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8529/0083 33 001 Page 1 of 5

2001-01-16 13:53:17

Cook County Recorder

29.50

WARRANTY DEED

JOINT TENANCY

H40860

THE GRANTOR(S)



0010037679

RICARDO SERRANO, A NEVER MARRIED PERSON,

OF THE CITY OF CHICAGO, COUNTY OF COOK, STATE OF ILLINOIS, FOR AND IN CONSIDERATION OF TEN (\$10.00) DOLLARS, IN HAND PAID, CONVEY AND WARRANT TO:

RAMIRO ROSALES, CORENZA ROSALES, CELIA ROSALES, AND LORENA ROSALES,

OF:

NOT IN TENANCY IN COMMON BUT IN JOINT TENANCY, THE FOLLOWING DESCRIBED REAL ESTATE, SITUATED IN THE COUNTY OF COOK STATE OF ILLINOIS, TO WIT:

*** SEE ATTACHED ***

SUBJECT TO CONDITIONS AND RESTRICTION OF RECORD, PRIVATE, PUBLIC AND UTILITY EASEMENTS; ROADS AND HIGHWAYS; PARTY WALL RIGHTS AND AGREEMENTS; EXITING LEASES AND TENANCIES; SPECIAL TAXES FOR ASSESSMENTS FOR IMPROVEMENTS NOT YET COMPLETED; UNCONFIRMED SPECIAL TAXES OR ASSESSMENTS; GENERAL TAXES FOR THE YEAR 2000 AND SUBSEQUENT YEARS;

HEREBY RELEASING AND WAIVING ALL RIGHTS UNDER AND BY VIRTUE OF THE HOMESTEAD EXEMPTION LAWS OF THE STATE OF ILLINOIS.

TO HAVE AND TO HOLD THE ABOVE-DESCRIBED PREMISES, NOT IN TENANCY IN COMMON BUT IN JOINT TENANCY FOREVER.

PERMANENT INDEX NUMBER(S): I3-32-215-027-0000

ADDRESS OF REAL ESTATE: 2242 NORTH CENTRAL AVENUE, CHICAGO, ILLINOIS 60639

DATED THIS 12TH DAY OF JANUARY, 2001


RICARDO SERRANO

01-12-01

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STATE OF ILLINOIS)
) SS:
COUNTY OF COOK)

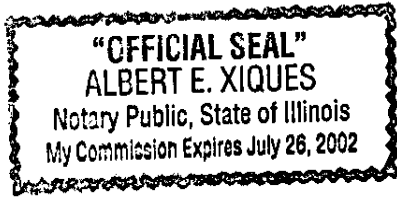
I, THE UNDERSIGNED, A NOTARY PUBLIC IN AND FOR THE SAID COUNTY AND STATE AFORESAID, DO HEREBY CERTIFY THAT:

RICARDO SERRANO, A NEVER MARRIED PERSON,

PERSONALLY KNOWN TO ME TO BE THE SAME PERSON(S) WHOSE NAME(S) SUBSCRIBED TO THE FOREGOING INSTRUMENT, APPEARED BEFORE ME THIS DAY, IN PERSON, ACKNOWLEDGED THAT THEY SIGNED, SEALED AND DELIVERED THE SAID INSTRUMENT AS THEIR FREE AND VOLUNTARY ACT, FOR THE PURPOSES THEREIN SET FORTH, INCLUDING THE RELEASE AND WAIVER OF THE RIGHT OF HOMESTEAD.

GIVEN UNDER MY HAND AND SEAL THIS 12TH DAY OF JANUARY, 2001

COMMISSION EXPIRES:



[Handwritten Signature]

NOTARY PUBLIC

THIS INSTRUMENT WAS PREPARED BY:

Albert E. Xiques
Attorney at law
2856 N. Western Ave.
Chicago, Illinois 60618

MAIL TO:

MARIA CABRERA
1923 W IRVING PARK
CHICAGO IL 60613

SEND SUBSEQUENT TAX BILLS TO:


RAMIRO ROSALES
2742 N. CENTRAL AVE.
CHICAGO, IL 60639


LEGAL DESCRIPTION
FOR THE PROPERTY
LOCATED AT:


2242 NORTH CENTRAL
CHICAGO, ILLINOIS 60639

LOT 7 (EXCEPT THE NORTH 5 FEET THEREOF) AND
THE NORTH 10 FEET OF LOT 8 IN BLOCK 7 IN
GRAND AVENUE SUBDIVISION, BEING A
SUBDIVISION OF BLOCKS 2,3,4 OF COMMISSIONER'S
SUBDIVISION OF THAT PART OF THE EAST 1/2 OF
THE NORTHEAST 1/4 OF SECTION 32, TOWNSHIP 40
NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL
MERIDIAN, LYING NORTH OF THE CENTER LINE OF
THIRD AVENUE, IN COOK COUNTY, ILLINOIS.

PIN: 13-35-109-003-0000

STATE TAX	STATE OF ILLINOIS	# 0000023133	REAL ESTATE TRANSFER TAX
	 JAN. 16.01		0017100
	REAL ESTATE TRANSFER TAX DEPARTMENT OF REVENUE		FP326669

City of Chicago Dept. of Revenue 243519 01/16/2001 13:12		Real Estate Transfer Stamp \$1,282.50 Batch 03759 36
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COUNTY TAX	COOK COUNTY REAL ESTATE TRANSACTION TAX	# 0000045513	REAL ESTATE TRANSFER TAX
	 JAN. 16.01		0008550
	REVENUE STAMP		FP326670

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AFFIDAVIT REGARDING DECEASED JOINT TENANT

STATE OF ILLINOIS)
COUNTY OF) SS

DATE:
COMMITMENT NO:

RICARDO SERRANO

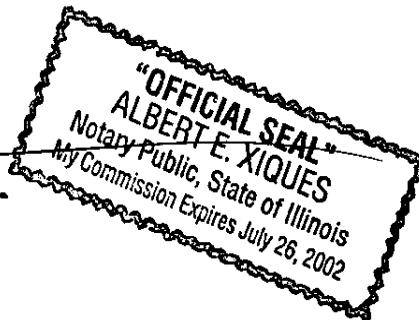
being first duly sworn, for purpose of inducing Fidelity National Title Insurance Company to issue its' title insurance policy covering the land described in the above captioned commitment, deposes and says:

1. That he/she resides at: 2247 N. CENTRAL AVENUE, CHGO, IL
2. That he/she was acquainted with LUIS SERRANO who died on 10/10/95, as evidenced by the attached certified copy of the death certificate.
3. That said decedent was one of the owners of the land described in the above captioned commitment.
4. That said decedent died:
 leaving no last will and testament
 leaving a last will and testament, a copy of which is attached.
5. That the total value of said decedent's estate for State of Illinois Inheritance Tax and Federal Estate purposes does not exceed \$ 30,000.-

RICARDO SERRANO
Affiant's Signature

Subscribed and sworn to
before me this 12th
day of JAN
192000

[Signature]
Notary Public



0010037679

CERTIFICADO DE ACTA DE DEFUNCION
 Certificate of Death Registration

Certifico que en la Sección de Defunciones del Registro a mi cargo aparece la siguiente inscripción:

I certify that in the Section of Deaths of the Registry under my custody the following death is registered:

Libro Núm. Volume No. 55	Folio Núm. Folio No.	Acta Núm- Certificate No. 475	Municipio donde ocurrió la defunción: Municipality where death occurred HOSPITAL REGIONAL PONCE
Fecha de Inscripción: Date of Registration 10 julio 1995 dia (day) mes (month) año (year)		Fecha de defunción: Date of Death 10 julio 1995 dia (day) mes (month) año (year)	
Nombre del Fallecido: Name of Deceased LUIS SERRANO MALDONADO		Sexo (sex): X Varón (male) □ Hembra (female)	Edad: Age 63
Estado Civil: Civil Status	<input type="checkbox"/> Soltero Single <input type="checkbox"/> Casado Married <input type="checkbox"/> Viudo Widowed <input checked="" type="checkbox"/> Divorciado Divorced	Natural de: Birthplace PONCE, PUERTO RICO Estado o País (State or Country)	
Si casado, viudo o divorciado, nombre del cónyuge: If married, widowed, divorced, name of spouse: REGALADA ROLDAN CRUZ			
Nombre del padre Name of Father JULIO SERRANO		Natural de: Birthplace ADJUNTAS, PUERTO RICO Estado o País (State or Country)	
Nombre de la Madre: Name of Mother GEORGINA MALDONADO		Natural de: Birthplace PONCE, PUERTO RICO Estado o País (State or Country)	
Causa de la Muerte: CARDIO RESPIRATORY ARREST Cause of Death		Médico que Certifica: Attending Physician DRA. EDITH TORRES	
Si Veterano, Número de Serie: If Veteran Serial Number		Número del Seguro Social: Social Security Number 583- 38- 6691	

DATOS SOBRE EL SOLICITANTE
 Information on Applicant

Solicitante: Applicant AMALIO SERRANO MALDONADO	Si veterano, licenciamiento honorable Núm. If veteran, honorable discharge Number
Dirección: Address AMALIA MARIN, CALLE e, #58, PONCE, P.R.	

Si para uso oficial de una Agencia del Gobierno Estatal o Federal:
 If for official use of an agency of the Commonwealth of Puerto Rico or Federal Government

Nombre de la Agencia: Name of Agency	Dirección: Address
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ADVERTENCIA

Este certificado no será válido si en el mismo no se ha estampado el sello oficial del Registro Demográfico correspondiente. También se requiere la cancelación de un sello de rentas internas de \$2 según exige la ley, los en que el certificado se expedió en que el certificado se expedió un veterano o de una agencia Libre Asociado de Puerto Rico de América. LA MERA POSESION NO DEBE CONSTITUIR EVIDENCIA PARA EL PORTADOR COMO PADRE O MADRE DE UNA FALLECIDA A QUIEN LA REGISTRACION REFIERE.

WARNING

This certificate is void if the official seal of the corresponding Demographic Registry Office has not been stamped hereon. Also, a \$2 internal revenue stamp is required by law to be cancelled hereon, unless this certificate is issued for the exclusive use of a veteran or for the official use of any Agency of the Commonwealth of Puerto Rico or of the Federal Government of United States. THE MERE POSSESSION OF THIS DOCUMENT DOES NOT CONSTITUTE EVIDENCE FOR IDENTIFYING THE BEARER AS A RELATIVE OF THE DECEASED TO WHOM THE REGISTRATION REFERS.

ESTE CERTIFICADO NO SERA VALIDO SI EN EL MISMO APARECEN TACHADURAS, BORRADURAS O ALTERACIONES

This certificate is void if there are any alterations or erasures on same.



Fecha de Expedición: Date of Issue 14 de julio de 1995	Municipio de: Municipality of PONCE	Puerto Rico
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Cargado del Registro
 Registrar

ELSA NAZARIO COLON

Firma
 Signature

[Handwritten Signature]

Nombre en maquina o letra de molde
 Typed Name

lrm