



QUITCLAIM DEED

A298-10
R298-04

4270674-111B
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THIS QUITCLAIM DEED, Executed this 3 day of FEBRUARY, 2001 (year),

by first party, Grantor, ANDREA ANDERSON

whose post office address is 9125 S. LULASKI EVERGREEN PARK, IL.

to second party, Grantee, RAYMOND HOLLAND

whose post office address is 13632 POTAWATOMI TRAIL
LOCKPORT, IL. 60441

WITNESSETH, That the said first party, for good consideration and for the sum of
TEN Dollars (\$ 10.00) paid by the said second
party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim
unto the said second party forever, all the right, title, interest and claim which the said first party
has in and to the following described parcel of land, and improvements and appurtenances there-
to in the County of COOK, State of ILLINOIS to wit:

LOT 90 OF WEST CHESTERFIELD HOMES, A SUBDIVISION OF THE CITY
OF CHICAGO, COUNTY OF COOK, STATE OF ILLINOIS, ACCORDING TO THE
PLAT THEREOF RECORDED IN THE OFFICE OF THE RECORDER OF
DEEDS OF COOK COUNTY, ILLINOIS ON THE 14TH DAY OF DECEMBER
1948 AS DOCUMENT NO. 14461739 AND NOW OF RECORD IN THE BOOK
374 OF PLATS AT PAGES 37, 38 AND 39 THEREOF, IN SECTION 3,
TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL
MERIDIAN, IN COOK COUNTY, ILLINOIS.
(25-03-313-062 VOL 283)
9168 S. MARTIN L. KING DRIVE
CHICAGO, IL

THIS DOES NOT CONSTITUTE HOMESTEAD PROPERTY AS TO ANDREA ANDERSON

UNOFFICIAL COPY

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

Brealung
Signature of Witness

x Andrea Anderson
Signature of First Party

Print name of Witness

Print name of First Party

Signature of Witness

Signature of First Party

Print name of Witness

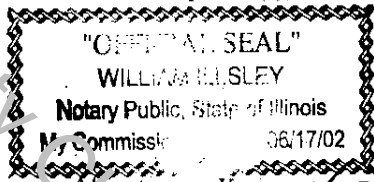
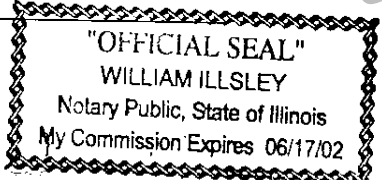
Print name of First Party

State of ILL
County of COOK

On FEB, 8, 2001 before me WILLIAM ILLSLEY
appeared ANDREA ANDERSON

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.

William Illsley
Signature of Notary



Affiant Known Produced ID
Type of ID STATE I.D. (Seal)

State of _____
County of _____

On _____ before me,
appeared _____

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.

Signature of Notary 

Mail to
Raymond Holland
13632 Potawatomi Trail
Lockport, IL 60441

Affiant Known Produced ID
Type of ID _____ (Seal)

Exempt under provisions of paragraph 3, Section 4, Real Estate Transfer Act.

x Andrea Anderson
Signature of Preparer

ANDREA ANDERSON
Print Name of Preparer

9,25 S. POLASKI
Address of Preparer Chicago, IL

3/2/01 Date [Signature] Buyer, Seller or Representative

0010201901

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

ss.

Order No. 004270674

David Thompson being duly sworn
states that HE resides at 9439 S. KING DRIVE in the City of
CHICAGO

That HE was acquainted with EUNICE R. PARDEE
deceased who, at the time of HER death, was one of the owners of the land in COOK
County, Illinois, described as:

That the deceased died JUNE 2, 1994, as evidenced by a
certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of FIVE THOUSAND and 00/100 dollars.

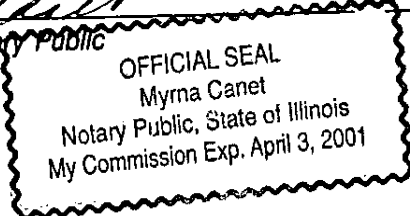
Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

this 2nd day of March, A.D. 19 2000

[Signature]
Notary Public

David Thompson
(Affiant's Signature)



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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

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.10		STATE OF ILLINOIS				STATE FILE NUMBER 610696	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH							
Type of Print in Permanent File See Funeral Directors, Hospital, or Physicians Handbook for Instructions		DECEASED NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH DAY YEAR)			
		EUNICE R. PARDUE		2 FEMALE		JUNE 2, 1994			
COUNTY OF DEATH		AGE - LAST BIRTHDAY (YEAR MONTH DAY)		UNDER 1 YEAR UNDER 1 DAY		DATE OF BIRTH (MONTH DAY YEAR)			
4 COOK		50 08 85		50 50		50 JUNE 9, 1908			
CITY OR TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER GIVE STREET AND NUMBER)				IF DECEASED EVER IN U.S. ARMY OR NAVY, INDICATE D.O.A. OR FIVE YEAR DEPARTMENT (SPECIFY)			
6a CHICAGO		6b SOUTH CHICAGO HOSPITAL				6c EHER. RM.			
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MARRIAGE NAME IF WIFE)		WAS DECEASED EVER IN U.S. ARMY OR NAVY, INDICATE D.O.A. OR FIVE YEAR DEPARTMENT (SPECIFY)			
7 CLARKSVILLE, TN.		8a WIDOWED		8b NONE		9 NO			
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)			
10 350-18-7543		11a RETIRED SUPERVISOR		11b U.S. TREASURY		12 -12- -6-			
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY			
13a 9168 SOUTH KING DRIVE		13b CHICAGO		13c YES		13d COOK			
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN #2 (SPECIFY))		OF SPANIC ORIGIN? (SPECIFY YES/NO OR YES # SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)			
14 ILLINOIS		14b 60619		14c BLACK		14d X NO YES SPECIFY			
FATHER NAME FIRST MIDDLE LAST		MOTHER NAME FIRST MIDDLE LAST		MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN STATE ZIP)					
15 EWING D. ROBERTS		16 ELLA REE		ASHBROOK					
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN STATE ZIP)					
17a ANDREA ANDERSON		17b GRAND DAUGHTER		9168 SO. KING DR. CHGO. IL. 60619					
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.							
Immediate Cause (Final disease or condition resulting in death)		(a) Pulmonary Embolism						hours	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (2) STATING THE UNDERLYING CAUSE LAST		(b) DEEP VEIN THROMBOSIS						days	
		(c) SEVERE DEMENTIA						months	
PART II		Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							
NONE		AUTOPSY (YES/NO)		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? (YES/NO)					
		19a NO		19b NO					
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		WAS COUNCIL MEMBER OF MEDICAL EXAMINER NOTIFIED (YES/NO)		HOUR OF DEATH			
20a		20b		21b YES		21c 11 50 P			
WHO (DO NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		DATE SIGNED					
21a		21b		21c					
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		SIGNATURE		ILLINOIS LICENSE NUMBER					
		22a		22b					
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF ASSISTANT DEED APPLIED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED					
22a		22b							
BURLIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY - NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH DAY YEAR)			
24a BURLIAL		24b WASHINGTON CEM.		24c HOMWOOD, ILLINOIS		24d JUN. 9, 1994			
FUNERAL HOME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN		STATE ZIP			
25a		25b		25c		25d			
GATLING'S CHAPEL 10133 SO. HALSTED CHICAGO, ILLINOIS 60628		FUNERAL DIRECTOR'S SIGNATURE		LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)			
		25b		25c		25d			

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Property of Cook County Clerk's Office

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

AFFIDAVIT OF HEIRSHIP

DAVID THOMPSON, being first duly sworn on oath states as follows:

1. That Jean Pardue, also known as Jean Thompson, died intestate on December 24, 2000 at Chicago, Illinois.

2. That at the time of her death, Jean Pardue was the owner of the property located at 9158 South King Drive, Chicago, Illinois, which is legally described as follows:

Lot 90 of West Chesterfield Homes, a Subdivision of the City of Chicago, County of Cook, State of Illinois, according to the Plat thereof recorded in the Office of the Recorder of Deeds of Cook County, Illinois on the 14th day of December 1948 as Document Number L4461732 and now of record in the Book 374 of Plats at Pages 37, 38 and 39 thereof, in Section 3, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois

3. That Jean Pardue was married twice during her life time, once to Alvin Theodore with said marriage having terminated upon the death of Alvin Theodore and once to David Thompson who survived Jean Pardue and was her husband at the time of her death.

4. That one child was born to Jean Pardue during her life time, namely Andrea Anderson who survived Jean Pardue and is an adult. No other children were born to or adopted by Jean Pardue during her life time.

5. That all of the expenses of Jean Pardue's last illness, including medical, hospital, and funeral bills have been paid.

Based on the foregoing, decedent Jean Pardue left surviving, as her only heirs at law, David Thompson, her husband and Andrea Anderson, her daughter.

David Thompson

DAVID THOMPSON

Subscribed and Sworn to before me this 2nd day of March 2001

Myrna Canet

Notary Public



STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

DEC 29 2000

SHEILA LYNE RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

STATE FILE NUMBER
620550

REGISTRATION DISTRICT NO. **6201**
REGISTERED NUMBER

DECEASED-NAME
Sean

DATE OF DEATH (MONTH, DAY, YEAR)
December 24 2000

AGE-LAST BIRTHDAY (YRS)
69

DATE OF BIRTH (MONTH, DAY, YEAR)
May 28, 1931

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER
Chicago

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER)
Northwestern Memorial

IF HOSP. OR INST. INDICATE D.O.A. (OPENER, HM, INPATIENT) (RECEIPT)
inpatient

WAS DECEASED EVER IN US ARMED FORCES? (YES/NO)
NO

NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
DAVID T. THOMPSON

EDUCATION (SPECIFY HIGHEST GRADE COMPLETED)
College (1-4 or 5-1)

KIND OF BUSINESS OR INDUSTRY
11b. City of Chicago

INSIDE CITY (YES/NO)
13c. YES

CITY, TOWN, TWP. OR ROAD DISTRICT NO.
Chicago

COUNTY
Cook

RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
14a. Black

14b. RAO YES NO SPECIFY: MOTHER-NAME FIRST MIDDLE LAST
Roberts

FATHER-NAME FIRST MIDDLE LAST
Theodore Parou

RELATIONSHIP TO DECEASED (STREET AND NO. OR R.F.D. OR TOWN-STATE, ZIP)
17b. 251 E Huron Chicago 60611

18. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respir. (i.e. v. arrest, shock, or heart failure). List only one cause on each line.
(a) metastatic cancer, unknown primary
(b) acute tubular necrosis

IMMEDIATE CAUSE (Final disease or condition resulting in death)
(c) DUE TO, OR AS A CONSEQUENCE OF

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST
(a) metastatic cancer, unknown primary
(b) acute tubular necrosis

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
None

DATE OF OPERATION, IF ANY
None

MAJOR FINDINGS OF OPERATION
None

DATE OF OPERATION (MONTH, DAY, YEAR)
None

WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)
None

DATE SIGNED (MONTH, DAY, YEAR)
December 29 2000

ILLINOIS LICENSE NUMBER
None

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)
JUNE M. MCKELLY

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)
DR. JUNE M. MCKELLY

BURIAL CREMATION, REMOVAL (SPECIFY)
24b. Holy Sepulchre Cemetery

LOCATION CITY OR TOWN STATE
Chicago Illinois

DATE (MONTH, DAY, YEAR)
24d. 12-29-2000

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D.
7838 So. Cottage Grove Chicago Illinois 60619

FUNERAL DIRECTOR'S SIGNATURE
Sheila Lyne RSM

LOCAL REGISTRAR'S SIGNATURE
Sheila Lyne RSM

DATE TIME (MONTH, DAY, YEAR)
DEC 29 2000

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STATEMENT BY GRANTOR AND GRANTEE

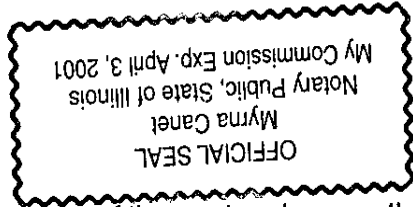
The grantor or his agent affirms that, to the best of his/her knowledge, the name of the grantee shown on the deed or assignment of beneficial interest in the land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire 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: March 5, ~~19~~ 2001

[Signature]
Signature

Subscribed to and sworn before me this 2nd day of March 2001.

[Signature]
Notary Public



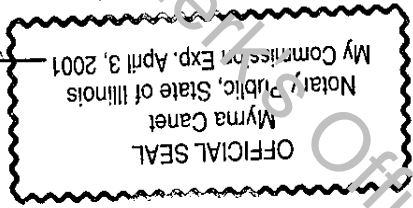
The grantee or his agent affirms and verifies that the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, 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 hold title to real estate under the laws of the State of Illinois.

Dated: March 2, ~~19~~ 2001

[Signature]
Signature

Subscribed to and sworn before me this 2nd day of March 2001.

[Signature]
Notary Public



NOTE: ANY PERSON WHO KNOWINGLY SUBMITS A FALSE STATEMENT CONCERNING THE INDEMNITY 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 PROVISIONS OF SECTION 4 OF THE ILLINOIS REAL ESTATE TRANSFER TAX ACT.)