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8900 014 30 001 Page 1 of 5

2001-01-09 09:20:26

Cook County Recorder

29.00

DEED IN LIEU OF FORECLOSURE  
OF DEMOLITION LIEN



0010020075

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 and in 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 Real Estate situated in the County of Cook in the State of Illinois, to wit:

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 1/2 of the North West 1/4 and the West 1/2 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. Michigan 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.

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 17<sup>th</sup> day of November, 20 00

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

Pearl Kaplan (SEAL)  
Pearl Kaplan

Sheila Pickard (SEAL)  
Sheila Pickard  
**SHEILA PICKARD**

Above Space for Recorder's Use Only

Property of Cook County Clerk's Office  
Buyer, Seller or Representative  
Date

Box # 411

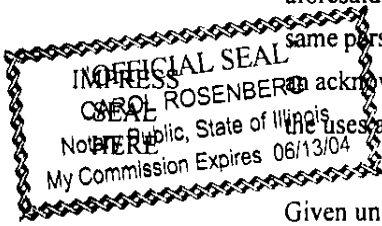
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State of Illinois, County of Cook Lake ss. I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that Pearl Kaplan and Sheila Pickard, personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person, Carol Rosenberg acknowledged that their 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 17 day of June, 2005

Commission expires 6-13-04 2004

Carol Rosenberg  
 NOTARY PUBLIC

This instrument was prepared by Joel S. Rothman c/o Joel S. Rothman & Associates, 55 West Monroe Street, Chicago, Illinois 60603  
 (Name and Address)

**MAIL TO:**

**SEND SUBSEQUENT TAX BILLS TO:**

City of Chicago  
 (Name)

City of Chicago  
 (Name)

30 North LaSalle Street, Suite 700  
 (Address)

121 North LaSalle Street  
 (Address)

Chicago, Illinois 60602  
 (City, State and Zip)

Chicago, Illinois 60602  
 (City, State and Zip)

OR RECORDER'S OFFICE BOX NO. \_\_\_\_\_

AFFIX "RIDERS" OR REVENUE STAMPS HERE BELOW

Property of Cook County Clerk's Office

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

0010020075

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>16.10</b>	STATE OF ILLINOIS				STATE FILE NUMBER
		REGISTERED NUMBER	<b>MEDICAL CERTIFICATE OF DEATH</b>				<b>600065</b>
1. <b>Philip Kaplan</b>		FIRST MIDDLE LAST		2. <b>Male</b>	DATE OF DEATH - (MONTH, DAY, YEAR) <b>3. January 2, 2000</b>		
4. <b>Cook</b>		AGE - LAST BIRTHDAY (YRS) 5a. <b>83</b>	UNDER 1 YEAR MOS. 5b.	UNDER 1 DAY HOURS 5c. MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. <b>October 11, 1916</b>		
6a. <b>Chicago</b>		6b. <b>Northwestern Memorial Hospital</b>			6c. <b>Inpatient</b>		
7. <b>Chicago Illinois</b>		8a. <b>Married</b>	8b. <b>Pearl Miller</b>		9. <b>No</b>		
10. <b>341-01-8568</b>		11a. <b>Owner Operator</b>	11b. <b>Plumbing</b>	12. <b>12</b>		13. <b>Yes</b>	
13a. <b>1300 N. Lake Shore Drive</b>		13b. <b>Chicago</b>		13c. <b>Yes</b>		13d. <b>Cook</b>	
13a. <b>Illinois</b>		13i. <b>60610</b>	14a. <b>White</b>		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
15. <b>Joseph Kaplan</b>		16. <b>Goldie Stucker</b>					
17a. <b>Sue Rogacki</b>		17b. <b>Medical Records</b>		17c. <b>251 E. Huron Chicago, IL 60611</b>			
18. PART I.		Enter the diseases, 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.					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death)		(a) <b>Myocardial Infarction</b>					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) <b>Ischemic Cardiomyopathy</b>					
		(c) <b>Coronary Artery Disease</b>					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		<b>Pulmonary Edema, Pneumonia</b>					
20a.		20b.		21c. <b>06:57 AM</b>		21d. <b>January 2, 2000</b>	
21a. <b>I did last attend alive January 2, 2000</b>		21b. <b>NO</b>		21c. <b>06:57 AM</b>			
22a. <b>Greg Cohen MD</b>		22b. <b>January 2, 2000</b>		22c. <b>125-038688</b>			
22a. <b>Greg Cohen MD</b>		22b. <b>January 2, 2000</b>		22c. <b>125-038688</b>			
23. <b>Beatrice Edwards, MD</b>		24a. <b>Burial</b>		24b. <b>Shalom Memorial Park</b>		24c. <b>Arlington Heights, IL</b>	
24a. <b>Burial</b>		24b. <b>Shalom Memorial Park</b>		24c. <b>Arlington Heights, IL</b>		24d. <b>Jan. 3, 2000</b>	
25a. <b>Weinstein Family Services; 111 Skokie Boulevard; Wilmette, Illinois 60091</b>		25b. <b>Greg Cohen MD</b>		25c. <b>034-11770</b>		25d. <b>06:57 AM</b>	
26a. <b>Greg Cohen MD</b>		26b. <b>January 2, 2000</b>		26c. <b>125-038688</b>			
26a. <b>Greg Cohen MD</b>		26b. <b>January 2, 2000</b>		26c. <b>125-038688</b>			



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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 1/8/01, 1901 Signature: \_\_\_\_\_  
Grantor or Agent

Subscribed and sworn to before me by the said \_\_\_\_\_ this 8<sup>th</sup> day of January, 2001.  
Notary Public Janice Scott



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 1/8/01, 1901 Signature: \_\_\_\_\_  
Grantee or Agent

Subscribed and sworn to before me by the said \_\_\_\_\_ this 8<sup>th</sup> day of January, 2001.  
Notary Public Janice Scott



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.)