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7907/0059 38 001 Page 1 of 5
2000-12-13 12:11:48
Cook County Recorder 29.50

WARRANTY DEED
~~Joint~~
~~Tenants by the Entirety~~
Statutory (Illinois)



MAIL TO:

Christopher & Kathi Inorio
~~504 Shabonee~~ 1526 S. Douglas
~~Mount Prospect, IL 60050~~
Arlington Hts., Ill 60005

NAME & ADDRESS OF TAXPAYER:

Christopher & Kathi Inorio
504 Shabonee
Mount Prospect, IL 60050

THE GRANTORS, CHARLA ISSITT ^{married} and CHARLES K. HANSON ^{married}, heirs of Loraine L. Hanson, deceased, of Newark, County of New Castle State of Delaware and Aurora, County of Kane, and State of Illinois, for and County of LaSalle and State of Illinois, for and in consideration of TEN and NO(100) DOLLARS, and other good and valuable consideration to them in hand paid, CONVEYS and WARRANTS to, CHRISTOPHER INORIO and KATHI J. INORIO, husband and wife, of 1526 S. Douglas Avenue, City of Arlington Heights, County of Arlington and State of Illinois, ^{but as} ~~not as tenants in common or joint tenants,~~ ^{with right of} ~~entirety,~~ ^{survivorship} the following described Real Estate situated in the County of Cook, in the State of Illinois, to wit:

LEGAL DESCRIPTION ATTACHED HERETO AS EXHIBIT A

Subject to:

- 1. All covenants, reservations, restrictions and easements of record; and
- 2. The general real estate taxes for the year 2000 and all subsequent years.

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

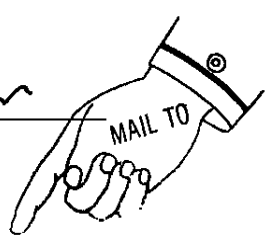
This is non-homestead property as to grantors & spouses

Permanent Real Estate Index Number : : 08-11-412-006-0000
Address of Real Estate : 504 Shabonee, Mount Prospect, Illinois 60050

DATED this 8 day of Nov, 2000.

Charla Issitt
CHARLA ISSITT
Heir of Loraine L. Hanson, Deceased

Charles K. Hanson
CHARLES K. HANSON
Heir of Loraine L. Hanson, Deceased



MAIL TO:
PLM TITLE COMPANY
1275 E. Butterfield Rd. #110
Wheaton, Illinois 60187

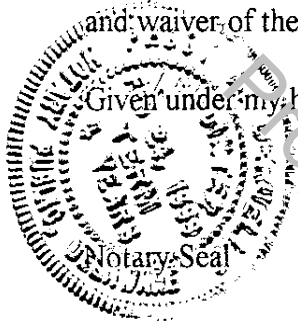
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STATE OF DELAWARE)
)
COUNTY OF New Castle) SS

00978581

I, the undersigned, a Notary Public, in and for said County, in the State aforesaid, DO HEREBY CERTIFY that CHARLA ISSITT, heir of Loraine L. Hanson, deceased, 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 heir, her 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 8th day of November, 2000.



Peggy A. Deruelle

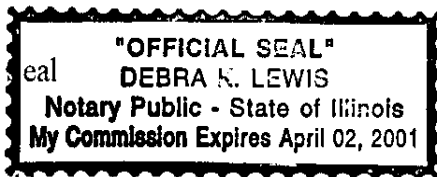
My commission expires 2-24-03.

STATE OF ILLINOIS)
)
COUNTY OF LASALLE) SS

I, the undersigned, a Notary Public, in and for said County, in the State aforesaid, DO HEREBY CERTIFY that CHARLES K. HANSON, heir of Loraine L. Hanson, 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 he signed, sealed and delivered the said instrument as heir, his free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

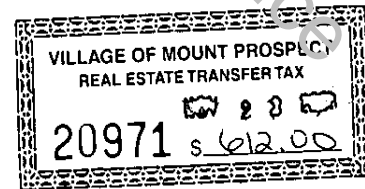
Given under my hand and official seal, this 17th day of November, 2000.

Notary Seal



Debra K. Lewis

Prepared by:
Kenneth E. Poris of Kenneth E. Poris, P.C.
605 East Market Street - P.O. Box 599
Somonauk, Illinois 60552

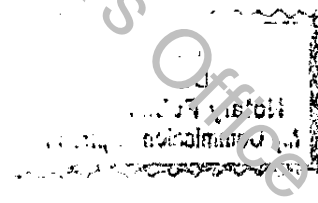
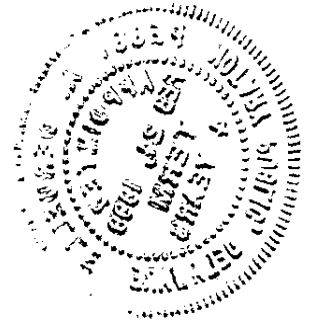


Or RECORDER'S OFFICE BOX NO. _____

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12/15/11

Property of Cook County Clerk's Office



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EXHIBIT "A"

PROPERTY DESCRIPTION


The land referred to in this Commitment is described as follows:

LOT 8 IN BLOCK 10 IN PROSPECT PARK COUNTRY CLUB SUBDIVISION, BEING A SUBDIVISION IN THE SOUTHEAST QUARTER OF SECTION 11, AND THE SOUTH 15 ACRES OF THE EAST HALF OF THE NORTHEAST QUARTER OF SECTION 11, TOWNSHIP 41 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.


PERMANENT INDEX NUMBER: 08-11-412-008

TOWNSHIP: ELK GROVE

PROPERTY ADDRESS: 604 1/2 SHABONEE TRAIL, MT. PROSPECT, IL 60058

COUNTY TAX	COOK COUNTY REAL ESTATE TRANSACTION TAX	REAL ESTATE TRANSFER TAX
	 DEC. 13.00	00102.00
	REVENUE STAMP	FP326670

0000042984

STATE TAX	STATE OF ILLINOIS	REAL ESTATE TRANSFER TAX
	 DEC. 13.00	00204.00
	REAL ESTATE TRANSFER TAX DEPARTMENT OF REVENUE	FP326669

0000021751

00978581

STATE FILE NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 140
REGISTERED NUMBER

DECEASED-NAME 1. LORRAINE		SEX 2. FEMALE		DATE OF BIRTH (MONTH, DAY, YEAR) 3. FEBRUARY 08, 2000	
COUNTY OF DEATH 4. COOK		AGE-LAST BIRTHDAY (YRS) 5a. 84		DATE OF DEATH (MONTH, DAY, YEAR) 6. FEBRUARY 13, 2000	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. DI'S PLAINES		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. WIDOWED		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 5d. SEPTEMBER, 05, 1915	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. CHICAGO, IL.		USUAL OCCUPATION 11a. BOOK KEEPER		IF HOSP. OR INST. INDICATE D.O.A. OPERATOR, INPATIENT (SPECIFY) 8c. INPATIENT	
SOCIAL SECURITY NUMBER 10. 339-07-2512		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 12. MANUFACTURING		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES-NO) 9. NO	
RESIDENCE (STREET AND NUMBER) 13a. 504 W. SHABONFE TRAIL		INSIDE CITY (YES-NO) 13c. YES		HIGHEST GRADE COMPLETED 12. College (1-4 or 5+)	
STATE 13b. ILLINOIS		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13d. COOK		EDUCATION (SPECIFY ONLY) 12. College (1-4 or 5+)	
FATHER-NAME 15. NELS NIELSEN		MOTHER-NAME 14b. X NO		SPECIFY: MIDDLE (MAIDEN) LAST NETT	
INFORMANT'S NAME (TYPE OR PRINT) 17a. CHARLES K. HANSON		RELATIONSHIP 16. SPOUSE		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 362 B PARK RIDGE LANE AURORA IL 60504	
18. PART I. Enter the disease(s), or complications 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. Immediate Cause (Final disease or condition resulting in death) (a) Arctic Stroke CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (b) (b) Renal Failure STATING THE UNDERLYING CAUSE LAST. (c) Arterio Sclerosis PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
DATE OF OPERATION, IF ANY 20a. NONE		MAJOR FINDINGS OF OPERATION 20c. YES		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO	
DID YOU NOT ATTEND THE DECEASED AND LAST SAW HIM/LIVE ON 21a. 2/7/00		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO		HOUR OF DEATH 21c. 8:46 A.M.	
TO THE BEST OF MY KNOWLEDGE, WHEN IT OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22a. Chicago, Ill. MD 125 S. Wilker Ave		DATE SIGNED (MONTH, DAY, YEAR) 22b. 2/10/00		ILLINOIS LICENSE NUMBER 22d. 036-090352	
SIGNATURE 22b. Karen L. Scott		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. R. P. Scott, M.D. 125 S. Wilker Ave		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
BUREAU OF CREMATION, REMOVAL (SPECIFY) 24c. CREMATION		CEMETERY OR CREMATORY-NAME 24b. FOREST CREMATORY		DATE (MONTH, DAY, YEAR) 24d. 2-14-2000	
FUNERAL HOME 25a. CREMATION SOCIETY OF ILLINOIS		LOCATION 24d. ROMEVILLE, ILLINOIS		STATE IL	
FUNERAL DIRECTOR'S SIGNATURE 25b. Gerald Sullivan		CITY OR TOWN 24d. ROMEVILLE, ILLINOIS		ZIP 60446	
LOCAL REGISTRAR SIGNATURE 26a. Karen L. Scott		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-011165		DATE EMBLED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. February 14, 2000	

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statutes relating to the registrar of birth, stillbirth and death.

Date **FEB 14 2000** Signed **Nadine McCurry**
 At Cook County Department of Public Health / Official Title Deputy Registrar
 1010 Lake Street - Suite 300 - Oak Park, Illinois 60301

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.

David Orr
COUNTY CLERK

00978581

REGISTRATION DISTRICT NO. 160	STATE OF ILLINOIS	00048	STATE FILE NUMBER
REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH 005303		
DECEASED NAME FIRST MIDDLE LAST Charles H. Hanson	SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) January 1, 1978	
RACE (SPECIFY) White	AGE - LAST BIRTHDAY (MOS. DAYS) 60	UNDER 1 YEAR 56	DATE OF BIRTH (MONTH, DAY, YEAR) January 2, 1911
CITY/TOWN/TWP. OR ROAD DISTRICT NO. Arlington Heights	INSIDE CITY (YES/NO) yes	HOSPITAL OR OTHER INSTITUTION - NAME Northwest Community Hospital	PLACE OF DEATH COUNTY Cook
BIRTHPLACE (STATE OR FOREIGN) Illinois	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Lorraine Nielsen
SOCIAL SECURITY NUMBER 349-07-1149	USUAL OCCUPATION Plant Manager	KIND OF BUSINESS OF INDUSTRY Jewel Food	U.S. WAR VETERAN (YES/NO) yes
RESIDENCE (STATE) Illinois	COUNTY Cook	CITY, TOWN, TWP. OR ROAD DISTRICT NO. Mount Prospect	STREET AND NUMBER 504 West Shabonee
FATHER - NAME (FIRST MIDDLE LAST) Nels Hanson	MOTHER - MAIDEN NAME (FIRST MIDDLE LAST) Frances Solberg	INFORMANT'S SIGNATURE <i>Ella T. Mielaty</i>	
RELATIONSHIP Med. Recs.	MAILING ADDRESS (STREET AND NO. OR P. O. BOX, CITY OF TOWN, STATE, ZIP) 800 West Central Road Arlington Heights, Illinois 60005	17c. 17d.	
18. DEATH WAS CAUSED BY: (ENTER ONE OR MORE CAUSES PER LINE FOR (a), (b), AND (c))			
PART I. IMMEDIATE CAUSE (a) <i>Pneumonia - obstructive lung disease sequelae</i>			
(b) _____			
(c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH (PART I (a)) <i>C. H. Hansen - cancer of colon</i>			
DATE OF OPERATION, IF ANY: _____ MAJOR FINDINGS OF OPERATION: _____			
20a. ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR) 11-28-73		20b. TO (MONTH, DAY, YEAR) 1-1-77	
21a. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED		21c. AND LAST SAW HIM/HER LIVE ON (MONTH, DAY, YEAR) 1-7-77	
21b. HOUR OF DEATH 5:40 P. M.		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED	
SIGNATURE <i>William G. Bagnole</i>		DATE SIGNED (MONTH, DAY, YEAR) 1-3-77	ILLINOIS LICENSE NUMBER 36-27883
22. MAILING ADDRESS - CERTIFIER (STREET AND NUMBER OR P. O. BOX, CITY OR TOWN, STATE, ZIP) 1060 W. Northwest Highway, Mt. Prospect, Illinois 60056			
23. BURIAL CREMATION, REMOVAL (SPECIFY) CREMATION		CEMETERY OR CREMATORY - NAME WOODLAWN	LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) NO RIVERSIDE, ILLINOIS JAN 3, 1977
24. FUNERAL HOME NAME STREET AND NUMBER OR P. O. BOX OR TOWN STATE ZIP FRIEDRICH'S FUNERAL HOME 330 W. CENTRAL RD, MT. PROSPECT, ILLINOIS 60056			
25. FUNERAL DIRECTOR'S SIGNATURE <i>Thomas W. Muehlebach</i>			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 6636
26a. LOCAL REGISTRAR'S SIGNATURE JOHN B. HALL, M.D. <i>Rose Keenan</i>			DATE RECD BY LOCAL REGISTRAR (MONTH, DAY, YEAR) Jan 3 1978