

RELEASE OF ESTATE'S INTEREST IN REAL ESTATE



Decedent, Louise Eggleston Reichert
(name and address)

who died on May 9, 1978
(date of death), owned the following described real estate at the time of death:

(INSERT LEGAL DESCRIPTION. If decedent had a partial interest, state the extent of the interest.) Joint tenancy.
Lot sixty-four (64) in McCormick's Subdivision of Lots two (2) and three (3) in Warner's Subdivision of the southeast quarter of Section twenty-two (22), Township Forty (40) North, Range Thirteen (13) East of the Third Principal Meridian.
The real estate is commonly known as 4014 W Newport Avenue, Chicago, Illinois 60641
(street address or other identification)

The undersigned was appointed independent representative of decedent's estate on _____
by the Circuit Court of _____ County, County Department, Probate Division

(Case No. _____, Docket _____, Page _____) and is acting as independent representative on the date of this instrument.

Title to the real estate passed at decedent's death to the following heirs or legatees:

Name	Address	Share
William E. Eggleston	4014 W. Newport Ave., Chicago (later 1121 Lawrence St., Madison, Wisconsin	entire

Acting pursuant to §28-8(i) and §2810(a) of the Illinois Probate Act of 1975, the undersigned releases the estate's interest in the real estate and confirms the title of the above heirs or legatees

Date: 1/21/00

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1688/0035 30 001 Page 1 of 2
2001-04-23 10:27:54
Cook County Recorder 43.50

Independent Representative (print name)

This instrument prepared by Richard A. Eggleston, personal representative, estate of W.E. Eggleston
(name and address)
Mail to 2358 Fitchburg Rd., Verona, Wisconsin 53593

(INDIVIDUAL ACKNOWLEDGMENT)

State of ~~Illinois~~ Wisconsin
County of Dane
The foregoing instrument was acknowledged before me on 1/21/00
(date)

by Richard A. Eggleston

Notary Public (print name)

(CORPORATE ACKNOWLEDGMENT)

DAVID M TRAVIS

State of Illinois
County of _____
The foregoing instrument was acknowledged before me on _____
(date)

by _____
(name and title of officer or agent)

of _____, a _____
(name of corporation) (state or place of incorporation)
corporation, on behalf of the corporation.

UNOFFICIAL COPY

STATE OF ILLINOIS

DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS

0010327597

REGISTRATION DISTRICT NO. 16.10	STATE OF ILLINOIS	STATE FILE NUMBER 610621
REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH	
DECEASED - NAME 1. LOUISE EGGLESTON REICHERT		SEX 2. FEMALE
DATE OF DEATH 3. MAY 9-1978		
RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 4. WHITE	ORIGIN OR DESCENT 4b. NORWEGIAN	AGE - LAST BIRTHDAY (YRS) 5. 89
UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MO., DAY, YEAR) 6. JAN. 7-1889
COUNTY OF DEATH 7a. Cook	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7b. Chicago 7c. NORTHWEST HOSPITAL	
IF RESP. OR INST. INDICATE DOA, OP/EMER. RM. # (PATIENT (SPECIFY)) 7d. D.O.A.		
STATE OF BIRTH (IF NOT IN U.S.A., GIVE COUNTRY) 8. NORWAY	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. WIDOWED
NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 11. NONE		
SOCIAL SECURITY NUMBER 12. 322 09 9160	USUAL OCCUPATION 13a. HOUSEWIFE	KIND OF BUSINESS OR INDUSTRY 13b. OWN HOME
U.S. WAR VETERAN (YES, NO) 13c. NO	WAR OR DATES OF SERVICE 13d. NONE	
RESIDENCE STREET AND NUMBER 14a. 4014 W. Newport	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 14b. CHICAGO	INSIDE CITY (YES, NO) 14c. YES
COUNTY 14d. COOK	STATE 14e. ILLINOIS	
FATHER - NAME 15. AKSEL ULSROD	MOTHER - MAIDEN NAME 16. LAURA ANDERSON	
INFORMANT'S SIGNATURE 17a. William E. Eggleston	RELATIONSHIP 17b. SON	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. CHICAGO, ILLINOIS * 60641
DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE		
(a) CONGESTIVE HEART FAILURE		UNKNOWN
(b) ARTERIO SCLEROTIC CARDIOVASCULAR HEART DISEASE		UNKNOWN
(c)		
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.
19a. NO	19b.	
19c.	19d.	
19e.	19f.	
19g.	19h.	
19i.	19j.	
19k.	19l.	
19m.	19n.	
19o.	19p.	
19q.	19r.	
19s.	19t.	
19u.	19v.	
19w.	19x.	
19y.	19z.	
19aa.	19ab.	
19ac.	19ad.	
19ae.	19af.	
19ag.	19ah.	
19ai.	19aj.	
19ak.	19al.	
19am.	19an.	
19ao.	19ap.	
19aq.	19ar.	
19as.	19at.	
19au.	19av.	
19aw.	19ax.	
19ay.	19az.	
19ba.	19bb.	
19bc.	19bd.	
19be.	19bf.	
19bg.	19bh.	
19bi.	19bj.	
19bk.	19bl.	
19bm.	19bn.	
19bo.	19bp.	
19bq.	19br.	
19bs.	19bt.	
19bu.	19bv.	
19bw.	19bx.	
19by.	19bz.	
19ca.	19cb.	
19cc.	19cd.	
19ce.	19cf.	
19cg.	19ch.	
19ci.	19cj.	
19ck.	19cl.	
19cm.	19cn.	
19co.	19cp.	
19cq.	19cr.	
19cs.	19ct.	
19cu.	19cv.	
19cw.	19cx.	
19cy.	19cz.	
19da.	19db.	
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19de.	19df.	
19dg.	19dh.	
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19dk.	19dl.	
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19do.	19dp.	
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19ds.	19dt.	
19du.	19dv.	
19dw.	19dx.	
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19fy.	19fz.	
19ga.	19gb.	
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19gi.	19gj.	
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19gm.	19gn.	
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19gq.	19gr.	
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19gu.	19gv.	
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19js.	19jt.	
19ju.	19jv.	
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19zz.	19zz.	

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This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

DATE ISSUED
OCT 23 1998