEATH OF TRUSTEE

Stuart J. Kohn, an attorney of legal age, being first duly sworn, deposes and says that:

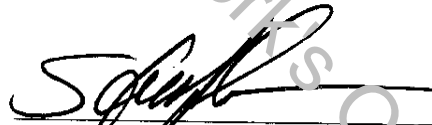
H. Woods Bowman is the decedent mentioned in the attached certified copy of Certificate of Death and is the same person as H. Woods Bowman named as Trustee in the H. Woods Bowman and Michele M. Thompson Revocable Trust (the "Trust") Under Agreement Dated March 10, 2000, as amended (the "Trust Agreement").

The Trust holds title to the following described property situated in the City of Chicago, County of Cook, State of Illinois:

SEE ATTACHED EXHIBIT "A"

Michele M. Thompson, of 400 E. Randolph St., #3619, Chicago, Illinois 60601, became sole Trustee of the Trust upon the death of H. Woods Bowman on July 10, 2015, pursuant to the Declaration to Act of Christopher Bailey, Nathaniel Thompson-Weaver, and Gabrielle Thompson and Acceptance to Act of Michele M. Thompson executed on July 10, 2015 and Article IX of the Trust Agreement.

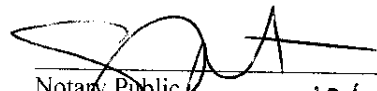
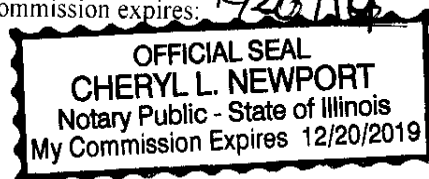
Dated: March 23, 2016

  
Stuart J. Kohn, Attorney

STATE OF ILLINOIS

COUNTY OF MCHENRY

On March 23, 2016 before me, a notary public in and for said County and State, Stuart J. Kohn, personally known to be the person whose name is subscribed to this Affidavit, acknowledged to me that he executed the same as attorney for the Estate of H. Woods Bowman, and that by his signature on this Affidavit he executed this Affidavit.

  
Notary Public  
My Commission expires: 12/20/19  


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Exhibit "A"

UNIT NUMBER 3619 AS DELINEATED ON SURVEY OF CERTAIN LOTS IN THE PLAT OF LAKE FRONT PLAZA, A SUBDIVISION OF A PARCEL OF LAND LYING IN ACCRETIONS TO FRACTIONAL SECTION 10, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN ACCORDING TO THE PLAT THEREOF RECORDED APRIL 20, 1962 AS DOCUMENT NUMBER 18461961, CONVEYED BY DEED FROM ILLINOIS CENTRAL RAILROAD COMPANY TO AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO, AS TRUSTEE UNDER TRUST AGREEMENT DATED MAY 7, 1962 AS DOCUMENT NUMBER 18467558, AND ALSO SUPPLEMENTAL DEED THERETO RECORDED DECEMBER 23, 1964 AS DOCUMENT NUMBER 19341545, WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO DECLARATION OF CONDOMINIUM MADE BY AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO, AS TRUSTEE UNDER TRUST AGREEMENT DATED APRIL 9, 1962 AND KNOWN AS TRUST NUMBER 17460, RECORDED IN THE OFFICE OF THE RECORDER OF COOK COUNTY, ILLINOIS AS DOCUMENT NUMBER 22453315, TOGETHER WITH AN UNDIVIDED .09406 PER CENT INTEREST IN THE PROPERTY DESCRIBED IN SAID DECLARATION OF CONDOMINIUM AFORESAID (EXCEPTING THE UNITS AS DEFINED AND SET FORTH IN THE DECLARATION OF CONDOMINIUM AND SURVEY, IN COOK COUNTY, ILLINOIS

Permanent Real Estate Index Number: 17-10-400-012-1875

Commonly Known As: 400 E. Randolph Street, #3619, Chicago, IL 60601

LF  
CF 2015-278

# UNOFFICIAL COPY



STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH  
CERTIFICATE OF DEATH

STATE FILE NUMBER  
228453

DECEDENT

INFORMANT PARENTS

DISPOSITION

CERTIFICATION

CAUSE OF DEATH

MEDICAL EXAMINER

1. DECEDENT'S NAME (First, Middle, Last) Henry Woods Bowman		2. DATE OF BIRTH December 31, 1941		3. SEX Male		4. DATE OF DEATH July 10, 2015	
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS H. Woods Bowman			6a. AGE- Last Birthday (Years) 73		6b. UNDER 1 YEAR MONTHS DAYS		6c. UNDER 1 DAY HOURS MINUTES
7a. LOCATION OF DEATH Lakeview Community Hospital			7b. CITY, VILLAGE OR TOWNSHIP OF DEATH Paw Paw			7c. COUNTY OF DEATH Van Buren	
8a. CURRENT RESIDENCE - STATE Illinois		8b. COUNTY Cook		8c. LOCALITY Chicago		8d. STREET AND NUMBER 400 East Randolph Street Apt. 3619	
8e. ZIP CODE 60601		9. BIRTH PLACE Ravena, Ohio		10. SOCIAL SECURITY NUMBER [REDACTED]-2917		11. DECEDENT'S EDUCATION Doctorate degree	
12. RACE White			13a. ANCESTRY Danish(Dane), English, German, Welsh			13b. HISPANIC ORIGIN No	14. EVER IN THE U.S. ARMED FORCES? No
15. USUAL OCCUPATION University Professor		16. KIND OF BUSINESS OR INDUSTRY Education		17. MARITAL STATUS Married		18. NAME OF SURVIVING SPOUSE Michele Thompson	
19. FATHER'S NAME (First, Middle Last) Irving H. Bowman			20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Winifred Woods				
21a. INFORMANT'S NAME Michele Thompson		21b. RELATIONSHIP TO DECEDENT Wife		21c. MAILING ADDRESS 400 E. Randolph Street Apt. 3619, Chicago Illinois 60601			
22. METHOD OF DISPOSITION Cremation		23a. PLACE OF DISPOSITION Central Michigan Crematory			23b. LOCATION - City or Village, State Battle Creek, Michigan		
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE Scott B. Burdick		25. LICENSE NUMBER 4501007501		26. NAME AND ADDRESS OF FUNERAL FACILITY Langeland Family Funeral Homes-Memorial Chapel, 622 S. Burdick Street, Kalamazoo, Michigan 49007			
27a. CERTIFIER <input type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the (cause)s and manner stated. <input checked="" type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. John C. Owens, MD Signature and Title		28a. ACTUAL OR PRESUMED TIME OF DEATH 01:30 On or About PM		28b. PRONOUNCED DEAD ON July 10, 2015		28c. TIME PRONOUNCED DEAD 02:38 PM	
27b. DATE SIGNED July 13, 2015		27c. LICENSE NUMBER 044195		29. MEDICAL EXAMINER CONTACTED Yes		30. PLACE OF DEATH Hospital	
27d. DATE SIGNED July 13, 2015		27e. LICENSE NUMBER 044195		32. MEDICAL EXAMINER'S CASE NUMBER 06-067-15		31. IF HOSPITAL Emergency room	
34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN John C. Owens, MD, VanBuren County Medical Examiner, 911 S. Bailey Avenue, South Haven, Michigan 49090							
35a. REGISTRAR'S SIGNATURE 					35b. DATE FILED July 17, 2015		
36. 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. Enter only one cause on line. If diabetes was an immediate, underlying or contributing cause of death be sure to record diabetes in either Part I or Part II of the cause of death section, as appropriate. IMMEDIATE CAUSE (Final disease or condition resulting in death) 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 a. Blunt Impacts to the Trunk/MVA b. DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) d. DUE TO (OR AS A CONSEQUENCE OF) PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I							
39. MANNER OF DEATH Accident		40a. WAS AN AUTOPSY PERFORMED? Yes		40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Yes		38. 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"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death	
41a. DATE OF INJURY 07/10/2015		41b. TIME OF INJURY 01:30 On or About PM		41c. DESCRIBE HOW INJURY OCCURRED Decedent Involved in MVA			
41d. INJURY AT WORK No		41e. PLACE OF INJURY Highway		41f. IF TRANSPORTATION INJURY Driver		41g. LOCATION SP01590452 Eastbound I-94 Near Exit 86, Mattawan, Michigan 49071	

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED.

VRHDS511 (12/12) Authority: MCL 333.2962

THIS CERTIFICATE OF VITAL RECORD CONTAINS THE FOLLOWING SECURITY FEATURES. THESE SECURITY FEATURES MUST BE PRESENT FOR THIS TO BE A VALID, ACCEPTABLE DOCUMENT:

- Watermark Chainlink design
- Fluorescent security fibers
- Full chemical sensitization

**IMPORTANT INFORMATION:**

This certificate is a valuable and legal document. Please keep in a safe place.

**WARNING:**

Obtaining and/or using this document and/or personal identifying information contained on this document with the intent to defraud or commit another unlawful act is prohibited. (MCL 445.65)

A person shall not willfully and knowingly obtain, possess, use, sell, furnish, or attempt to obtain, possess, use, sell, or furnish to another person, for any purpose of deception, a counterfeited, altered, amended, or mutilated vital record or certified copy thereof. (MCL 333.2894 (1)(d))

A person shall not make, counterfeit, alter, amend, or mutilate a vital record or report required to be filed under this part with the intent to deceive. (MCL 333.2894 (2))



State of Michigan

County of Van Buren

ss

I, **TINA LEARY**, Clerk of the Circuit Court, County of Van Buren, the same being a Court of Record having a Seal, do hereby certify that the foregoing is a certified copy of a record now remaining in the office of the Clerk of Van Buren County.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Circuit Court, this 17th day of July, 2015.

**TINA LEARY**, Van Buren County Clerk

By: Susan K Blower  
Deputy County Clerk