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3377017, 81 001 Page 1 of 4
2000-06-09 11:06:30
Cook County Recorder 27.50

H39360

WARRANTY DEED

THE GRANTOR(S)
the Sole Heirs of the Estate
of Rose Ventura, namely;
VITINA M. LaROCCA,
married to DOMINIC LaROCCA
VINCENT VENTURA,
married to IRENE VENTURA
MARY SCHMITZ,
married to JOHN A. SCHMITZ
of the City of Chicago
County of Cook, State of
Illinois for and in
consideration of Ten
(\$10) Dollars and
other good and
valuable consideration
in hand paid, CONVEY(S)
and WARRANT(S) to



WALTER R. ZAROTYNSKA
and
KATE ZAROTYNSKA husband and wife

husband and wife of 7100 W. Higgins, Apt 2B, Chicago, Illinois, not as joint tenants and not as tenants in common but as TENANTS BY THE ENTIRETY, the following described Real Estate situated in the County of Cook in the State of Illinois, to Wit:

4m

LOT 23 IN BLOCK 1 IN WALTER G. MCINTOSH'S FOSTER AVENUE ADDITION TO CHICAGO, BEING A SUBDIVISION OF THE SOUTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 7, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

ADDRESS OF PROPERTY: 5258 NORTH NAGLE AVENUE, CHICAGO, ILLINOIS 60630

PERMANENT INDEX NO. 13-07-221-048

NOT HOMESTEAD PROPERTY

hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois.

SUBJECT TO: covenants, conditions, and restrictions of record, Document No.(s) and to General Taxes for 1999 (2nd half) and subsequent years.

DATED THIS 26 DAY OF MAY, 2000

Vitina M. LaRocca
VITINA M. LaROCCA

Vincent Ventura
VINCENT VENTURA

Mary Schmitz
MARY SCHMITZ

City of Chicago
Dept. of Revenue



Real Estate
Transfer Stamp

227745

\$1,170.00

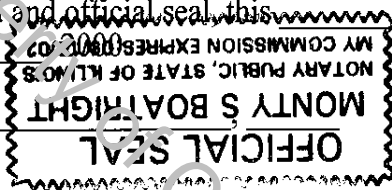
16/08/2000 10:23 Batch 05082 13

State of Illinois,
County of Cook ss.

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that VITINA M. LaROCCA AND VINCENT E. VENTURA AND MARY SCHMITZ personally known to me to be the same persons whose names subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that They signed, sealed and delivered the said instrument as THEIR free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and official seal, this _____ day of _____

Commission expires _____




NOTARY PUBLIC

This instrument was prepared by: MONTY BOATRIGHT 4013 N. MILWAUKEE #301, CHICAGO, ILLINOIS 60641

Mail this instrument to: WALDEMAR WYSZYNSKI 15 N. NORTHWEST HIGHWAY, PARK RIDGE, ILLINOIS 60068

Send Subsequent Tax Bills to: WALTER AND KATE ZAROTYNSKA 5258 N. NAGLE AVE, CHICAGO, IL 60630

COOK County Clerk's Office
NOTICE
MAIL TO

COOK COUNTY
REAL ESTATE TRANSACTION TAX



JUN. -8.00

REVENUE STAMP

REAL ESTATE TRANSFER TAX
0007800
0000026890
FP 326670

STATE OF ILLINOIS
STATE TAX
JUN. -8.00
REAL ESTATE TRANSFER TAX
DEPARTMENT OF REVENUE



REAL ESTATE TRANSFER TAX
0015600
0000013104
FP 326660

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AFFIDAVIT OF HEIRSHIP

I, VITINA LaROCCA, being first duly sworn on oath depose and states as follows:

1. I reside at 3846 N. Ottawa, being the daughter of the Decedent and named Executor of Decedent's Will and I am of legal age.
2. Rose A. Ventura, Decedent, died on November 17, 1999.
3. Rose A. Ventura was married once in her lifetime.
4. Rose A. Ventura's marriage was to Vincent J. Ventura. Said marriage ended when Vincent J. Ventura passed away April 22, 1998. In said marriage three (3) children were born to them. No other children were born to nor adopted by them. The children are as follows:
 - A. Vincent Ventura, son, living, competent located at 784 Coventry Lane, Crystal Lake, Illinois.
 - B. Mary Schmitz, daughter, living, competent located at 3859 N. Panama, Chicago, Illinois.
 - C. Vitina LaRocca, daughter, living, competent located in Chicago, IL.

5. To the best of Affiant's knowledge, the sole heirs of Decedent are as follows:

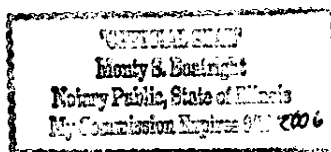
Vincent Ventura, Son
Mary Schmitz, Daughter
Vitina LaRocca, Daughter

Vitina LaRocca
VITINA LaROCCA

Signed and Sworn to
before me 26, 2000

[Signature]
Notary Public

aohems



REGISTRATION DISTRICT NO 16.10 REGISTERED NUMBER

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 619249

1. DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH MONTH DAY YEAR
 Rose A. Ventura Female November 17, 1999

2. COUNTY OF DEATH AGE-LAST BIRTHDAY (M/D/5) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH MONTH DAY YEAR
 Cook 82 5b 82 5c 5d August 30 1917

3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT WHETHER GIVE STREET AND NUMBER) IF HOME OR R.M. APARTMENT (SPECIFY)
 Chicago 5258 N. Nagle 5c

4. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
 Chicago, Ill. Widowed

5. SOCIAL SECURITY NUMBER USUAL OCCUPATION NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)
 356-05-6247 11a Housewife 11b Own Home 12 EDUCATION (SPECIFY) (HIGHEST GRADE COMPLETED)
 5258 N. Nagle 13b Chicago 13c Yes 13d No

6. RELIGION (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO INSIDE CITY (YES/NO) COUNTY
 5258 N. Nagle 13b Chicago 13c Yes 13d Cook

7. STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY) (HONOLULU, HAWAII, GUAM, P.R., ETC.)
 Illinois 13f 60630 14a White 14b NO 14c YES SPECIFY: MARIETTA CARDIA

8. DECEASED'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN, STATE, ZIP)
 August Palmisano 16. Marietta Cardia
 Tina LaRocca 17b Daughter 3846 N. Ottawa Chicago Illinois 60634

9. 18. DEATH (Indicate Cause (Final disease or condition resulting in death))
 Enter the diseases or communications 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) Carcinoma Lung
 (b) DUE TO, OR AS A CONSEQUENCE OF
 (c) DUE TO, OR AS A CONSEQUENCE OF

10. CONDITIONS, IF ANY (GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST)
 (a) Carcinoma Lung
 (b) DUE TO, OR AS A CONSEQUENCE OF
 (c) DUE TO, OR AS A CONSEQUENCE OF

11. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I

12. MAJOR FINDINGS OF OPERATION
 20b.

13. HOURS OF OPERATION, IF ANY
 20c.

14. I HAVE NOT ATTENDED THE DECEASED AND I HAVE NOT SAWN HIM HER ALIVE ON
 21. NUMBER 28 1999
 21c. DATE 6:00 P.M.
 21d. DATE SIGNED (MONTH DAY YEAR) 220

15. BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED
 22. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
 22d 036 062 884

16. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)
 ILLINOIS 60631

17. BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE
 23. KARKLIA BATEI M.D. 7447 W. TAICOTT AV #216 CHICAGO ILLINOIS
 24a. BURIAL St. Joseph Cemetery 24c. River Grove Illinois 24d. November 20, 1999

18. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
 25a. Louis DeCola & Son Funeral Service 6000 N. Milwaukee Ave. Chicago Illinois 60646

19. FUNERAL DIRECTOR'S SIGNATURE
 25c. 034-010590

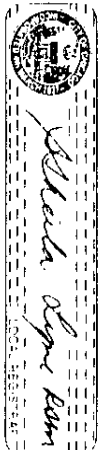
20. LOCAL REGISTRAR'S SIGNATURE
 26a. Shella Lynn RSM
 DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) NOV 22 1999

21. ILS (Rev. 5/89) Department of Public Health - Division of Vital Records

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO NOV 22 1999

SHELLA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO. THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.

00421622



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH