

COPY

In order to change the current name or mailing address on your assessment account, the following form must be completed in it's entirety and mailed to Property Specialists, Inc. IF YOU HAVE RECENTLY SOLD OR PURCHASED YOUR HOME, PLEASE DO NOT USE THIS FORM. IN THAT CASE YOU MUST CONTACT OUR CLOSING DEPARTMENT AT 847-806-6020 EXT. 132.

NAME/ADDRESS CHANGE REQUEST

Property Specialists, Inc.

Attn: Property Manager

Dana Point (DPT-101)
Name of Homeowners Association

5999 S. New Wilke Road - Suite 108

Rolling Meadows, IL 60008

THE FOLLOWING INFORMATION IS REQUIRED IN ORDER FOR THE REQUESTED CHANGE(S) TO BE INSTITUTED:

Assessment Account Number

101-01-0307A-1

Current Homeowner's Name

Lynn + Don Owen

Unit Address

1405 E. Central Rd.

Unit 307A

Current Mailing Address (if
different than unit address)

Request Name to be changed to

Lynn Owen

Request Mailing Address to be
Changed To

Reason for Change

Don - Deceased

CERTIFICATION OF DEATH RECORD

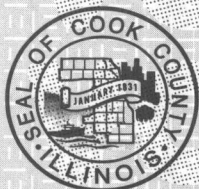
CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2010 0036107

DATE ISSUED 05/19/2010

DECEDENT'S LEGAL NAME DONALD E OWEN				SEX MALE	DATE OF DEATH MAY 15, 2010
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 77 YEARS		DATE OF BIRTH JULY 08, 1932	
CITY OR TOWN ARLINGTON HEIGHTS			HOSPITAL OR OTHER INSTITUTION NAME NORTHWEST COMMUNITY HOSPITAL		
PLACE OF DEATH INPATIENT					
BIRTHPLACE FLOSSMOOR, IL		SOCIAL SECURITY NUMBER 335-26-4368		MARITAL STATUS AT TIME OF DEATH MARRIED	
RESIDENCE 1405 E CENTRAL		APT. NO. 307A		CITY OR TOWN ARLINGTON HEIGHTS	
COUNTY COOK		STATE IL		ZIP CODE 60005	
FATHER'S NAME LAWRENCE COLLIN OWEN		MOTHER'S NAME PRIOR TO FIRST MARRIAGE MARCELLA WINIFRED MC CARTHY		EVER IN U.S. ARMED FORCES? YES	
INFORMANT'S NAME LYNN OWEN		RELATIONSHIP WIFE		MAILING ADDRESS 1405 E CENTRAL - 307A, ARLINGTON HEIGHTS, IL, 60005	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION FOREST CREMATORY		LOCATION - CITY OR TOWN AND STATE ROMEQUILLE, IL	
DATE OF DISPOSITION MAY 18, 2010		FUNERAL HOME CREMATION SOCIETY OF ILLINOIS - GLEN ELLYN, 1170 ROOSEVELT ROAD, GLEN ELLYN, IL, 60137			
FUNERAL DIRECTOR'S NAME GERALD F SULLIVAN				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011165	
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR MAY 18, 2010	
<div style="display: flex; justify-content: space-between;"> <div> <p>CAUSE OF DEATH</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death)</p> </div> <div> <p>PART I: CORONARY ARTERY DISEASE</p> <p>a. _____</p> <p>b. _____</p> <p>c. _____</p> <p>Due to (or as a consequence of):</p> <p>Due to (or as a consequence of):</p> <p>Due to (or as a consequence of):</p> </div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> <p>APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</p> </div> </div>					
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				WAS AN AUTOPSY PERFORMED? NO	
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DID TOBACCO USE CONTRIBUTE TO DEATH?		FEMALE PREGNANCY STATUS NOT APPLICABLE		MANNER OF DEATH NATURAL	
DATE OF INJURY		TIME OF INJURY		PLACE OF INJURY	
LOCATION OF INJURY		INJURY AT WORK?			
DESCRIBE HOW INJURY OCCURRED:				IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? YES		DATE LAST SEEN ALIVE MAY 15, 2010		DATE PRONOUNCED	
CERTIFIER PHYSICIAN		WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES		TIME OF DEATH 04:03 PM	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PHILLIP KILEY, 1538 N ARLINGTON HEIGHTS ROAD, ARLINGTON HEIGHTS, ILLINOIS, 60004				PHYSICIAN'S LICENSE NUMBER 036091350	

This is to certify that this is a true and correct copy from the official death record filed with Illinois Department of Health.



David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE