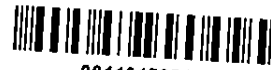


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Form No. 22R © Jan. 1995  
AMERICAN LEGAL FORMS, CHICAGO, IL (312) 372-1922

**QUIT CLAIM DEED**  
**Statutory (ILLINOIS)**  
**(General)**

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 (NAME AND ADDRESS)

*WILLIE M. CHRISTMAS*  
*SHIRLEY CHRISTMAS (DECEASE)*

(The Above Space For Recorder's Use Only)

of the CITY of CHICAGO County  
of COOK State of ILLINOIS  
for and in consideration of TEN (\$10.00) DOLLARS, CASH  
in hand paid, CONVEY and QUIT CLAIM to

*WILLIE M. CHRISTMAS*  
*1507 EAST 69 PLACE*  
*CHICAGO IL 60637*

(NAMES AND ADDRESS OF GRANTEE(S))

all interest in the following described Real Estate situated in the County of COOK  
in the State of Illinois, to wit: (See reverse side for legal description.) hereby releasing and waiving all rights under and  
by virtue of the Homestead Exemption Laws of the State of Illinois.

Permanent Index Number (PIN): 261-20-23-418-002

Address(es) of Real Estate: 1507 EAST 69 PLACE CHICAGO IL 60637

DATED this \_\_\_\_\_ day of \_\_\_\_\_

PLEASE  
PRINT OR  
TYPE NAME(S)  
BELOW  
SIGNATURE(S)

WILLIE M. CHRISTMAS (SEAL) \_\_\_\_\_ (SEAL)

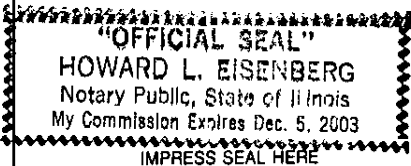
*Willie M Christmas*

\_\_\_\_\_  
(SEAL) \_\_\_\_\_ (SEAL)

State of Illinois, County of \_\_\_\_\_ ss. I, the undersigned, a Notary Public in and for  
said County, in the State aforesaid, DO HEREBY CERTIFY that

*WILLIE M CHRISTMAS*

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 \_\_\_\_\_ h \_\_\_\_\_ signed, sealed and delivered the said  
instrument as \_\_\_\_\_ 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 official seal, this 30th day of OCT 2001

Commission expires \_\_\_\_\_

This instrument was prepared by DIM & ASSOCIATES 25 E. WASHINGTON  
(NAME AND ADDRESS)

Legal Description

of premises commonly known as 1507 EAST 69 PLACE - CHICAGO IL.  
60637

LOT 22 IN BLOCK 6 IN THE SUBDIVISION OF THE NORTH HALF (N $\frac{1}{2}$ ) OF THE SOUTH EAST QUARTER (SE $\frac{1}{4}$ ) OF THE SOUTH EAST QUARTER (SE $\frac{1}{4}$ ) OF SECTION 23 - TOWNSHIP 38 NORTH - RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY ILLINOIS.

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

Date 10-30-01 Sign. Langston Christmas

SEND SUBSEQUENT TAX BILLS TO:

MAIL TO:	{ <u>LANGSTON J. CHRISTMAS</u> <small>(Name)</small>	<u>WILLIE M. CHRISTMAS</u> <small>(Name)</small>
		<u>1507 EAST 69 PLACE</u> <small>(Address)</small>
		<u>CHICAGO IL. 60637</u> <small>(City, State and Zip)</small>
		<u>1507 EAST 69 PLACE</u> <small>(Address)</small> <u>CHICAGO IL 60637</u> <small>(City, State and Zip)</small>

OR RECORDER'S OFFICE BOX NO. \_\_\_\_\_

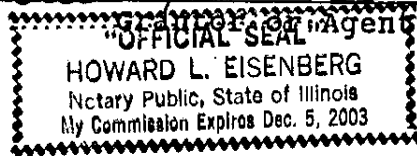
STATEMENT BY GRANTOR AND GRANTEE

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 10-30, 2001

Signature: Willie M Christmas

Subscribed and sworn to before me by the said WILLIE M CHRISTMAS this 30th day of OCT, 2001  
Notary Public Howard L Eisenberg



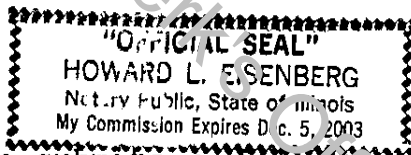
The Grantee or his Agent affirms and verifies that the name of the Grantee shown on the Deed or Assignment of Beneficial Interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, 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 10-30, 2001

Signature: Willie Christmas

Grantee or Agent

Subscribed and sworn to before me by the said WILLIE M CHRISTMAS this 30th day of OCT, 2001  
Notary Public Howard L Eisenberg



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.)



JESSE WHITE

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

# UNOFFICIAL COPY

DECEASED JOINT  
TENANCY AFFIDAVIT

STATE OF ILLINOIS ]  
COUNTY OF COOK ]

WILLIE M. CHRISTMAS being duly  
sworn states that HE resides at 1507 EAST 69  
PLACE in the City of CHICAGO IL  
60637.

That HE was acquainted SHIRLEY CHRISTMAS  
deceased who, at the time of  
HER death, was one of the owners of the land in

COOK County, Illinois, described as:  
LOT 22 IN BLOCK 6 IN THE SUBDIVISION OF THE  
NORTH HALF (N $\frac{1}{2}$ ) OF THE SOUTH EAST QUARTER (SE $\frac{1}{4}$ )  
OF THE SOUTH EAST QUARTER (SE $\frac{1}{4}$ ) OF SECTION 23-  
TOWNSHIP 38 NORTH - RANGE 14 EAST OF THE THIRD PRIN-  
CIPAL MERIDIAN IN COOK COUNTY ILLINOIS

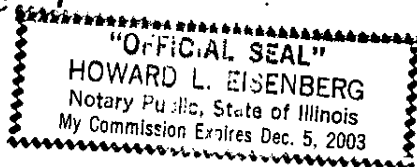
P.I.N. 261-20-23-418-002

That the deceased died 11-11-99  
as evidenced by a certified copy of death certificate of the  
deceased attached hereto.

Subscribed and sworn to before me by the said  
WILLIE M CHRISTMAS  
this 30th day of OCT, A.D. 2001

Howard L. Eisenberg  
Notary Public

Willie M Christmas  
(affiant signature)



**UNOFFICIAL COPY** OCT 9 0 2001

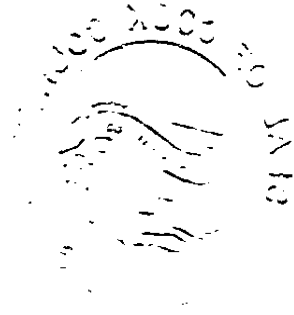
I, DAVID ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

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. <b>16.10</b>	STATE OF ILLINOIS				STATE FILE NUMBER	
		REGISTERED NUMBER	<b>MEDICAL CERTIFICATE OF DEATH</b>				<b>618938</b>	
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
	1. <b>Shirley Christmas-Brown</b>					2. <b>Female</b>	3. <b>November 10, 1999</b>	
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		
	4. <b>Cook</b>		5a. <b>50</b>	MOS. 5b.	DAYS 5c.	5d. <b>July 22, 1949</b>		
	6a. <b>Chicago</b>		6b. <b>4508 South Drexel Avenue</b>			6c. <b>Hospice</b>		
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
	7. <b>Chicago, Ill.</b>		8a. <b>Divorced</b>		8b. <b>None</b>		9. <b>No</b>	
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
	10. <b>351-42-7169</b>		11a. <b>Social Worker</b>		11b. <b>DCFS</b>		12. <b>4</b>	
	RESIDENCE (STREET AND NUMBER)		CITY, TOWN, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
13a. <b>5428 So. University</b>		13b. <b>Chicago</b>		13c. <b>Yes</b>		13d. <b>Cook</b>		
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)			
13e. <b>Illinois</b>		13f. <b>60615</b>	14a. <b>Black</b>		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—NAME		FIRST MIDDLE LAST	
15. <b>Willie Christmas</b>					16. <b>Ethelyn McKay</b>			
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)					
17a. <b>Langston Christmas</b>		17b. <b>Brother</b>	17c. <b>5428 So. University Chgo. Ill. 60615</b>					
18. PART I. Enter the diseases, injuries, 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) <b>Metastatic Carcinoma of Thyroid</b>				<b>yes</b>		
DUE TO, OR AS A CONSEQUENCE OF		(b)						
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(c)						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)				
		18a. <b>No</b>		18b. <b>No</b>				
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION			IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?			
20a.		20b.			20c. <input type="checkbox"/> YES <input type="checkbox"/> NO			
(I DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)			HOUR OF LEATH			
21a. <b>10/10/99</b>		21b. <b>No</b>			21c. <b>12:50 A.M. M.</b>			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR)						
22a. SIGNATURE		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER				
<i>Kevin T. Nichols</i>		<b>Kevin T. Nichols 2330 S Michigan Chgo</b>		22d. <b>3651586</b>				
22c. 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.						
23.		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME	LOCATION CITY OR TOWN STATE	DATE (MONTH, DAY, YEAR)		
		24a. <b>Burial</b>		24b. <b>Restvale</b>	24c. <b>Worth, Illinois</b>	24d. <b>Nov. 17, 1999</b>		
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE ZIP		
25a. <b>Unity Funeral Parlors, Inc. 4114 South Michigan Ave. Chgo. Ill. 60653</b>								
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER						
25b. <i>Norman J. Wilton</i>		25c. <b>34-11559</b>						
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)						
26a. <i>Scheela Dyer BSM</i>		26b. <b>NOV 16 1999</b> <b>J.H</b>						

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