

UNOFFICIAL COPY

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7472/0157 27 001 Page 1 of 4
2001-02-28 11:27:54
Cook County Recorder 27.50

WARRANTY DEED
Statutory (Illinois)
(Individual to Individual)



The Grantor, **JOSEPHINE GRIFF**, a widow, of the County of Cook, State of Illinois, for the consideration of TEN(10.00)DOLLARS, and other good and valuable consideration in hand paid, CONVEYS AND WARRANTS to:

GIUSEPPE AMBROSINO,
1725 S. Ashland
Park Ridge, IL 60068

all interest in the following described Real Estate situated in the County of Cook in the State of Illinois, to-wit:

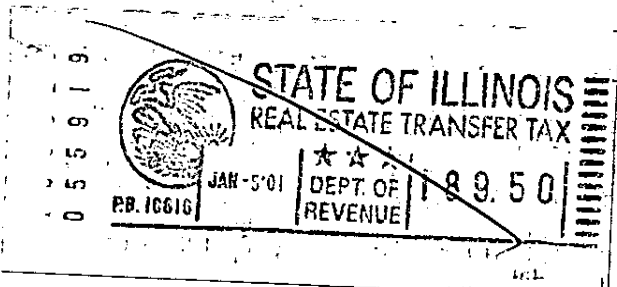
Lot ^{47 1/2} in Block 10 in Glenview Park Manor being a Subdivision in the Southeast 1/4 of Section 12, Township 41 North, Range 12, East of the Third Principal Meridian, as shown on the Plat recorded as Document 13326154 in Cook County, Illinois.

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

PERMANENT INDEX NUMBER (PIN): 09-12-434-002

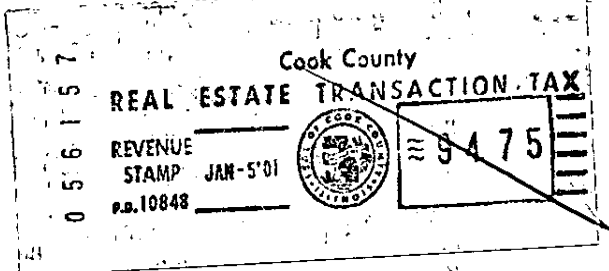
ADDRESS OF REAL ESTATE: 241 N. Montgomery, Glenview, IL 60025

Dated this 7th day of February, 2001



Josephine Griff
JOSEPHINE GRIFF

(Seal)



P.N.T.N.

State of Illinois)
) SS.
County of Cook)

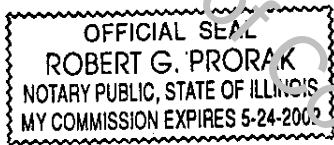
I, the undersigned, a Notary Public in and for said county, in the state aforesaid, DO HEREBY CERTIFY that **JOSEPHINE GRIFF, a widow**, personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledge that she signed, sealed and delivered the said instrument as 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 7th day of February, 2001.

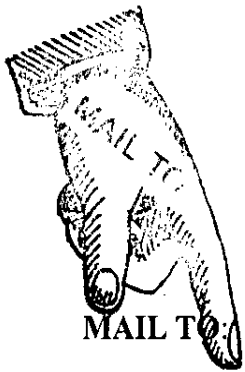
Commission Expires: May 24, 2002



NOTARY PUBLIC



This Instrument was prepared by: **ROBERT G. PRORAK, ATTY. AT LAW**, 5521 N. Cumberland, Suite 1109, Chicago, IL 60656



MAIL TO:

NICOLE BONO
Attorney at Law
1001 W. Lake Street, Suite A
Addison, IL 60101

SEND SUBSEQUENT TAX BILLS TO:

GIUSEPPE AMBROSINO
241 N. Montgomery
Glenview, IL 60025

UNOFFICIAL COPY

State of Illinois)
) SS.
 County of Cook)

JOSEPHINE GRIFF, hereby referred to as the affiant, states under oath that the affiant resides at 241 N. Montgomery, Glenview, IL 60025; that the affiant was acquainted with **ROBERT G. GRIFF**, the decedent; that at the time of death, the decedent was one of the owners of the property, said property, located in Cook County, Illinois, and legally described as follows:

Lot 4 in Block 10 in Glenview Park Manor, being a Subdivision in the Southeast 1/4 of Section 12, Township 41 North, Range 12, East of the Third Principal Meridian, as shown on the Plat recorded as Document 13326154 in Cook County, Illinois.

PIN #: 09-12-434-002
 Common Address: 241 N. Montgomery, Glenview, IL 60025

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on October 5, 1990, leaving no last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 189,900.00 and that the value of the above property individually was \$ 189,900.00.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any, was due from the decedent's estate, has been paid in full;

That the affiant makes this affidavit to induce PROFESSIONAL NATIONAL TITLE NETWORK, INC., to issue its policy of title insurance on the above described property.

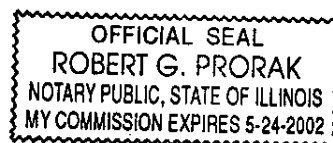
The affiant hereby covenants and agrees, for himself, heirs, personal representatives or assignees, to forever indemnify, protect, defend and hold PROFESSIONAL NATIONAL TITLE NETWORK, INC., harmless and to reimburse the title company for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which said title company may suffer, expend, or incur by reason of issuance of said policy free and clear of the following objections:

1. Claims against the Estate of ROBERT G. GRIFF, the decedent.
2. Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent.
3. Legacies, if any, created by the will of said document.
4. Rights of Contribution.

Josephine Griff
 JOSEPHINE GRIFF

Subscribed and sworn to before me this 7th day of February, 2001.

[Signature]
 NOTARY PUBLIC



Prepared by: **ROBERT G. PRORAK**, Counselor at Law, 5521 N. Cumberland, Suite 1109, Chicago, IL 60656
 Mail to: **ROBERT G. PRORAK**, Counselor at Law, 5521 N. Cumberland, Suite 1109, Chicago, IL 60656

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <u>11.085</u>	STATE OF ILLINOIS	STATE FILE NUMBER
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH	

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED—NAME FIRST MIDDLE LAST 1. Robert G. Griff	SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. October 5, 1999
COUNTY OF DEATH 4. Cook	AGE—LAST BIRTHDAY (YRS) MOS. DAYS 5a. 65	UNDER 1 YEAR 5b.	UNDER 1 DAY 5c.
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. Glenview	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. 241 Montgomery		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. November 15, 1933

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Chicago, IL	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Josephine Kruzal	IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) 9. Yes
SOCIAL SECURITY NUMBER 10. 339-24-7567	USUAL OCCUPATION 11a. Lithographer	KIND OF BUSINESS OR INDUSTRY 11b. Lithography	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (1-4 or 5+) 12. 12
RESIDENCE (STREET AND NUMBER) 13a. 241 Montgomery	CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. Glenview	INSIDE CITY (YES/NO) 13c. Yes	COUNTY 13d. Cook
STATE 13e. Illinois	ZIP CODE 13f. 60025	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White	OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:

FATHER—NAME FIRST MIDDLE LAST 15. George H. Griff	MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST 16. Mary J. Casey
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INFORMANT'S NAME (TYPE OR PRINT) 17a. Josephine Griff	RELATIONSHIP 17b. Wife	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 241 Montgomery Glenview, IL 60025
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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) <u>Melanoma</u>	1 Year
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF	
(c) DUE TO, OR AS A CONSEQUENCE OF	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	AUTOPSY (YES/NO) 19a. No	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.
DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERATION 20b.	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>

WHO (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21a. 9/20/99	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. No	HOUR OF DEATH 21c. 4:15 p M.
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	DATE SIGNED (MONTH, DAY, YEAR) 22b. Oct. 6, 1999	ILLINOIS LICENSE NUMBER 22d. 036059734
22a. SIGNATURE NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. Dr. Daniel Shevrin, 2650 Ridge Ave., Evanston, IL	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. St. Adalbert	LOCATION CITY OR TOWN STATE 24c. Niles, Illinois	DATE (MONTH, DAY, YEAR) 24d. Oct. 9, 1999
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. N.H. Scott & Hebblethwaite, 1240 Waukegan Rd. Glenview, IL 60025	FUNERAL DIRECTOR'S SIGNATURE 25b. <i>George H. Scott</i>	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-010554	
LOCAL REGISTRAR'S SIGNATURE KAREN L. SCOTT, M.D. 26a. REGISTRAR <i>Karen L. Scott</i>	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. Oct 7, 1999		

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE OCTOBER 7, 1999 SIGNED *Karen L. Scott* LOCAL REGISTRAR

AT EVANSTON, Illinois OFFICIAL TITLE

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.