

GEORGE E. COLE®
LEGAL FORMS

No. 822
November 1994

4865/0112 30 001 Page 1 of 5
2000-07-24 16:23:18
Cook County Recorder 29.50

QUIT CLAIM DEED
Statutory (Illinois)
(Individual to Individual)

CAUTION: Consult a lawyer before using or acting under this form. Neither the publisher nor the seller of this form makes any warranty with respect thereto, including any warranty of merchantability or fitness for a particular purpose.



THE GRANTOR(S) MAMIE LOVE
of the City Chicago of _____ County of COOK
State of ILLINOIS for the consideration of
TEN DOLLARS,
and other good and valuable considerations _____

_____ in hand paid,
CONVEY(S) TO and QUIT CLAIM(S) _____ to
SAMUEL H. CECIL
4520 W. VAN BUREN CHGO, IL 60624

(Name and Address of Grantee)

all interest in the following described Real Estate, the real estate
situated in COOK County, Illinois, commonly known as
4520 W. VAN BUREN, (st. address) legally described as:
CHGO, IL, 60624

Above Space for Recorder's Use Only

LOT 24 IN BLOCK 4 IN COUNSELMAN'S SUBDIVISION OF THE NORTH 1/2 OF THE SOUTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 1, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, EXCEPT THE WEST 33 FEET THEREOF IN COOK COUNTY, ILLINOIS.

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

Permanent Real Estate Index Number(s): 16-15-123-013-0000
Address(es) of Real Estate: 4520 W. VAN BUREN ST CHICAGO IL 60624

DATED this: 24 day of July 1900

Please print or type name(s) below signature(s)
MAMIE LOVE (SEAL) _____ (SEAL)
Mamie Love _____ (SEAL)
1 _____ (SEAL)

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

Mamie Love personally known to me to be the same person whose name she subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.



Et Bitt - A

UNOFFICIAL COPY

Quit Claim Deed INDIVIDUAL TO INDIVIDUAL

TO

GEORGE E. COLE®
LEGAL FORMS

223555500

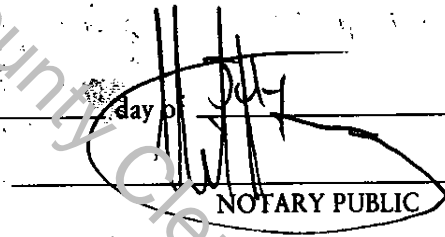
Property of Cook County

Exempt under Real Estate Transfer Tax Act Sec. 4
Par. e & Cook County Ord. 95104 Par.

Date 7/24/2004 Sign: Samuel H Cecil

Given under my hand and official seal, this 24th day of July 19 2004

Commission expires 6-16 19 2004

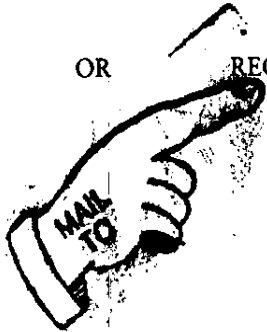

NOTARY PUBLIC

This instrument was prepared by _____
(Name and Address)

MAIL TO: {
 SAMUEL H. CECIL
 (Name)
 4520 W. VAN BUREN
 (Address)
 CHICAGO, IL 60624
 (City, State and Zip)

SEND SUBSEQUENT TAX BILLS TO:
SAMUEL H. CECIL
 (Name)
4520 W. VAN BUREN
 (Address)
CHICAGO, IL 60624
 (City, State and Zip)

OR RECORDER'S OFFICE BOX NO. _____



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00555327

STATEMENT BY GRANTOR AND GRANTEE

The Grantor or his Agent affirms that, to the best of his knowledge, the name of the Grantee shown on the Deed or Assignment of Beneficial Interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

Dated July 24, 2000

Signature: Marne Lee

Subscribed and sworn to before me by the said Marne Lee this 24th day of July, 2000
Notary Public



The Grantee or his Agent affirms and verifies that the name of the Grantee shown on the Deed or Assignment of Beneficial Interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated July 24, 2000

Signature: Samuel H. Cecil

Subscribed and sworn to before me by the said Samuel H. Cecil this 24th day of July, 2000
Notary Public



NOTE: Any person who knowingly submits a false statement concerning the identity of a Grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

(Attach to Deed or ABI to be recorded in Cook County, Illinois, if exempt under the provisions of Section 4 of the Illinois Real Estate Transfer Tax Act.)



EUGENE "GENE" MOORE

RECORDER OF DEEDS / REGISTRAR OF TORRENS TITLES
COOK COUNTY, ILLINOIS

00555327

**DECEASED JOINT
TENANCY AFFIDAVIT**

STATE OF ILLINOIS]
]
COUNTY OF]

MAMIE LOVE being duly
sworn states that SHE resides at 4520 W.
Van BUREN in the city of CHICAGO

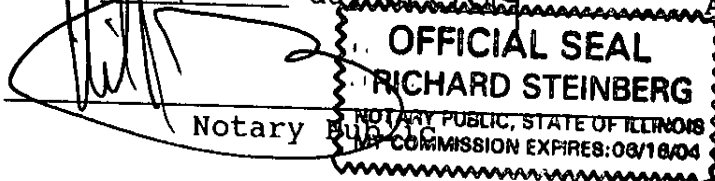
That SHE was acquainted with Robert Lee
LOVE deceased who, at the time of
his death, was one of the owners of the land in Cook
County, Illinois, described as:

P.I.N. 16-15-123-023-0000

That the deceased died March 4th, 1996,
as evidenced by a certified copy of death certificate of the
deceased attached hereto.

Subscribed and sworn to before me by the said

Mamie Love
this 24th day of July, A.D. 19 2000


Notary Public, State of Illinois
Commission Expires: 06/18/04

Mamie Love
(affiant signature)

UNOFFICIAL COPY

DAVID ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David Orr
COUNTY CLERK

STATE OF ILLINOIS

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

STATE FILE NUMBER **604600**

REGISTRATION DISTRICT NO **16.10**

REGISTERED NUMBER **089 MAR. 90**

DECEASED-NAME FIRST **Robert** MIDDLE **LEE** LAST **LOVE** SEX **2 MALE** DATE OF DEATH **3 4 MARCH 1990**

CITY OF DEATH **Cook** AGE - LAST BIRTHDAY (YRS) **53** UNDER 1 YEAR **53** UNDER 1 DAY **53** DATE OF BIRTH (MONTH, DAY, YEAR) **50 January 15, 1924**

CITY, TOWN, TWP OR ROAD DISTRICT NUMBER **Chicago** HOSPITAL OR OTHER INSTITUTION, NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **6b. Mercy Hospital** IF HOSP. OR INST. INDICATED O.A. OP. EMER. BLD. INPATIENT, SPECIFY **6c. D.O.A.**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Forest City Arkansas** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **8a. Never Married** NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) **8b. None** WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) **9. No**

SOCIAL SECURITY NUMBER **10 329-26-0680** USUAL OCCUPATION **11a. Fireman** KIND OF BUSINESS OR INDUSTRY **11b. Conrad Hilton** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **12. 4th**

RESIDENCE (STREET AND NUMBER) **13a. 344 W-28th Place** CITY, TOWN, OR ROAD DISTRICT NO **13b. Chicago** INSIDE CITY (YES/NO) **13c. YES** COUNTY **13c. Cook**

STATE **13e. Illinois** ZIP CODE **13i. 60616** PLACE (WHITE, BLACK, AMERICAN INDIAN (SPECIFY)) **14a. Negrot** OF HISPANIC ORIGIN? (SPECIFY NO OR YES; IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) **14b. NO**

FATHER NAME FIRST **15 Jim** MIDDLE **Love** MOTHER NAME FIRST **16 Rosalee** MIDDLE **Stevenson** LAST **Stevenson**

INFORMANT NAME (TYPE OR PRINT) **17a Ora Cotton** RELATIONSHIP **17b Sister** MAILING ADDRESS (STREET AND NO. OR R.T.D., CITY OR TOWN, STATE, ZIP) **17c 3500 S. Lake Park Chgo, IL 60653**

18 PART I: Enter the disease, injury, or complication that caused the death. Do not enter the mode of death, such as sudden or unexpected, or any other term, shock, or heart failure. List only one cause on each line.

Immediate Cause (Final disease or condition resulting in death) **(a) Arterio Sclerotic Cardio Vascular Disease.**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST **(b) DUE TO OR AS A CONSEQUENCE OF**

PART II: Other significant ailments, contributing to death but not resulting in the underlying cause given in PART I.

NATURAL ACCIDENT HOMICIDE SUICIDE UNDETERMINED (SPECIFY) **20a NATURAL** DATE OF INJURY (MONTH, DAY, YEAR) **20b** HOUR **20c** HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 17) **20d**

INJURY AT WORK (YES/NO) **20e** PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC.) (SPECIFY) **20f** LOCATION (CITY, VIL. OR TOWN OR TWP. OR RD. DIST. NO. COUNTY, STATE) **20g** IF FEMALE, WAS THERE A PREG. NANCY IN PAST THREE MONTHS? **20h. YES [] NO []**

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT **21a** THE DECEDENT WAS PRONOUNCED DEAD ON **21b** MONTH **21c** DAY **21d** YEAR **21e**

CORONER'S MEDICAL EXAMINER'S SIGNATURE **22a** *Edmond R. Donoghue* DATE SIGNED (MONTH, DAY, YEAR) **22b** **5 MAR. 1990**

CORONER'S PHYSICIAN'S SIGNATURE **22a** *Shirley C. Edwards* DATE SIGNED (MONTH, DAY, YEAR) **22b** **6:40 P.M.**

BURIAL, CREMATION, REMOVAL (SPECIFY) **24a Burial** CEMETERY OR CREMATORY-NAME **24b Beverly** LOCATION CITY OR TOWN STATE **24c Worth, Illinois** DATE (MONTH, DAY, YEAR) **24d March 10, 1990**

FUNERAL HOME NAME **25a Metropolitan Funeral Homes, Inc.** STREET AND NUMBER OR R.F.D. **4445 S. King Dr. Chicago, IL 60653** CITY OR TOWN STATE **25b**

LOCAL HEALTH DEPARTMENT'S SIGNATURE **25c** *Shirley C. Edwards* HEALTH DEPARTMENT'S ILLINOIS LICENSE NUMBER **8706** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **25d**