### INOFFICIAL (

#### **DEED IN LIEU OF FORECLOSURE** OF DEMOLITION LIEN

THE GRANTORS, PEARL KAPLAN, a widow not remarried, of the City of Chicago, County of Cook, State of Illinois, and SHEILA PICKARD, a married woman, of the City of Highland Park, County of Cook, State of Illinois, as sole heirs of PHILIP KAPLAN, deceased consideration of Ten and No/100ths (\$10.00) DOLLARS, in hand paid, CONVEY and QUIT CLAIM to \_\_\_\_\_ CITY OF CHICAGO, a municipal corporation 121 N. LaSalle Street, Chicago, Illinois 60602 (Name and Address of Grantee) all interest in the following described P.cal Estate situated in the County of in the State of Illinois, to wit: Cook The East 125.90 Feet of That Part Lying West of the West Line of Michigan Avenue of Sub-Lot 2 of Lot 13 in the Assessor's Division of the West I/2 of the North West I/4 and the West I/2 of the South West 1/4 of Section 15, Township 37 North, Range 14, East of the Third Principal Meridian, Commonly Known as 10822-26 S. Michijan Avenue, Chicago, Illinois.

This Parcel is Conveyed in Lieu of Foreclosure of a Demolition Claim for Lien under 65 ILCS 5/11-31-1-, as recorded in 4/24/92 as document number 92279641.

2001-01-09 09:20:26 Cook County Recorder 29.00



Above Space for Recorder's Use Only

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): 25-15-309-023

Address(es) of real estate: 10822-26 S. Michigan Avenue, Chicago, Illinois

Dated this 17th day of November, 2000

**PLEASE** PRINT OR TYPE NAME(S) BELOW SIGNATURE(S)

SHEILA

PICKARD

# **UNOFFICIAL COPY**

Property of Cook Collins Clark's Office

UNOFFICIAL COPPO20075 Page 2 of Scale ss. I, the undesigned, a Notary Public in and for said County, in the State State of Illinois, County of aforesaid, DO HEREBY CERTIFY that Pearl Kaplan and Sheila Pickard, personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person, INDITES AND SERVED ACKNOWLEDGED that their signed, sealed and delivered the said instrument as their free and voluntary act, for CSEAL ROSE OF INDICATE AND ACT OF THE PROPERTY OF THE PROPERT NOTER EXPLICATION OF 13/04 Sand purposes therein set forth, including the release and waiver of the right of homestead. My Commission Expires 06/13/04 descendent and a second Given under my hand and official seal, this Joel S. Rothman c/o Joel S. Rothman & Associates, 55 West Monroe Street, Chicago, Illinois 60603 This instrument was prepared by\_ (Name and Address) -C00' SEND SUBSEQUENT TAX BILLS TO: MAIL TO: City of Chicago City of Chicago (Name) (Name) 121 North LaSalle Street 30 North LaSalle Street, Suite 700 (Address) (Address) Licego, Illinois 60602 Chicago, Illinois 60602 (City, State and Zip) (City, State and Zip) RECORDER'S OFFICE BOX NO. OR AFFIX "RIDERS" OR REVENUE STAMPS HERE BELOW

### County of cool 1) F Ft AVID OF RECOUNT CLOCK P 1 E C 8 2000

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 On

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	·				
DECEDENT'S BIRTH NO.	REGISTRATION		STATE OF ILLINOIS		STATE FILE
	DISTRICT NO.4 6 40			•	NUMBER
₹' '	REGISTERED	MEDICAL (	ERTIFICATE	OF DEATH	11111
	NUMBER				60000
Type or Print In	DECEASED-WAE	IRST MIDDLE	LAST	SEX DATE OF C	DEATH (MONTH, DAY, YEAR)
PERMANENT INK See Funeral Directors,	ı. Ph	ilip	Kaplan	2.Male 3. Janu	ary 2 2000
Hospital, or Physicians Handbook for	COUNTY OF DEATH	AGE-LAST BIRTHDAY (YRS	UNDER 1 YEAR UNDER 1		I, DAY, YEAR)
INSTRUCTIONS	4. Cook	<sub>5a.</sub> 83	5b.   this   foots	5d. October	11, 1916
	CITY, TOWN, TWP, OR BOAD LIST RIC	TNUMBER HOSPITALORO	THER INSTITUTION NAME (IF NOT	IN EITHER, GIVE STREET AND NUMBER	(A) IF HOSP, OR INST, INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY)
A	6a. Chicago	6b. North	western Memoria	al Hospital	6cInpatient
25.05.4650	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIPC: YED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOU	JSE (MAIDEN HAME, IF WIFE)	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
DECEASED	7. Chicago Illinois		8b. Pearl Mil	ler ·	9. No
В	SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KINDOFRUSINESSORIND Heating a	USTRY EDUCATION ISPECIF	YONLY HIGHEST GRADE COMPLETED)
c	10. 341-01-8568	11a Owner Operato	r 116. Plumbing	Ind Elementary/Secondary (0-1	(2) College (1-4 or 5+)
D	RESIDENCE (STREET AND NUMBER)		Y, TOWN, TWP, OR ROAD DIST		COUNTY
E	13a. 1300 N. Lake S	Shore Drive	Chicago	(YESNO)	s 13d. Cook
	STATE ZIPCO		AMERICAN OF HISPANIC	ORIGIN? (SPECIFY NO OR YES-IF YE	S, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, IIIC.)
· ·	13e Illinois 136	0610 14a. Wnit	14b. ZNO	YES SPECIFY:	
		MIDDLE LAST	MOTHER-NAI		(MAIDEN) LAST
PARENTS	<sub>15.</sub> Joseph	Kaplan	16. Gol	die	Stucker
`	INFORMANT'S NAME (TYPE OR PRINT)		RELATIONS AID MAILING	GADDRESS (STREET AND NO. OR R	
1	17a Sue Rogacki		17bRecord 17c.	251 E. Huron Chi	Icago II. 60611
2	18. PART I. Enter the	diseases, or complications that cause	d the death. Do not ent at the mode		
3	Immediate Cause (Final	r heart failure. List only one cause o	1 Bach line.		`
	disease or condition resulting in death)	, Myocardial In	farction (	7	
	- O	JETO, ORAS A CONSEQUENCE OF			
	CONDITIONS, IF ANY WHICH GIVE RISE TO			4//	
CAUSE	IMMEDIATE CAUSE (a) CH STATING THE UNDERLYING	JE TO, OR AS A CONSEQUENCE OF		T	
	CAUSE LAST.	Coronary Arter	y Disease		
4	PART II. Other significant conditions contri	buting to death but not resulting in the underlyis	g cause given in PART I.	A TOP:	
5	Pulmonary E	dema, Pneumonia	<u> </u>	1,9	NO 19b.
N	DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATIO	<b>v</b>		FEMALE, WAS THERE A PREGNANCY IN PAST
Ρ	20a.	206.	, v ·	1	0c. YES   NO
	I (DID) (DID NOT) ATTEND THE DECE	ASED (MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YESNO)	
	21a I did last	attend alive Janu	ary 2, 2000	21b. NO	21c. 06:57 AM м.
	TO THE BEST OF MY KNOWLEDGE,	DEATH OF SURRED AT THE TIME, D.	ATE AND PLACE AND DUE TO TH	E CAUSE(S) STATED.	DATE SIGNED (MONTH, DAY, YEAR)
	22a. SIGNATURE V	V/ N/ ' CO	her MD	<u> </u>	22b. January 2, 2000
CERTIFIER	NAME AND ADDRESS OF CERTIFIE	(TYPE OR PRINT)			ILLINOIS LICENSE NUMBER
,	22c. Greg Cohen	MD 251 E. Huron	Chicago, IL 606	1 <u>1'</u> -	22d. 125-038688
•	NAME OF ATTENDING PHYSICIAN IF		PEOR PRINT)		NOTE: IF AN INLIURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER
Į	23. Beatrice Ed	wards. MD			MUST BE NOTIFIED.
ì	BURIAL CREMATION, CE	METERY OR CREMATORY-NAME	LOCATION	CITYOR TOWN STATE	DATE (MONTH DAY, YEAR)
·	REMOVAL(SPECIFY) 24a. Burial 248	Shalom Memorial	Park 24c Arling	ton Heights, II	. 24d Jan. 3, 2000
	FUNERAL HOME		AND NUMBER OR A.F.D.	CITY OR TOWN	STATE ZIP
DISPOSITION	25a. Weinstein Fam:	ily Services: 111	Skokie Bouleva	rd; Wilmette. I	11inois 60091
. 1	FUNERAL DIRECTOR'S SIGNATURE			FUNERAL DIRECTO	DR'S ILLINOIS LICENSE NUMBER
·	250. Danilla	J - de asares		25c	034-11770
	LOCAL REGISTRAR'S SIGNATURE	alla Kimi	RSM	DATE FILED BY LO	AL REGISTRAR (MONTH, DAY, YEAR)
	26a. >	ma rym	•••	26b.	11 U 4 ZUU 031
J. 100	VR200 (Rev. 5/89)	Illinois Department of Pr	blic Health—Division of Vital Rec		(BASED ON 1989 U.S. STANDARD CERTIFICATE)

COUNTY OF

#### <u>AFFIDAVIT</u>

PEARL KAPLAN first being duly sworn upon oath, deposes and states as follows:

- The decedent, Philip Kaplan, died in Chicago, Illinois on January 2, 2000, at the age 1. of 83.
- I am of legal age. I reside at 1300 North Lake Shore Drive, Unit 31-C, Chicago, 2. Illinois 60610. I am the surviving spouse of the decedent.
- The decedent was married only once, to Pearl Kaplan who was married to the 3. developt-at-the-time of the decedent's death. This marriage was terminated by the death of the decedent.
- The following child was born to the decedent during his marriage: 4.

Sheila Pickard

- 5. Sheila Pickard is living, of legal age and mentally competent.
- No other children were born to of adopted by the decedent during his marriage or at 6. any other time.
- Based on the foregoing, the decedent left surviving the following as his only heirs: 7.

Pearl Kaplan, the Affiant; Sheila Pickard.

No Federal or Illinois estate taxes are due as a result of the decedent. 8.

Pearl Kaplan

Subscribed and Sworn to before me this //day.of November, 2000.

My Commission Expires

Joel S. Rothman

Joel S. Rothman & Associates, Ltd.

55 West Monroe Street, Suite 3330

Chicago, Illinois 60603

(312) 578-0900

Atty No. 31408

666666666666666 "OFFICIAL SEAL" CAROL ROSENBERG

My Commission Expires 06/13/04

Notary Public, State of Illinois

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Atoporty of Cook County Clerk's Office

## UNSTREMENT BY GANTOR AND TOTAL 20075 Page 4 of 4

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 busings 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.

8/0/ , 19\_\_\_ Signature:\_\_\_ Grantor or Agent Subscribed and sworn to before me by the said this 8th day of January OFFICIAL SEAL IANICE SCOTT NOTARY PUBLIC STATE OF ILLINOIS <del>-19</del>3&\_[. MY COMMISSION EXP. MAR. 14,2004 Notary Public The grantee or his egent 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. \_\_, <del>19</del>\_\_\_ Signatur::\_ Grantee or Agent Subscribed and sworn to before OFFICIAL SEAL me by the said\_ JANICE SCOTT this Ath day of January NOTARY PUBLIC STATE OF ILLINOIS

Notary Public Janie Scall NOTE: Any person who knowingly submits a false state ent 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

MY COMMISSION EXP. MAR. 14,2004

<del>19</del>200).

offenses.

(Atach 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.)