

COPY

In order to change the current name or mailing address on your assessment account, the following form must be completed in its 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

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		SURVIVING SPOUSE'S NAME LYNN ROSEMAN	
RESIDENCE 1405 E CENTRAL		APT. NO. 307A	CITY OR TOWN ARLINGTON HEIGHTS	EVER IN U.S. ARMED FORCES? YES	
COUNTY COOK	STATE IL	ZIP CODE 60005	FATHER'S NAME LAWRENCE COLLIN OWEN		MOTHER'S NAME PRIOR TO FIRST MARRIAGE MARCELLA WINIFRED MC CARTHY
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 ROMEovILLE, 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	
CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death)	PART I. CORONARY ARTERY DISEASE				
	a.	Due to (or as a consequence of):			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	b.				
	c.	Due 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 PART I.					
DID TOBACCO USE CONTRIBUTE TO DEATH?			FEMALE PREGNANCY STATUS NOT APPLICABLE		
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	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 04:03 PM	
CERTIFIER PHYSICIAN					
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PHILLIP KILEY, 1538 N ARLINGTON HEIGHTS ROAD, ARLINGTON HEIGHTS, ILLINOIS, 60004				DATE CERTIFIED MAY 17, 2010	
PHYSICIAN'S LICENSE NUMBER C36091350					

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

