UNOFFICIAL COPY

AFFIDAVIT OF TRUSTEE SUCCESSION

MAIL RECORDED AFFIDAVIT TO: Robert G. Goodsell 429 Cherry Lane Glenview, Illinois 60025

STATE OF ILLINOIS

)SS

COUNTY OF COOK



Doc# 1805949264 Fee \$40.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREH A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 02/28/2018 02:29 PM PG: 1 OF 2

ROBERT G. GOODSELL, who has succeeded to the co-trusteeship of BARBARA A. GOODSELL DECLARATION OF TRUST DATED OCTOBER 27, 2000, on oath deposes and says that:

- 1. Affiant recides at 429 Cherry Lane, Glenview, Illinois 60025.
- 2. The BARBARA A GOODSELL DECLARATION OF TRUST DATED OCTOBER 27, 2000 (the "Original Trust") was amended only once on August 31, 2012, which amendment included a complete restatement of the terms of the Original Trust. The Original Trust as it has been amended to the date hereof shall be referred to herein is the "Trust".
- 3. Affiant became a Successor Co trustee of the Trust as of the death of BARBARA A GOODSELL (the "Decedent) on June 30, 2017.
- 4. The Decedent had acted as sole trustee of the Trust from its inception until her death. A redacted, certified copy of Decedent's Certification of Death Record is attached hereto.
- 5. One of the assets of the Trust is that parcel of real state commonly known as 440 Elder Lane, Glenview, Illinois 60025, and legally described as:

Lot 84 in Nixon's Greenwood Central Development Unit C. Using a subdivision of part of the East Half (E-1/2) of the Northeast Fractional Quarter of Section 10 and part of the West Half (W-1/2) of the Northwest Fractional Quarter of Section 11, Township 41 North Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Real Estate Index Number: 09-11-105-027-0000 Address of real estate: 440 Elder Lane, Glenview, Illinois 60025

- 9. As of Decedent's death, Affiant and **BARBARA BLIEFERNICH** succeeded to the co-trust eship of the Trust and are acting as such as of the date hereof.
- 7. As of the date hereof, the Trust is in full force and effect and without further amendment.

SUBSCRIBED and sworn to

n. Muller

before me this / s day

of August, 2017.

Notary Public

Splet A Hoodsell
ROBERT G. GOODSELL

JOHN M MUELLER

NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires October 29, 2018

Prepared by: John M. Mueller, Furnier Muzzo Group LLC, 2103 Norwich Court, Glenview, Illinois 60026.

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

STATE FILE NUMBER	2017 0053414			DATE ISSUED	7/5/2017

DECEDENT'S LEGAL NAME: BARBARA ANN GOODSELL: SEX DATE OF DEATH JUNE 30 2017
COUNTY OF DEATH AGE AT LAST BIRTHDAY COOK 79 YEARS DATE OF BIRTH APRIL 26, 1938
CITY OR TOWN HOSPITAL OR OTHER INSTITUTION NAME GLENVIEW TERRACE NURSING CTR.
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY
BIRTHPLACE SOCIAL SECURITY NUMBER STATUS AT TIME OF DEATH SURVIVING SPOUSE/CIVIL UNION PARTNERS MAIDEN NAME (EVER IN U. S. ARMED) REDACTED MARRIED ROBERT GOODSELL FORCES? NO
RESIDENCE APT. NO. CITY OR TOWN INSIDE CITY LIMITS? 429 CHERRY LN: YES
COUNTY STATE ZIP CODE FATHERICO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MOTHERICO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANNA LABAV
RELATIONSHIP MAILING ADDRESS ROBERT GOODSELL HUSBAND 429 CHERRY EN, GLENVIEW, IL, 60025
METHOD DEDISPOSITION PLACE OF DISPOSITION: LOCATION CITY OR TOWN AND STATE DATE OF DISPOSITION ROMEOVILLE, IL JULY 06, 2017
FUNERAL HOME CREMATION SOCIETY OF ILLINOIS MOUNT FPOSPECT, 1030 EAST NORTHWEST HIGHWAY, MT PROSPECT, IL; 60056
FUNERAL DIRECTOR'S NAME MEGAN ELIZABETH SCHLEGEL O34016962
LOCAL REGISTRAR'S NAME DAVID ORR JULY 5, 2017
CAUSE OF DEATH PART I. END STAGE CHRONIC OBSTRUCTIVE FULL MONARY DISEASE
(Final disease or condition Due to (or as a c insequence of)
Oue to (or as a consequence of):
Due to (or as a consequence of): PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PAR. WAS AN AUTOPSY PERFORMED? NO
ANEMIA WERE AUTOPSY FINDINGS USED TO
FEMALE PREGNANCY STATUS NOT APPLICABLE LIATURAL
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? DATE LAST SEEN ALIVE WAS MEDICAL EXAMINER OR DATE PRONOUNCED. TIME OF DEATH
YES JUNE 29, 2017 CORONER CONTACTED? NO 09:20 AM
CERTIFIER PHYSICIAN DATE CERTIFIED JULY 03; 2017



D00016130

PHYSICIAN'S LICENSE NUMBER

036055036



NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH

MARTIN KOVACHEVICH, 2050 PFINGSTEN RD, GLENVIEW, ILLINOIS, 60026

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



