



# UNOFFICIAL COPY

That all debts of the deceased are paid in full and there is no Federal or Illinois Estate Tax due, or they have been paid in full.

Affiant makes this affidavit for the purposes of inducing any title company to issue its title policy, describing the above-mentioned property.

IN WITNESS WHEREOF, the Affiant has affixed her signature hereto this 27th day of October, 2016.

  
LINDA KEMP, Affiant

Subscribed and sworn to before me  
this 27th day of October, 2016.

  
Notary Public



### LEGAL DESCRIPTION

Lot 21 in Rauschenberg and Biasiello Pleasant Acres, being a Subdivision of part of Lot 6 in Owner's Subdivision of Section 13, Township 41 North, Range 11, East of the Third Principal Meridian, according to the plat of said Rauschenberg and Biasiello Pleasant Acres registered in the Office of the Registrar of Titles of Cook County, Illinois, on November 15, 1971, as Document No. 2593366, in Cook County, Illinois.

Property Address: 08-13-402-031-0000

Permanent Index Number: 51 W. Millers Road, Des Plaines, IL 60016

This instrument prepared by John C. Haas, Attorney at Law, 115 S. Emerson Street, Mount Prospect, Illinois 60056

STATE OF ILLINOIS  
County of Cook

# UNOFFICIAL COPY

JUL 25 2007

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>16.0</b>		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>					
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED-NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
1. Glenn Harold Burren		2. Male		3. July 20, 2007			
COUNTRY OF DEATH		AGE-LAST BIRTHDAY (YRS)		UNDER 1 YEAR		UNDER 1 DAY	
4. Cook		5a. 81		5b.		5c.	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		DATE OF BIRTH (MONTH, DAY, YEAR)		5d. January 6, 1926	
6a. Lincolnwood		6b. Lincolnwood Place Nursing Home		IF HOSP. OR INST. INDICATE D.O. OP/EMER. RM. INPATIENT (SPECI)		6c. Inpatient	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER ARMED FORCES? (YE	
7. Chicago, Illinois		8a. Divorced		8b. None		9. Yes	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10. [REDACTED]		11a. Mechanic		11b. Automotive		12. 12	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
13a. C/O Miner, 28 Rolling Hills Dr		13b. Barrington		13c. Yes		13d. Cook	
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN)	
13e. Illinois		13f. 60010		14a. White		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST		INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	
15. Otto Burren		16. Carrie Nollgen		17a. Steven Miner		17b. POA	
Mailing Address (Street and No. or R.F.D., City or Town, State, Zip)		60010		17c. 28 Rolling Hills Dr. Barrington, IL.			
18. PART I. Enter the diseases, 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) Coronary Artery Disease		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		Years	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		(b) DUE TO, OR AS A CONSEQUENCE OF		(c) DUE TO, OR AS A CONSEQUENCE OF			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE FOR COMPLETION OF CAUSE OF DEATH? (YES/NO)	
20a.		20b.		19a. No		19b. No	
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. (I) (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		21b. No		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH	
21a. 7-19-07						21c. 12:05 A.M.	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		22a. SIGNATURE		22b. July 24, 2007		DATE SIGNED (MONTH, DAY, YEAR)	
22a. JOHN P. FULLER, MD		22b. CHICAGO, IL		22c. 036-042979		ILLINOIS LICENSE NUMBER	
NAME AND ADDRESS OF CERTIFIER		22c. 1945 WEST WILSON AVE		60640		22d. 036-042979	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		23.		NOTE: IF AN INJURY WAS INVOLVED IN THE DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)	
24a. Cremation		24b. Forest Crematory		24c. Romeoville, Illinois		24d. July 23, 2007	
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE		ZIP	
25a. Cremation Society of Illinois		25b. Gerald Sullivan		25c. 034-011165		Rr	
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
25a. Cremation Society of Illinois		25b. Gerald Sullivan		25c. 034-011165		25d. JUL 25 2007	
26a. David Orr		26b. JUL 25 2007					