

UNOFFICIAL COPY



STATE OF ILLINOIS)
)SS.
COUNTY OF COOK)

Doc# 1907317030 Fee \$42.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 03/14/2019 11:38 AM PG: 1 OF 3

NOTICE DECEASED TRUSTEE

I, **THOMAS J. KELLY**, hereby referred to as the affiant, states under oath that the affiant does hereby give notice of the death of **CHARLENE ANN KELLY** on **December 17, 2008**; and that at the time of death, the decedent was Co-Trustee of **THE KELLY FAMILY REVOCABLE LIVING TRUST** dated December 6, 2003, which contains the following property by virtue of a properly recorded deed, deeding into trust said property located in Cook County, Illinois, and legally described as per the attached:

Address of Property: 4931 W. Newport Ave., Chicago, IL 60641
P.I.N. 13-21-407-013-0000

That The Kelly Family Revocable Living Trust dated December 6, 2003, is in full force and effect, and that THOMAS J. KELLY is the currently acting Trustee pursuant to the terms of the Trust Agreement;

That all funeral expenses have been paid, and there are no unpaid debts of the decedent.

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on DECEMBER 17, 2018, as evidenced by a certified copy of her death certificate attached hereto, leaving a last will and testament;

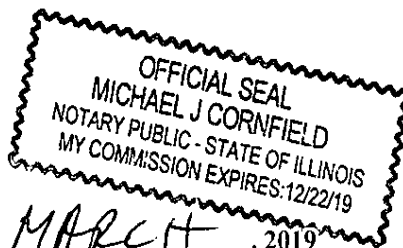
That the Illinois Estate Tax and the Federal Estate Tax, if any was due from the decedent's estate has been paid in full.

That the affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc to issue its policy of title insurance on the above described property.

The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold Attorneys' Title Guaranty Fund, Inc harmless and to reimburse The Fund for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which The Fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of **CHARLENE ANN KELLY** the decedent;
2. Illinois Estate Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

THOMAS J. KELLY



Subscribed & Sworn to before me this 5 day of MARCH, 2019

Notary Public

Affidavit prepared by and return to:
Michael J. Cornfield
6153 N. Milwaukee Avenue, Chicago, IL 60646

SP

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Lot 3 in Henry D. Boehmer's Resubdivision of Lots 42 and 43 in Frederick H. Bartlett's Subdivision of the South 2/3 of the North 1/2 of the Southeast 1/4 of Section 21, Township 40 North, Range 13, East of the Third Principal Meridian (except streets heretofore dedicated) in Cook County, Illinois;

Permanent Real Estate Index No. 13-21-407-013

Address of Real Estate: 4931 W. Newport, Chicago, Illinois 60641

Property of Cook County Clerk's Office

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

STATE FILE NUMBER 2018 0101328

DATE ISSUED 12/20/2018

DECEDENT'S LEGAL NAME CHARLENE KELLY		SEX FEMALE	DATE OF DEATH DECEMBER 17, 2018																	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 75 YEARS	DATE OF BIRTH DECEMBER 29, 1942																		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME COMMUNITY FIRST MEDICAL CENTER																		
PLACE OF DEATH INPATIENT																				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME THOMAS KELLY	EVER IN U.S. ARMED FORCES? NO																
RESIDENCE 4931 WEST NEWPORT AVENUE		APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES																
COUNTY COOK	STATE IL	ZIP CODE 60641	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CHARLES WERNER	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARGARET MIHALEK																
INFORMANT'S NAME THOMAS KELLY		RELATIONSHIP HUSBAND	MAILING ADDRESS 4931 WEST NEWPORT AVENUE, CHICAGO, IL, 60641																	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION ACACIA PARK CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION DECEMBER 24, 2018																
FUNERAL HOME JAEGER FUNERAL HOME, 3526 N CICERO AVENUE, CHICAGO, IL 60641																				
FUNERAL DIRECTOR'S NAME DOUGLAS JAEGER			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014320																	
LOCAL REGISTRAR'S NAME KAREN A. YARBROUGH			DATE FILED WITH LOCAL REGISTRAR DECEMBER 18, 2018																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 15%; vertical-align: top;"> CAUSE OF DEATH IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small> </td> <td style="width: 5%; text-align: center;">PART I</td> <td style="width: 60%;">ACUTE SUBDUAL HEMATOMA NON TRAUMATIC</td> <td rowspan="3" style="width: 10%; text-align: center; vertical-align: middle;"> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH </td> <td style="width: 10%;"></td> </tr> <tr> <td style="text-align: center;">a</td> <td style="text-align: center;">Due to (or as a consequence of)</td> <td></td> </tr> <tr> <td style="text-align: center;">b</td> <td style="text-align: center;">Due to (or as a consequence of)</td> <td></td> </tr> <tr> <td style="text-align: center;">c</td> <td style="text-align: center;">Due to (or as a consequence of)</td> <td></td> <td></td> <td></td> </tr> </table>					CAUSE OF DEATH IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	PART I	ACUTE SUBDUAL HEMATOMA NON TRAUMATIC	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		a	Due to (or as a consequence of)		b	Due to (or as a consequence of)		c	Due to (or as a consequence of)			
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	a	Due to (or as a consequence of)																		
	b	Due to (or as a consequence of)																		
c	Due to (or as a consequence of)																			
PART II: Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I. RESPIRATORY FAILURE, ATRIAL FIBRILLATION, HYPERTENSION			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 DECEMBER 17, 2018	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 11:18 AM																
CERTIFIER PHYSICIAN			DATE CERTIFIED DECEMBER 17, 2018																	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH GREGORIO ROSENSTEIN MD, 5645 WEST ADDISON, CHICAGO, ILLINOIS, 60634			PHYSICIAN'S LICENSE NUMBER 036-083440																	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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.

Karen A. Yarbrough
 Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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