UNOFFICIAL CO. 17/0161 03 001 Page 1 of

2000-11-30 16:14:37

Cook County Recorder

29.50

### **QUIT CLAIM DEED**

**ILLINOIS STATUTORY** 

MAIL TO:

JOSEPH D. PALMISANO JOSEPH D. PALMISANO, P. C. 79 WEST MONROE, STE. 826 CHICAGO, ILLINOIS 60603

#### NAME/ADDRESS OF TAXPAYER:

NANCY GRANT 1722 N. Jorel Chicago, Tinois 60639

RECORDER'S STAMP

THE GRANTOR(S), MAGGIE GRANT, a widow not since remarried, of the City of Chicago, County of Coek State of Illinois for and in consideration of TEN AND 00/100THS DOLLARS (\$10.00) and other good and valuable consideration in hand paid, CONVEY and QUIT CLAIMS to NAICY GRANT, married to Reuben Grant of 1722 N. Lorel, Chicago, Illino, , the following described Real Estate situated in the County of Cook in the State of Illinois, to wit:

Lot 13 in Block 4 in Ullman's Subdivision of the Southeast 1/4 of the Southwest 1/4 of the Southwest 1/4 and the West 1/3 of the South 20 acres of the West 26.60 chains of the Southeast ¼ of Section 33, Township 40 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Index Numbers: 13-33-315-033-0000

Commonly Known as:

1722 North Lorel, Chicago, Illinois

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

Dated this 29 day of November, 2000

gielbrant

Exempt under provisions of Paragraph C. Section 4. Real Estate Transfer Tax Act.

### UNOFFICIAL COP9/9949

State of Illinois	)
	) SS
County of Cook	)

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that MAGGIE GRANT, a widow not since remarried, personally known to me to be the same person whose name is 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.

Given under my hand and official seal this <u>29</u> day of November, 2000. 300 p

My commission expires:

This instrument prepared by Joseph 1. Palmisano

JOSEPH D. L'ALMISANO, P. C. MY COMMISSION EXPIRES: 11/16/03 79 West Momes, Ste. 826 OR CORRECTION Chicago, Illinois 60603

## UNOFFICIAL COPW939949



# Chicago Title Insurance Company

### DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS COUNTY OF Cook	Order No	2029775
Maggie Grant		being duly sworn
states that she resides at 1722 N. Lorel		
Chicago	-	•
That she was acquainted with John	C. Grant	, , , , , , , , , , , , , , , , , , ,
deceased who, at the vine of his death, was one of		in <u>Cook</u>
County, Illinois, described as:		
Lot 13 in Block 4 in Ullman's Subdivisi 1/4 of the Southwest 1/2 and the West 1 26.60 chains of the Southwast 1/4 of S East of the Third Principal Meridian, i	/3 of the South 20 ection 33, Township	acres of the West o 40 North, Range 13,
940		
That the deceased died	25 1899 ached hyreto.	, as evidenced by a
That the deceased died:	<i>C</i> <sub>2</sub>	
Leaving no Last Will & Testament.	0,	
Leaving a Last Will & Testament a copy of will should be filed with the Clerk of the control of	which is attached heret of the Probate Divisi ounty, Illinois.	o. The original of the unproven on of the Circuit Court of
Leaving a Last Will & Testament which Division of the Circuit Court of	was filed in the Unpr	oven %,1. Box of the ProbateCounty, Illinois about
That the total value of the estate of the decease the deceased either individually or in joint tenancy exceed the sum of	ed, including both real at a at the time of the d	nd personal property owned by eath of the deceased, does not dollars.
Affiant makes this affidavit for that purpose of its Title Insurance Policy, describing the above menti	inducing the Chicago Ti oned property.	tle Insurance Company to issue
Subscribed and sworn to before me by the said		
magge Deant	<u> </u>	
this 29 day of	2000	magins L
OFFICIAL SEA	ANOS —	1/wygu Draw
Notary Buthle Property South Public, STATE OF III	LLINOIS 1/16/03	(attisme a signacure)

FORM 3703

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

### 

I, 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.

				•		-			
DECEDENT'S BIRTH NO.	REGISTRATION 6.10			STATE OF	ILLINOIS	, ^ ^	<i>.</i>	STATE I	
	REGISTERED NUMBER	MEDICAL CERTIFICATE			OF D	EATH	6	621458	
Type or Print in PERMANENT INK	DECEASES JAME	FIRST	MIDDLE	LAS	Ţ	SEX	DATE	OFDEATH (MC	ONTH, DAY, YEAR)
See Funeral Directors,		HN	C	GRAN		2.MALE		ECEMBER	
Hospital, or Physicians Handbook for	COUNTY OF D.TAT.1		AGE-LAST BIRTHDAY (YRS)	MOS. DAY		DAY DAT	EOFBIRTH (MC	ONTH, DAY, YEAR)	,
INSTRUCTIONS	4. COOK		5a. 83	5b.	5c.		_MAY 28		
	CITY, TOWN, TWP, OR HOAD FISTR	ICTNUMBER	HOSPITALOROTH	RER INSTITUTIO	ON-NAME (IF NOT IN	EITHER, GIVE	STREET AND NUM	(BER) IF HO	OSP, OR INST, INDICATE D.O.A. MER. RM, INPATIENT (SPECIFY)
A	6a. CHT CAGO		6b. VENCOR	LAKESH	ORE			- 1	INPATIENT
DE05/050	BIRTHPLACE (CITY AND STATE OF FOREIGN COUNTRY)	MARRIED, NEVE	R MARRIED. DRCED (SPECIFY)	NAME OF SU	JAVIVING SPOUS	SE (MAIDENI	NAME, IF WIFE)		WAS DECEASED EVER IN U.S
DECEASED	Tunica, Ms.	Marri	Rankarried Repedition Rep Maggie Flournoy			NAME, IF WIFE)  WAS DECEASED EYER IN U.S  ARMED FORCES? (YES/NC)  9.			
8	SOCIAL SECURITY NUMBER	USUAL OCCUPA	ATION	KIND OF BU	SINESSORINDU				EST GRADE COMPLETED)
c	10. 498129148	112Polish	er	11.Wate	r Savers	E 1	emeglary/Secondary 2. 8th	y (0-12)	College (1-4 or 5 + )
	RESIDENCE (STREET AND NUMBER)	1114. 5 1. 5		1	OR ROAD DISTR		INSIDE C	ity cou	INTY
	40- 1210 II 307mtt	D.		OTT 1 0 4 0 0			(YES:NO)		mu. ***
Е	13a.1113 W 107TH		[ 13D. CE (W. at ., BLACK, AN	CH1CAGC		RIGIN7 (SPE	13c. Y		: COOK  BAN, MEXICAN, PUERTO RICAN, etc.
		IND	IAN, etc.) (5, PECIFY)						
>		60643 14		1	14b. ØNO	☐ YE			(MAIDEN) LAST
PARENTS	FATHER-NAME FIRST CURTIS	MIDDLE Gra	nt (AS)	$\bigcirc$ .	MOTHER-NAME		MIDDI		
i j	15.				16.	Ada			<u>utler</u>
<u> </u>	I. FORMANT'S NAME (TYPE OR PRIN	n	R	ELAT UN'SHI'P	MAILING	ADDRESS (	STREET AND NO. C	ORR.F.D., CITYOR	TOWN, STATE, ZIP)
1	17a SHIRLEY SMITH		1	7b. RECCR	75 17613	30 N.	SHERIDA	N ROAD.	CHICAGO IL
ž			ications that caused to		sinter the mode of	dying, such a	s cardiac or resp	iratory arrest,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
3	Immediate Cause (Final	or real failure. List	only one cause on e	actinite.					
	disease or condition resulting in death)	a) /\\(\Q(	otonsio	ne					30-60
	Tesulary at deal.	UE TO, OR AS A CO	NSEQUENCE OF	. 1:		64	_		
	CONDITIONS, IF ANY WHICH GIVE RISE TO	b) (2)	0 0	12/11/	my 1	31.42	flu		13-4 mont
CAUSE	IMMEDIATE CAUSE (a)	UETO, ORAS A CO	NSEQUENCE OF	ſ			7		7
	STATING THE UNDERLYING CAUSE LAST.	c) CA-V	LO Dec	1 mon	iau 1	J-110	ST		1 3-4 mont
, 1	PART II. Other significant conditions contri	-, ·J	sulting in the underlying ca	ause given in PART	1.		AUTO	DPSY WER	E ALTOPSYFINDINGS AVAILABLE PRIOR TO
•					<i>v</i> .		10		APLETION OF CAUSE OF DEATH? (YES NO)
5	DATE OF OPERATION, IF ANY	MAJOREINDING	S OF OPERATION	<del></del>			119 <u>a.</u>		THERE A PREGNANCY IN PAST
N	•							THI EE MONTHS	S? .
P	202	20b.		,	700		ED OO LIEDIO I	]⊉fo. YES! L Th≎υROFDI	
•••••	(DIP) (DID NOT) ATTEND THE DECE	ם,ודהוסאו) ASED: מלל ("/	n 109	/ )			ER OR MEDICAL OTIFIED? (YES/N		EAIR
	21a.	1211	1101	/		119.	M)	21c.	2:00 A.M.
	TO THE BEST OF MY KNOWLEDGE,	DEATHOCCURRED	AT THE TIME, DATE		/5 -	AUSE(S) S	TATED.	DATE SIGNE	ED (MONTH, DAY, YEAR)
CERTIFIER -	22a. SIGNATURE	Hen	~//	eur				22b.	126/79
CENTIFIEN	NAME AND ADDRESS OF CENTIFIER	T / (TYPE OR PRII	10 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1			ILLINOISLIC	CENSENUMBER
	22c.						22d. 03(00 H 6/1)		
ļ <sup>-</sup>	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)						NOTE: #FAN IN	NOTE: IF AN INJURY WAS INVOLVED IN THIS	
_ [	23. Dr. Jeffrey Du	gas,401 W	.Untario,	Cnicago	,Illinoi	s 006.	10	MUST BE NOT	ORONER OR MEDICAL EXAMINER  1FIED.
<b>\</b>	BURIAL, CREMATION, CE	METERY OR CREMA		LOC	ATION C	NVOTROYT	STATE	je	Dec.30, 1999
	REMONAL (SPECIFIC) 24a. 24t	Oakridg	e	240	illside	Illin	1015	وا	Dec.30, 1999
	FUNERAL HOME	NAME	STREET AND	NUMBER OR R.F.	D.	CITY OR	TOWN	STATE	ZIP
DISPOSITION	A.A. Rayner &	Sons 591	l W. Madi	son Str	eet Chic	cago,	Illinoi	s 60644	
<b> </b> -	FUNERAL DIRECTOR'S SIGNATURE							TOR'S ILLINOIS LI	
	0110083616					A/			
	25b. LOCAL REGISTRAR'S SIGNATURE		Line	-wee			200.	OCAL REGISTRAR	
1	LOUNCHEDIOTIAN SOIGHAIDE	0.0.	Kimi	RSM				)EC 28	
1 [	26a. ▶	reca	771				26b. L	1EU 40	1333 [ ]

Illinois Department of Public Health-Division of Vital Records

VR200 (Rev. 5/89)

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 and hold title to real estate under the laws of the State of Illinois.

Dated Novembra9, 2000

Subscribed and sworn to before me by the said NASSIE GRA

28 day/of Drygen

Notary Public

The Grantee or his agent affirms and verifies that the same 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 lold title to real estate under/the laws of the State of Illinois.

Dated November 29, 2000

Signature:

Subscribed and sworn to before

me by the said

39 day of

625 N **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.)