UNOFFICIAL COR 94770

WARRANTY DEED MAIL

4035/0004 44 001 Page 1 of 5 2002-05-24 09:16:37 Cook County Recorder 29.50

MAIL TO: Shawn Bolger 10009 Grand Avenue - Suite 205 Franklin Park, Illinois 60131

0020594770

NAME & ADDRESS OF TAXPAYER: Deborah A. Reed 2444 N. George Franklin Park, Illinois 60131

GRANTOR(S), Larry S. Bauer, married to Marlene V. Bauer and Sandra B. Greenlief, divorced and not since remarried of Geneva in the County of Kane, in the State of Illinois, for and in consideration of Ten Dollars (\$10.00) and other good and valuable consideration in hand paid, CONVEY(S) and WARRANT(S) to the CRANTEE(S), Deborah A. Reed of 10230 W. Palmer Ave., Melrose Park in the County of Cook, in the State of Illinois, the following described real estate;

LOT 19 IN DWIGHT W. GUYER'S RESUBDIVISION OF LOTS 1 TO 4 BOTH INCLUSIVE IN 3RD ADDITION TO MARCONI CONSTRUCTION COMPANY'S WEST MANOR DEVELOPMENT, A SUBDIVISION OF PART OF SOUTH 1/2 DT SOUTH WEST 1/4 OF SECTION 28, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, ACCORDING TO THE PLAT THEFEO? RECORDED AS DOCUMENT NO. 18790607 IN RECORDER OFFICE OF COOK COUNTY, ILLINOIS.

Permanent Index No: 12-28-321-038

Property Address: 2444 N. George Franklin Park, Illinois 60131 This stamp processes pursuant to Section 7-10B-4 A (2) of the Franklin Park village code governing review of docume its. E.E.

SUBJECT TO: (1) General real estate taxes for the year 2001 and subsequent years. (2) Covenants, conditions and restrictions of record. hereby releas Homestead Exemption Laws of the State of Illinois.

ATED this 29 th day of

, 20<u>ሪኒ</u>

Larry 8. Bauer

Sandra B. Greenlief

UNOFFICIAL COPS 4770

| STATE OF ILLINOIS) |)) SS | |
|--|---|--|
| COUNTY OF DU PAGE) |) | |
| Bauer and Sandra B. Green known to me to be the same foregoing instrument, appeach acknowledged that they significantly and their free and voluntary a including the release and | IFY that Larry S. B lief, divorced and e persons whose nam eared before me thi gned, sealed and de act, for the uses a waiver of the righ | not since remarried personally es are subscribed to the s day in person, and livered the said instrument as and purposes therein set forth, at of homestead. |
| Given under my hand and no | otary seal, this | 29 day of |
| | Marian O | L. Jaro Notary Public |
| (seal) | y commission expire | es 11-15-02 |
| OFFICIAL SEAL MARIAN L FARO NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES: 11/15/02 | of Coup | |
| COUNTY - ILLINOIS TRANSFE Exempt Under Provision of Paragraph Section Real Estate Transfer Act Date: | Prepa 4, Larry P.O. | ned By: y S. Lauer Box 565 va, Illinois 60134 |
| Signature: | - | TSO |
| STATE OF ILLINOIS REAL ETAMSF REAL ETAMSFERTAX OEPARITMENT OF REVENUE REAL ETAMSFERTAX FP 3 2 | TER TAX 10,00 | REAL ESTATE TRANSPER TAX NAY.21.02 WE STAMP REAL ESTATE TRANSPER TAX 00105.00 # FP326665 |

UNOFFICIAL COPY

AFFIDAVIT OF HEIRSHIP

Larry S. Bauer, on oath says:

- 1. The Decedent, Lucile Bauer died at Melrose Park, Illinois, on August 30, 1998, at the age of 82 years.
 - 2. I am of legal age. I reside at 205 Oakwood Drive, Geneva, Illinois. I am the son of the decedent.
 - 3. The decedent was narried only one time.
 - 4. With regard to that mariage, the decedent was married to Stuart Bauer.
- 5. As a result of that marriage they had two children, Sandra Greenlief, divorced and not since remarried and Larry S. Bauer, married and Marlene Bauer. No other children were born to or adopted by the Decedent.

Based on the foregoing, Decedent left surviving as his only heirs the following, all of whom survived the decedent, and in the absence of any indication to the contrary, are of legal age, and are mentally competent.

Stuart Bauer, husband of the Decedent Sandra Greenlief, daughter of the Decedent Larry S. Bauer, son of the Decedent

OFFICIAL SEAL
MARIAN I FARO

NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES: 11/15/02

SUBSCRIBED and SWQRN to

before me this _

__ day

NOTARY PUBLIC

AFFIAN

UNOFFICIAL COPY 4770

AFFIDAVIT OF HEIRSHIP

Larry S. Bauer, on oath says:

- 1. The Decedent, Stuart Bauer died at Melrose Park, Illinois, on February 14, 2002, at the age of 87 years.
 - 2. I am of legal age. I reside at 205 Oakwood Drive, Geneva, Illinois. I am the son of the decedent.
 - 3. The decedent was narried only one time.
 - 4. With regard to that muriage, the decedent was married to Lucile Bauer, who predeceased him.
- 5. As a result of that marriage they had two children, Sandra Greenlief, divorced and not since remarried and Larry S. Bauer, married to Marlene Bauer. No other children were born to or adopted by the Decedent.

Based on the foregoing, Decedent left surviving as his only heirs the following, all of whom survived the decedent, and in the absence of any indication to the contrary, are of legal age, and are mentally competent.

Sandra Greenlief. daughter of the Decedent Larry S. Bauer, son of the Decedent

OFFICIAL SEAL
MARIAN L FARO

NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES: 11/15/02

SUBSCRIBED and SWORN to

before me this

NOTARY PUBLIC

AFFIANT COMME

| | | • | | | | ï | ıĸ | PRIN | TED B | Y AUTI | HORIT | Y OF T | HE S | TATE (| OF ILI | | | Ď | 75 | , (| 47 | 70 | | | | | | |
|---|-----------------|---------------------------------|--|---|----------------|------------------|--|----------------------|--|-----------------|----------------|--|--|---|---------------|------------------------|--|-----------------------|-------------------------------|--|--|-------------------|--|---|---|-------------|-----------------|----------------------|
| | , , | DISPOSITION | | | | CERTIFIER |) \ | v z | 5 4 : : : : : : : : : : | CAUSE | | | 2 20 | 1 | PARENTS | | ا ر | Г | D G | | DECEASED | A | INSTRUCTIONS | Hospital, or Physicians Handbook for | PERMANENT INK See Funeral Directors | | | DECEDENT'S BIHTH NO. |
| Jan | | I EDEMANN | REMOVAL GENERATION 24a_MEDICAL HICKITON 24b_ANATOMICAL GIFT ASSOCIATION FUNERAL HOME NAME AND STREET AND MARKET FUNERAL HOME | | 22c. | 22a. SIGNATURE > | AND LAST SAW HIM/HER ALIVE ON 21a. TO THE BEST OF MY KNOW! EDGE THE ATT | OF OPERATION, IF ANY | inis contribu | AST. (c) | _ | disease or condition resulting in death) (a) (b) (b) (c) (b) (c) | 18. PART I. Enter the diseases, shock, or heart fail | 17a. IUSTINE TANNELLI | 15. LOUIS | FATHER-NAME FIRST MIDI | TE ZIPO | 2444 GEORGE | RESIDENCE (STREET AND NUMBER) | Ξ | FOREIGN COUNTRY TILL. 8a. | SE PARK | 4. COOK CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER | OUNTY OF DEATH | 1. S STILVE | NUMBER 93 | District No. 16 | R GISTRATION // Z |
| Topos of | | FUNERAL HOME & CREMATORIUM | o I | MC TO | 125516 PT | 2 J. J. V | 2 302 | , Ö | to death but not resulting in the underlying cause given | CHRONIC OBSTRAC | | O. ORAS A CONSEQUENCE OF | or complications that caused ure. List only one cause on | Tage CORDS | BAUER | MIDDLE LAST | RACE (WHITE, BLACK, AN INDIAN, etc.) (SPECIFY) | FRAN | 11a. SALES AGENT 11b. F | IL OCCUPATION | WIDOWED WIDOWED | | 5a. 87 | AGE-LAST BIRTHDAY (YRS) | MODE | | | STATE |
| 26 | | 9568 BELMONT FRANKLIN PAR | CHICAGO, | | | | EXAMINER NOTIFIED? MESON TO A ACE AND DIRECTOR ACE AND DI | | IA PARTI. | TIVE PALMOWARY | MEDISM | P CC | dying, s | 17cZQ VI_NC | 16. RENA | MOTHER-NAME FIRS | OF HISPANIC ORIGIN? | IN PARK | TWP, OR BOAD DISTRICT NO. IN | ESSORINDUSTRY | NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. NONE | MEMORIAL HOSPITAL | UTION-NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) | YEAR UNDERIDAY DATE OF | 2MAT F | ו וח | ATE OF D | STATE OF ILLINOIS |
| Shunain 15707 | 25c. 034-012097 | ONT AVENUE PARK, ILLINOIS 60131 | 24dFEB. 16, | NOTE: IF AN INJURY WA DEATH THE CORONER O MUST BE NOTIFIED. | 22d 036-081978 | 22b. 2 1408 | 21c. 3:20 | 4 'Y 7 '' | (YES/NO) (YE | #35 TC | | | APPROXIMATE IN | (STHEET AND NO ORREST D. CRITY OR TOWN, STATE, ZIP) 1)RTH AVE. METROSE PK TT 60160 | STERN | MIDDLE (MAIDEN) LAST | (SPECIFY NC CONCINE YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) | THE THE TES 13d. COOK | SIDE CITY COUNTY | EDUCATION (SPECIFYO) YHIG (EST GRADE COMPLETED) College (1-4 or 5+) | IFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. YES | ÖP/EMER | 17, | - 1 | DATE OF DEATH (MONTH, DAY, YEAR) 3 FFRRITARY 14 2002 | | | STATE FILE |
| T HI | EREB ord wa | Y CER | ` · · · · · · · · · · · · · · · · · · | | T the | T. F is | <u></u> - | | <u>-</u> | - | ct co the p | py of | | | zeco Innii | ord f | | · | cot | ent de la | | d at | | 1, 4 | ind : | i that t | his | , |

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, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

MELROSÉ PARK

Illinois Department of Public Health—Division of Vital Records

Illinois OFFICIAL TITLE

REGISTRAR-