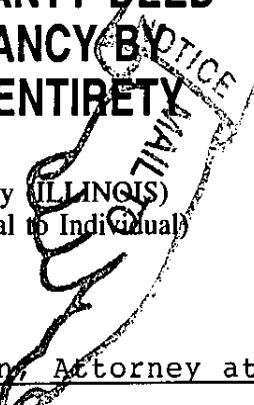


14250  
WARRANTY DEED  
TENANCY BY THE ENTIRETY

Statutory (ILLINOIS)  
(Individual to Individual)



UNOFFICIAL COPY

0010950164

258/0106 18 001 Page 1 of 4  
2001-10-12 09:54:50  
Cook County Recorder 27.50



0010950164

MAIL TO:

Marty DeRoin, Attorney at Law  
122 S. Michigan Ave., #1800  
Chicago, Illinois 60603

RECORDER'S STAMP

THE GRANTOR, HELEN J. KRALL, a widow of the City  
of Glenview County of Cook State of Illinois  
for and in consideration of Ten and no/100 (\$10.00) -----DOLLARS and other  
good and valuable considerations in hand paid,  
CONVEY AND WARRANT to JOSEPH A. NICKELE and KATHERINE NICKELE -----  
A.

(GRANTEE'S ADDRESS) 723 Elmgate, Glenview, Illinois 60025  
husband and wife, not as Joint Tenants or as Tenants in Common, but as TENANTS BY THE ENTIRETY, the  
following described Real Estate situated in the County of McHenry in the State of Illinois, to wit:

LOT 27 IN COUNTRY CLUB GARDENS HOMES, A SUBDIVISION IN THE COUNTY ~~CLERKS~~ DIVISION OF  
SECTION 34, TOWNSHIP 42 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK  
COUNTY, ILLINOIS.

NOTE: If additional space is required for legal - attach on separate 8-1/2x11 sheet.

hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois  
\*TO HAVE AND TO HOLD said premises as husband and wife, not as Joint Tenants or Tenants in Common but as  
TENANTS BY THE ENTIRETY forever.

NAME & ADDRESS OF TAXPAYER: Joseph A. Nickele & Katherine Nickele  
733 Elmgate, Glenview, Illinois 60025  
A.

Permanent Index Number(s) 04-34-415-004

Property Address: 733 Elmgate, Glenview, Illinois 60025

DATED this 27th day of September, 2001 19

\_\_\_\_ (Seal) \_\_\_\_\_ (Seal)

\_\_\_\_ (Seal) Helen J. Krall \_\_\_\_\_ (Seal)  
Helen J. Krall

NOTE: PLEASE TYPE OR PRINT NAME BELOW ALL SIGNATURES



# UNOFFICIAL COPY

STATE OF ILLINOIS )  
County of McHenry )<sup>SS</sup>

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY THAT  
Helen J. Krall

personally known to me to be the same person \_\_\_\_\_ whose name \_\_\_\_\_ subscribed to the foregoing instrument,  
appeared before me this day in person, and acknowledged that \_\_\_\_\_ she \_\_\_\_\_ signed, sealed  
and delivered 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.\*

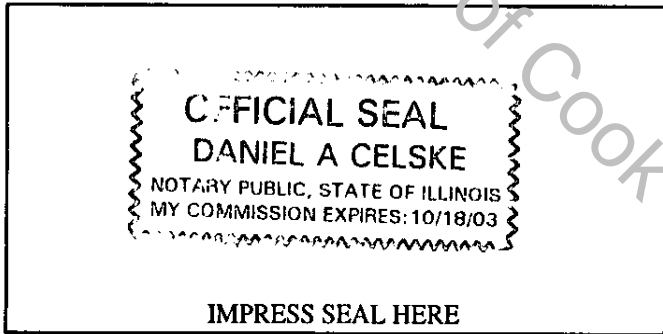
Given under my hand and notarial seal, this 27th day of September, 2001, ~~19~~\_\_\_\_\_.

Daniel A. Celske

Notary Public

My commission expires on October 18, 2003, ~~19~~\_\_\_\_\_.

\*If Grantor is also Grantee you may want to strike Release & Waiver of Homestead Rights.



~~COOK~~  
~~McHENRY~~ COUNTY - ILLINOIS TRANSFER STAMP

EXEMPT UNDER PROVISIONS OF PARAGRAPH \_\_\_\_\_ SECTION 4, REAL ESTATE  
TRANSFER ACT.

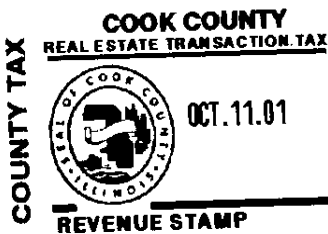
DATE: \_\_\_\_\_

Buyer, Seller or Representative

NAME AND ADDRESS OF PREPARER:

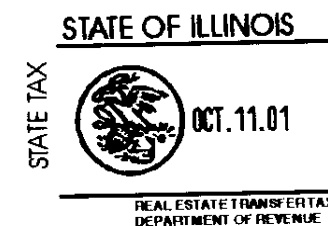
Law Office of Daniel A. Celske  
10 West Main Street, Suite 102  
Cary, Illinois 60013

\*\*This conveyance must contain the name and address of the Grantee for tax billing purposes: (Chap. 55 ILCS 5/3-5020) and name and address of the person preparing the instrument: (Chap. 55 ILCS 5/3-5022).



REAL ESTATE TRANSFER TAX
0013750
# 0000064708
FP326670

Physical Address: 10 West Main Street, Cary, IL 60013  
McHenry County, Illinois



REAL ESTATE TRANSFER TAX
00275.00
# 0000032578
FP326660

TO

FROM

WARRANTY DEED  
TENANCY BY THE ENTIRETY

10950164

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.OB

DECEASED - NAME Norman J. Krall

SEX Male

DATE OF DEATH APRIL 3, 1978

1. RACE - WHITE, SLASH, AMERICAN (ORIGIN OR DESCENT) AGE - LAST BIRTHDAY (YR) 60

4b. GERMAN 5a. 60 5b. 5c. 5d. 5e. 5f. 5g. 5h. 5i. 5j. 5k. 5l. 5m. 5n. 5o. 5p. 5q. 5r. 5s. 5t. 5u. 5v. 5w. 5x. 5y. 5z.

7b. DES PLAINES 7c. HOLY FAMILY HOSPITAL 7d. INPATIENT

8. U.S.A. 9. MARRIED 10. MARRIED

12. 320-01-5507 13b. REPRESENTATIVE 13c. AUTO RENTAL 13d. YES

14a. 733 ELMGATE DRIVE 14b. GLENVIEW 14c. COOK 14d. ILLINOIS

15. EDWARD H.T. KRALL 16. DELLA BORCHARDT

17a. HOLY FAMILY HOSPITAL 17b. 100 N RIVER RD., DES PLAINES, ILLINOIS 60016

18. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) MASSIVE MYOCARDIAL INFARCTION (c) COCORONARY artery disease

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITNS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) 19a. No 19b.

20a. DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION 20b. 20c. 20d. 20e. 20f. 20g. 20h. 20i. 20j. 20k. 20l. 20m. 20n. 20o. 20p. 20q. 20r. 20s. 20t. 20u. 20v. 20w. 20x. 20y. 20z.

21a. 21b. 21c. 21d. 21e. 21f. 21g. 21h. 21i. 21j. 21k. 21l. 21m. 21n. 21o. 21p. 21q. 21r. 21s. 21t. 21u. 21v. 21w. 21x. 21y. 21z.

22a. SIGNATURE 22b. 22c. 22d. 22e. 22f. 22g. 22h. 22i. 22j. 22k. 22l. 22m. 22n. 22o. 22p. 22q. 22r. 22s. 22t. 22u. 22v. 22w. 22x. 22y. 22z.

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23a. 23b. 23c. 23d. 23e. 23f. 23g. 23h. 23i. 23j. 23k. 23l. 23m. 23n. 23o. 23p. 23q. 23r. 23s. 23t. 23u. 23v. 23w. 23x. 23y. 23z.

24. BURIAL REMOVAL (SPECIFY) 24a. 24b. 24c. 24d. 24e. 24f. 24g. 24h. 24i. 24j. 24k. 24l. 24m. 24n. 24o. 24p. 24q. 24r. 24s. 24t. 24u. 24v. 24w. 24x. 24y. 24z.

25a. FUNERAL HOME NAME STREET AND NUMBER OR P.O. CITY OR TOWN STATE ZIP

25b. FUNERAL DIRECTOR'S SIGNATURE (Norman H. Scott) 25c. 31-7323

26a. LOCAL REGISTRAR'S SIGNATURE (John B. Haul) 26b. April 7, 1978

26c. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) April 7, 1978

26d. DATE OF DEATH (MONTH, DAY, YEAR) April 3, 1978

26e. COUNTY OF DEATH COUNTY OF DEATH

26f. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

26g. IF YES, WERE FINDINGS CONTRIBUTING TO DETERMINING CAUSE OF DEATH

26h. NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORNER MUST BE NOTIFIED.

26i. OFFICE OF VITAL RECORDS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SPRINGFIELD 62761

26j. VR-201B (1968)

26k. The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield, County clerk 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.

26l. 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.

26m. DATE April 7, 1978

26n. SIGNED Wm. J. Johnson

26o. LOCAL REGISTRAR Evanston

26p. ILLINOIS OFFICIAL TITLE

26q. 49105601

26r. OFFICE OF VITAL RECORDS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SPRINGFIELD 62761

26s. VR-201B (1968)

26t. ILLINOIS DEPARTMENT OF PUBLIC HEALTH - OFFICE OF VITAL RECORDS

26u. (BASED ON 1978 U.S. STANDARD CERTIFICATE)

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.OB REGISTERED NUMBER

Form with fields for DECEASED NAME (Norman J. Krall), DATE OF DEATH (April 3, 1978), SEX (Male), BIRTH (March 21, 1918), OCCUPATION (REPRESENTATIVE), CAUSE OF DEATH (MASSIVE MYOCARDIAL INFARCTION), and SIGNATURE (Norman H. Scott).

THE ORIGINAL RECORD OF THIS DEATH IS PERMANENTLY FILED WITH THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH AT SPRINGFIELD, ILLINOIS. THE ILLINOIS STATUTES PROVIDE THAT THE CLERKS AND LOCAL REGISTRARS ARE AUTHORIZED TO MAKE CERTIFICATIONS FROM COPIES OF THE ORIGINAL RECORD.

OFFICE OF VITAL RECORDS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SPRINGFIELD 62761

VR-201B (1968)