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GEORGE E. COLE®  
LEGAL FORMS

No. 229 REC  
February 2000

1077/0100 38 001 Page 1 of 5  
2002-02-04 12:36:28  
Cook County Recorder 29.50

**QUIT CLAIM DEED  
JOINT TENANCY  
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 merchantability or fitness for a particular purpose.

Above Space for Recorder's use only

THE GRANTOR(S) Elizabeth Huebl Joseph Huebl (DECD.)

of the City \_\_\_\_\_ of Chicago County of Cook State of Ill. for the consideration of \_\_\_\_\_ DOLLARS, and other good and valuable

considerations Ten Dollars in hand paid, CONVEY(S) \_\_\_\_\_ and QUIT CLAIM(S) \_\_\_\_\_ to Elizabeth Huebl, James Huebl & Joseph Huebl Jr.

(Name and Address of Grantees)

not in Tenancy in Common, but in JOINT TENANCY, all interest in the following described Real Estate situated in Cook County, Illinois, commonly known as 5035 W. Schubert Ave. legally described as: \_\_\_\_\_ (Street Address)

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 not in tenancy in common, but in joint tenancy forever.

Permanent Real Estate Index Number(s): 13-28-409-009-0000

Address(es) of Real Estate: 5035 W. Schubert Ave.

DATED this: 2/4 day of 4 2002

Please print or type name(s) below signature(s)  
ELIZABETH HUEBL (SEAL) \_\_\_\_\_ (SEAL)  
Elizabeth Huebl \_\_\_\_\_ (SEAL)  
\_\_\_\_\_ (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

ELIZABETH E HUEBL  
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.

IMPRESS  
SEAL  
HERE

"OFFICIAL SEAL"

HOWARD L. EISENBERG  
Notary Public, State of Illinois  
My Commission Expires Dec. 5, 2003

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0930142307

Given under my hand and official seal, this 17th day of FEB 20 03

Commission expires 12-5 20 03 Harold Chinsky  
NOTARY PUBLIC

This instrument was prepared by Elizabeth Huebel 5035 W Schubert Ave  
(Name and Address)

MAIL TO: { (Name) Elizabeth Huebel  
(Address) 5035 W Schubert Ave  
Chgo, IL (City, State and Zip) 60639  
OR RECORDER'S OFFICE BOX NO. \_\_\_\_\_

SEND SUBSEQUENT TAX BILLS TO:  
Elizabeth Huebel (Name)  
5035 W Schubert Ave (Address)  
Chgo, IL 60639 (City, State and Zip)

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 2/4 2003 Sign. Elizabeth Huebel

Property of Cook County Clerk's Office

Quit Claim Deed  
JOINT TENANCY  
INDIVIDUAL TO INDIVIDUAL

TO

LEGAL DESCRIPTION

Lot 59 in Hubberts Fullerton Avenue Highlands subdivision no 7, in the west one half of the south east quarter of section 28, township 40 North, range 13, east of the third principal meridian, in Cook county, Illinois.

*For # 13-28-409-009-000*

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STATEMENT BY GRANTOR AND GRANTEE  
(55 ILCS 5/3 5020 B)

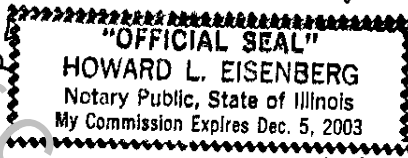
The Grantor or his Agent affirms that, to the best of his knowledge, the name of the Grantee shown on the Deed or Assignment of Beneficial Interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate 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 2-4-, 2002

Signature: Elizabeth Huebl  
Grantor or Agent

Subscribed and sworn to before me by the said ELIZABETH C HUEBL this 4th day of FEB, 2002  
Notary Public

Howard L. Eisenberg



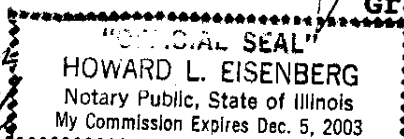
The Grantee or his Agent affirms and verifies that the name of the Grantee shown on the Deed or Assignment of Beneficial Interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, 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 2-4-, 2002

Signature: Elizabeth Huebl  
Grantee or Agent

Subscribed and sworn to before me by the said ELIZABETH C HUEBL this 4th day of FEB, 2002  
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.)



EUGENE "GENE" MOORE

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

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Property of Cook County Clerk's Office

STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO

**AUG 21 2001**

I, JOHN L. WILHELM M.D., 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 ORDINANCE OF SAID LAW AND ORDINANCES.

*John L. Wilhelm, MD*  
 LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO		STATE FILE NUMBER <b>613003</b>	
REGISTRATION DISTRICT NO. <b>16.10</b>		DATE OF DEATH (MONTH, DAY, YEAR) <b>August 18, 2001</b>	
REGISTERED NUMBER		DATE OF BIRTH (MONTH, DAY, YEAR)	
DECEASED - NAME Joseph Huebl, Sr.		SEX 2 Male	
1. COUNTY OF DEATH Cook		3. DATE OF BIRTH (MONTH, DAY, YEAR) August 18, 2001	
4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago		5a. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 5b. DATE OF BIRTH (MONTH, DAY, YEAR) 5c. HOURS 5d. MIN 5e. SEC	
6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, Illinois		6b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Elizabeth Cortese	
7. MARRIAGE STATUS 8a. MARRIED 8b. USUAL OCCUPATION 11a. Machinist		9. NO 12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (1-12) College (1-4 or 5+)	
10. RESIDENCE (STREET AND NUMBER) 5035 W. Schubert		11b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago	
13a. STATE Illinois		13c. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White	
14. FATHER - NAME Michael Huebl		14b. MOTHER - NAME Anna Huebl	
15. INFORMANT'S NAME (TYPE OR PRINT) Mrs. Elizabeth Huebl		16. RELATIONSHIP 17b. Wife	
17a. Mailing Address (Street and No. or R.F.D., City or Town, State, ZIP) 5035 W. Schubert Chicago, IL 60639		17c. Mailing Address (Street and No. or R.F.D., City or Town, State, ZIP) 5035 W. Schubert Chicago, IL 60639	
18. PART I. Immediate Cause (Final disease or condition resulting in death) RECURRING CARDIAC ARREST DUE TO, OR AS A CONSEQUENCE OF RECURRENT CARDIAC ARREST		18. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. RECURRENT CARDIAC ARREST	
19. DATE OF OPERATION, IF ANY		20. MAJOR FINDINGS OF OPERATION	
21. (1) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. DATE AND PLACE AND DUE TO THE CAUSE(S) STATED 21b. DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		22. SIGNATURE AND ADDRESS OF CERTIFIER (TYPE OR PRINT) M. Schubert, Sr., M.D. 5600 Addison Suite 500 Chicago, IL 60639	
23. BURIAL CEMETERY OR CREMATORY - NAME 23a. STREET AND NUMBER OR R.F.D. 23b. CITY OR TOWN 23c. STATE		24. MONARCH CREMATORIUM 24a. STREET AND NUMBER OR R.F.D. 24b. CITY OR TOWN 24c. STATE	
25. FUNERAL HOME 25a. Sax-Tiedemann Funeral Home & Crematorium 9568 Belmont Ave. Franklin Park, IL		25b. FUNERAL DIRECTOR'S SIGNATURE <i>John L. Wilhelm, M.D.</i>	
26. LOCAL REGISTRAR'S SIGNATURE <i>John L. Wilhelm, M.D.</i>		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>AUG 21 2001</b>	

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