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GEORGE E. COLE® No. 822 REC
LEGAL FORMS February 1996

0010839328

6465/0038 47 002 Page 1 of 4
2001-09-10 14:06:31
Cook County Recorder 27.50

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

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COOK COUNTY
RECORDER
EUGENE "GENE" MOORE
BRIDGEVIEW OFFICE



THE GRANTOR(S) Walter James Walczak, Single Above Space for Recorder's use only
Sandy Ryniec AKA SANDRA A. Ryniec, Married to STEVEN Ryniec
of the City Dak Linn County of Cook State of IL for the
consideration of Ten DOLLARS, and other good and valuable
considerations — in hand paid, CONVEY(S) — and QUIT CLAIM(S)

TO Sophie Walczak, Walter James Walczak, SANDRA A. Ryniec and Diane
(Name and Address of Grantees) ASTORIA
AS JOINT TENANTS

all interest in the following described Real Estate, the real estate situated in — County, Illinois,
commonly known as 9901 S. Menard Oak Linn IL 60453, (st. address) legally described as:

Lot 1 in Eugene Bekka's 9th Street and Menard Avenue Subdivision of North 2 1/2
of Lot 4 in Block 25 in Frederick H. Barker's Centralwood, being a subdivision
of the East 1/2 of the East 1/2 of the East 1/2 of the West 1/2 of the East 1/2 of
Section 8, Township 37 North, Range 13, East of the Third Principal 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): 24-08-402-022

Address(es) of Real Estate: 9901 S. Menard Oak Linn IL 60453

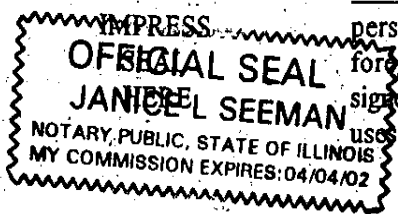
This is non homestead property and Sandra A. Ryniec and Steven Ryniec
DATED this: 30 day of Aug. 2001

Please print or type name(s) below signature(s)
Walter James Walczak (SEAL) Sandra A. Ryniec (SEAL)
Walter James Walczak (SEAL) Sandy Ryniec (SEAL)
Sandy Ryniec

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 Walter James Walczak and Sandra A. Ryniec AKA Sandy Ryniec

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



GEORGE E. COLE®
LEGAL FORMS

Quit Claim Deed
INDIVIDUAL TO INDIVIDUAL

Property of Cook County Clerk's Office

Exempt under Real Estate Transfer Tax Law 35 ILCS 200/31-45
sub par. E 4 and Cook County Ord. 93-0-27 par. _____

Date 9/10/01 Sign Sophie Walczak

Given under my hand and official seal, this 30 day of August 19 2001

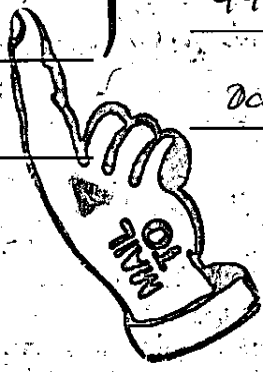
Commission expires _____ 19 _____
NOTARY PUBLIC

This instrument was prepared by Sophie Walczak 9901 S. Merano Oak Lawn IL
(Name and Address) 60453

MAIL TO: Sophie Walczak
(Name)
9901 S. Merano
(Address)
Oak Lawn IL 60453
(City, State and Zip)

SEND SUBSEQUENT TAX BILLS TO:
Sophie Walczak
(Name)
9901 S. Merano
(Address)
Oak Lawn IL 60453
(City, State and Zip)

OR RECORDER'S OFFICE BOX NO. _____ (City, State and Zip)



OFFICIAL SEAL
JANICE L. SEMAN
CLERK OF COOK COUNTY
1999

Certified Copy of a Death Record

0010839328

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 1892	STATE OF ILLINOIS		STATE FILE NUMBER	
	REGISTERED NUMBER 764	MEDICAL CERTIFICATE OF DEATH			
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS DECEASED B C D E PARENTS 1 2 3 CAUSE 4 5 N P CERTIFIER 22a 22c 23 DISPOSITION	DECEASED-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
	1. WALTER J. WALCZAK		2. Male	3. June 6, 1996	
	COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS) 5a. 64	UNDER 1 YEAR 5b. MOS	UNDER 1 DAY 5c. HOURS MIN
	4. COOK		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. May 15, 1932		
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
	6a. PROVISO TOWNSHIP		6b. VETERANS ADM HINES IL 60141		
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Sophie Bogucki	
	7. Poland		9. Yes		
	SOCIAL SECURITY NUMBER 10. 327-28-3778		USUAL OCCUPATION 11a. Mechanic	KIND OF BUSINESS OR INDUSTRY 11b. Chemical	
	RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO) 13c. Yes	
13a. 9902 South Menard		13b. Oak Lawn	13d. Cook		
STATE 13a. Illinois		ZIP CODE 13f. 60453	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White		
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST			
15. John Walczak		16. Magdalena Not Available			
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP)		
17a. ROBERT J. BELCH, M.D.		17b. Hospital Records	17c. VETERANS ADM HINES IL 60141		
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) Acquired Immunodeficiency Syndrome.		Unknown			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION	AUTOPSY (YES/NO) 19a. NO		
20a.		20b.	19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19c. NO		
21a. June 6, 1996		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO	HOUR OF DEATH 21c. 8:00 P. M.		
22a. SIGNATURE P. Rarachuri		DATE SIGNED (MONTH, DAY, YEAR) 22b. June 7, 1996			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. VETERANS ADM. HINES, IL 60141		ILLINOIS LICENSE NUMBER 22d. 034-082901			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY-NAME	LOCATION CITY OR TOWN STATE	DATE (MONTH, DAY, YEAR)		
24a. Burial	24b. Resurrection Cemetery	24c. Justice, Illinois	24d. June 10, 1996		
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP					
25a. Thompson & Kuenster Funeral Home 5570 W. 95th St. Oak Lawn, Illinois 60453					
FUNERAL DIRECTOR'S SIGNATURE 25b. Robert Kuenster		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-011257			
LOCAL REGISTRAR'S SIGNATURE 26a. Richard J. Bellis		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. June 7, 1996			
26c. Broadview, Illinois 60153					

VR200 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

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 **JUN 7 1996** SIGNED **Richard J. Bellis**

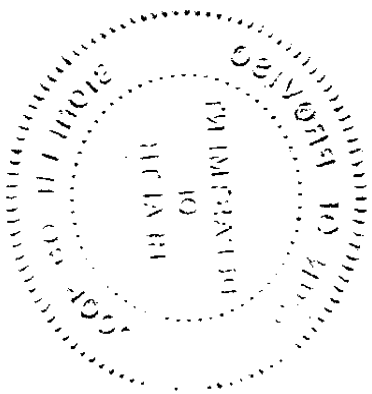
AT **BROADVIEW, ILLINOIS 60153** Illinois. OFFICIAL TITLE **LOCAL REGISTRAR OF VITAL STATISTICS**

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 or the local registrar or the county clerk shall be considered as prima facie evidence of the facts therein stated.

VR 203 B (1969) OFFICE OF VITAL RECORDS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SPRINGFIELD 62761

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388 9 1411

STATEMENT BY GRANTOR AND GRANTEE

The grantor or his agent affirms that, to the best of his knowledge, 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 title to real estate under the laws of the State of Illinois.

Dated: 8/28/01 Sophie Walczak (Grantor or Agent)

Subscribed and sworn to before me this 28 day of August, 2001

Janice L Seeman (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 do business or acquire title to real estate under the laws of the State of Illinois.

Dated: 8/28/01 Sophie Walczak (Grantee or Agent)

Subscribed and sworn to before me this 28 day of August, 2001

Janice L Seeman (Notary Public)



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 the 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).

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