

GEORGE E. COLE® No. 822 REC
LEGAL FORMS December 1999



QUIT CLAIM DEED
Statutory (Illinois)
(Individual to Individual)

CAUTION: Consult a lawyer before using or acting under this form. Neither the publisher nor the seller of this form makes any warranty with respect thereto, including any warranty of merchantability or fitness for a particular purpose.

THE GRANTOR(S): Melvin and Marilyn Harris Above Space for Recorder's use only
Husband and Wife.

of the City Chicago of Illinois County of Cook State of Illinois for the
consideration of TEN (\$10.00)***** DOLLARS, and other good and valuable
considerations other goods and valuables in hand paid, CONVEY(S) all and QUIT CLAIM(S)
Deeds TO : Marilyn Harris (wife) 4140 West Maypole, Chicago, IL 60624
(Name and Address of Grantees)

all interest in the following described Real Estate, the real estate situated in cook County, Illinois,
commonly known as 4140 West Maypole, Chicago, Illinois (st. address) legally described as:

**LOT 32 IN BLOCK 15 IN SUBDIVISION OF SOUTH HALF 1/2 of SECTION 10,
TOWNSHIP 39 NORTH RANGE 13, EAST OF THIRD PRINCIPLE MERIDIAN, 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 Real Estate Index Number(s): 16-10-410-029-0000

Address(es) of Real Estate: 4140 West Maypole, Chicago, Illinois 60624

DATED this: 21st day of August, 2001

Please print or type name(s) below signature(s)
X (SEAL) Marilyn Harris (wife) (SEAL)
[Signature] (SEAL)
X MARILYN A. HARRIS (SEAL)
"OFFICIAL SEAL"
BERNICE ADAMS
Notary Public, State of Illinois
My Commission Expires Dec. 2, 2003
[Signature] (SEAL)

State of Illinois, County of cook ss. I, the undersigned, a Notary Public in and for said County,
in the State aforesaid, DO HEREBY CERTIFY that Marilyn Harris (wife)

IMPRESS
SEAL
HERE

personally known to me to be the same person as whose name signed subscribed to the
foregoing instrument, appeared before me this day in person, and acknowledged that she
signed, sealed and delivered the said instrument as solely free and voluntary act, for the
uses and purposes therein set forth, including the release and waiver of the right of homestead.

Quit Claim Deed
INDIVIDUAL TO INDIVIDUAL

Marilyn Harris
4140 West Maypole
Chicago, Illinois - 60624
TO
Marilyn Harris (Wife)
4140 West Maypole
Chicago, Illinois - 60624

GEORGE E. COLE®
LEGAL FORMS

Property of Cook County Clerk's Office

Given under my hand and official seal, this _____ day of _____ 20____

Commission expires _____ 20____

NOTARY PUBLIC

This instrument was prepared by *Shela Wilson (cpa)* 612 North Waver, Chicago, Ill. 60624
(Name and Address)

MAIL TO: *Marilyn Harris*
(Name)
4140 West Maypole
(Address)
Chicago, Illinois 60624
(City, State and Zip)

SEND SUBSEQUENT TAX BILLS TO:

Marilyn Harris
(Name)
4140 West Maypole
(Address)
Chicago, Illinois 60624
(City, State and Zip)

OR RECORDER'S OFFICE BOX NO. _____

UNOFFICIAL COPY

0010772366

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JUL 3 1995

I, SHEILA LYNE RSW, 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 PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

6/28/95

REGISTRAR (BY)
DISTRICT NO. 16.10
REGISTERED NUMBER

DECEASED-NAME FIRST MIDDLE LAST Melvin Harris		SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) June 29, 1995
1. Melvin Harris COUNTY OF DEATH Cook		AGE-LAST BIRTHDAY (MRS) 58-5-5	DATE OF BIRTH (MONTH, DAY, YEAR) March 24, 1940
4. Cook CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago		5d. HOSP. OR INST. INDICATE D.O.A. OR MEMBER (M, I, PATIENT) (SPECIFY) Emer - Rm.	
6a. Chicago BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Looke Arkansas		9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) No	
7. Looke Arkansas SOCIAL SECURITY NUMBER 353-30-5254		12. COLLEGE (1-4 or 5-1) 3	
10. 353-30-5254 RESIDENCE (STREET AND NUMBER) 4140 W. Maypole Street		13d. COUNTY Cook	
13a. 4140 W. Maypole Street STATE Illinois		13c. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
13b. Chicago CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago		14. DNO <input checked="" type="checkbox"/> YES <input type="checkbox"/> SPECIFY: MOTHER-NAME FIRST MIDDLE LAST Lola Harris	
14a. Black RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		16. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 174140 W. Maypole Chicago, IL 60624	
15. Levi Harris INFORMANT'S NAME (TYPE OR PRINT) Marilyn Harris		17. Marilyn Harris RELATIONSHIP Widow	
18. PART I. Immediate Cause (Final disease or condition resulting in death) GLOBULASTOMA DUE TO, OR AS A CONSEQUENCE OF Chronic Renal Failure DUE TO, OR AS A CONSEQUENCE OF CAUSE LAST.		19. WHERE AUTOPSY INDICES AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO) No	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		20. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. MAJOR FINDINGS OF OPERATION 20b. DATE OF OPERATION, IF ANY		21. HOUR OF DEATH 9:05 a. M.	
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 6-20-95		21c. DATE SIGNED (MONTH, DAY, YEAR) 6-30-95	
22a. SIGNATURE Fred Richardson, Jr., M.D. 310 Madison St. Oak Park, IL.		22b. ILLINOIS LICENSE NUMBER 076 078174	
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Fred Richardson, Jr., M.D. 310 Madison St. Oak Park, IL.		22d. ILLINOIS LICENSE NUMBER	
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		24. LOCATION CITY OR TOWN STATE Glenwood, Illinois	
24a. Mount Glenwood FUNERAL HOME CARTER FUNERAL CHAPEL		24b. STREET AND NUMBER OR R.F.D. 2100 East 75th Street	
25a. FUNERAL DIRECTOR'S SIGNATURE Mary E. Datt		25b. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 34-12371	
25b. LOCAL REGISTRAR'S SIGNATURE Sheila RSW		25c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) JUL 3 1995	
26a. LOCAL REGISTRAR'S SIGNATURE		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) JUL 3 1995	

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0010772366

Property of Cook County Clerk's Office

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke, is written over the diagonal watermark text.



UNOFFICIAL COPY

0010772366

EUGENE "GENE" MOORE

RECORDER OF DEEDS / REGISTRAR OF TORRENS TITLES
COOK COUNTY, ILLINOIS

GRANTOR/GRANTEE STATEMENT

The Grantor or his Agent affirms that, to the best of his knowledge, the name of the Grantor 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 August 21, 2001

Signature: [Handwritten Signature]

Grantor or Agent

"OFFICIAL SEAL"

BERNICE ADAMS

Notary Public, State of Illinois

My Commission Expires Dec. 2, 2003

Subscribed and sworn to before me
By the said MARILYN HARRIS
This 21 day of AUG 2001
Notary Public Bernice Adams

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 August 21, 2001

Signature: [Handwritten Signature]

Grantee or Agent

"OFFICIAL SEAL"

BERNICE ADAMS

Notary Public, State of Illinois

My Commission Expires Dec. 2, 2003

Subscribed and sworn to before me
By the said MARILYN HARRIS
This 21 day of AUG 2001
Notary Public Bernice Adams

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.)