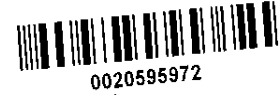


QUIT CLAIM DEED
Statutory (Illinois)
(Individual to Individual)

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 of merchantability or fitness for a particular purpose.



THE GRANTOR(S) Augusta & EARL McKinney Above Space for Recorder's use only
SECRET
of the City 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 Ellis McKinney
(Name and Address of Grantees)

all interest in the following described Real Estate, the real estate situated in Cook County, Illinois,
commonly known as Ch 1406 W 695th Chicago Ill (st. address) legally described as:

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

Date MAY 24 2002 Sign. [Signature]

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): 20-20-311-041-0200

Address(es) of Real Estate: 1406 W 695th Chicago ILL 60636

DATED this: 24 day of 5 20 02

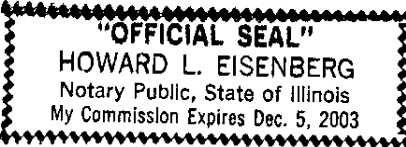
Please print or type name(s) below signature(s)

Augusta McKinney (SEAL) _____ (SEAL)
Augusta McKinney _____ (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

IMPRESS SEAL HERE

Augusta McKinney
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.



UNOFFICIAL COPY

20595972

Quit Claim Deed INDIVIDUAL TO INDIVIDUAL

TO

GEORGE E. COLE®
LEGAL FORMS

Property of Cook County

Given under my hand and official seal, this 24th day of MAY 2002

Commission expires 12-5- 2003 Harold R. Giering
NOTARY PUBLIC

This instrument was prepared by _____

(Name and Address)

Ellis McLinney

(Name)

SEND SUBSEQUENT TAX BILLS TO:

MAIL TO:

1406 W 69th

(Address)

Ellis McLinney

(Name)

Chicago IL 60636

(City, State and Zip)

1406 W 69th

(Address)

Chicago IL 60636

(City, State and Zip)

OR RECORDER'S OFFICE BOX NO. _____

UNOFFICIAL COPY

20595972

Property of Cook County

20	20	311	041	7201	307	1350				
AREA	SUB-AREA	BLOCK	PARCEL	CODE	WARRANT	ITEM	ALP. SUP.	FIRST SUFFIX	SECOND SUFFIX	THIRD SUFFIX

OFFICE OF THE CLERK OF COOK COUNTY, ILLINOIS
 PERMANENT REAL ESTATE INDEX NUMBER AND LEGAL DESCRIPTION

430 VOLUME: [REDACTED]

AREA	SUB-AREA	BLOCK	PARCEL	TAX CODE	
20	20	311	41	7201	
		SEC.	TOWN	RANGE	LOT
		20	38	14	
ENGLEWOOD ON THE HILL					
SUB					

113

AREA	SUB-AREA	BLOCK	PARCEL	CODE	WAR-RANT	ITEM	FIRST SUFFIX	SECOND SUFFIX	THIRD SUFFIX	CARD
0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9



20597

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.

20595972

David Orr
COUNTY CLERK

20595972

REGISTRATION DISTRICT NO. 15.10		STATE OF ILLINOIS		STATE FILE NUMBER 616561	
MEDICAL CERTIFICATE OF DEATH					
DECEASED - NAME EARL MCKINNEY			SEX 2. MALE	DATE OF DEATH 3. AUGUST 06, 1981	
RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) 4a. BLACK	ETHNIC OR DESCENT AMERICAN	AGE - LAST BIRTHDAY (YHR) 5a. 63	UNDER 1 YEAR MO. DAYS	UNDER 1 DAY HOURS MIN	DATE OF BIRTH (MO, DAY, YEAR) 6. AUG. 23 1917
CITY, TOWN, TWP. OR NO. - DISTRICT NUMBER 7b. Chicago		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET) 7c. SOUTH CHICAGO COMMUNITY HOSPITAL		IF HOSP. C - JUST INDICATE DOOR, OFFICE OR INPATIENT (USE CIP) 7d. INPATIENT	
STATE OF BIRTH - NOT IN U.S. (STATE COUNTRY) 8. MISSISSIPPI	CITIZEN OF WHA 9. U. S. A.	COUNTRY	MARRI'D, NEVER-MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 11. AUGUSTA ADAMS	
SOCIAL SECURITY NUMBER 12. 26-20-4036	USUAL OCCUPATION 13a. LONGSHOREMAN	KIND OF BUSINESS OR INDUSTRY 13b. DOCKS	U.S. WAR VETERAN (YES, NO) 13c. YES	WAR DP DATES OF SERVICE 13d. WW II	
RESIDENCE STREET AND NUMBER 14a. 13032 S. ELLIS	CITY, TOWN, TWP. OR NO. - DISTRICT NO. 14b. CHICAGO	INSIDE CITY (YES, NO) 14c. YES	COUNTY 14d. COOK	STATE 14e. ILLINOIS	
FATHER - NAME 15. WILLIE MCKINNEY			MOTHER - MAIDEN NAME MARY FINNER		
INFORMANT'S SIGNATURE <i>Pearl McKinney</i>		ADM # 1054	SHIP # 178CDS	MAILING ADDRESS - STREET AND NO OR P.O. BOX, CITY OR TOWN, STATE, ZIP 2320 E. 93RD STREET CHGO, IL. 60617	
18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE					
(a) CARDIO RESPIRATORY ARREST. 1/2 hr					
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.					
(b) PROBABLE ACUTE PULMONARY EMBOLISM					<i>immediate</i>
(c) PROBABLE ACUTE MYOCARDIAL INFARCTION					<i>immediate</i>
PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (1)					
DATE OF OPERATION, IF ANY			MAJOR FINDINGS OF OPERATION		
20a.			20b.		
I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR)		TO (MONTH, DAY, YEAR)		AND LAST SAW HIM, HER ALIVE OR (MONTH, DAY, YEAR)	HOUR OF DEATH
21a. AUGUST 05, 1981		AUGUST 06, 1981		21c. AUGUST 05, 1981	21d. 04:25 A.M.
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 <i>Mansur Hussain</i>					22b. AUGUST 06, 1981
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)					ILLINOIS LICENSE NUMBER
22c. DR. M HUSSAIN 2315 E. 93RD., CHICAGO, ILL. 60617					22d. 49259
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)					NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE MEDICAL EXAMINER MUST BE NOTIFIED
23.					
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY NAME	LOCATION	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)
24a. Burial	24b. Lincoln	24c. Worth	Ill	24d. Aug. 10 1981	
FUNERAL HOME NAME	STREET AND NUMBER OR P.O.		CITY OR TOWN	STATE	ZIP
25a. A.R. Leak	7833 S. Cottage Grove		Chicago	Ill	60619
FUNERAL DIRECTOR'S SIGNATURE <i>A.R. Leak</i>				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
				25c. 4390	
LOCAL REGISTRAR'S SIGNATURE <i>Herguel</i>				DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
				26b. AUG 8 1981	
CHICAGO DEPT. OF HEALTH - RICHARD J. DALEY CENTER, ROOM 111 CONCOURSE LEVEL, CHICAGO 60602					

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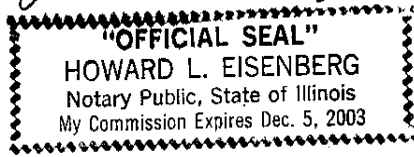
STATEMENT BY GRANTOR AND GRANTEE

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 May 24, ~~20~~ 2002

Signature: Augusta M. Kinney
Grantor or Agent

Subscribed and sworn to before me by the said Augusta M. Kinney this 24 day of May, ~~20~~ 2002
Notary Public Howard L. Eisenberg

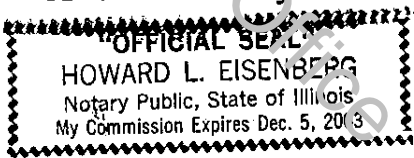


The Grantee or his Agent affirms and verifies that the name of the Grantee shown on the Deed or Assignment of Beneficial Interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, 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 May 24, ~~20~~ 2002

Signature: Ellis M. Kinney
Grantee or Agent

Subscribed and sworn to before me by the said Ellis M. Kinney this 24 day of May, ~~20~~ 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