

UNOFFICIAL COPY

0021062475

2011/0880 93 001 Page 1 of 4
2002-09-27 14:00:20
Cook County Recorder 30.50



Chicago Title Insurance Company

**WARRANTY DEED
ILLINOIS STATUTORY**

BURNET TITLE L.L.C.
2700 South River Road
Des Plaines, IL 60018

20201614 (Lola)

JW

THE GRANTOR(S), HOWARD KRUEGER and THERESA KRUEGER, husband and wife of the City of Calumet City, County of Cook, State of Illinois for and in consideration of TEN & 00/100 DOLLARS, and other good and valuable consideration in hand paid, CONVEY(S) and Warrant(s) to LOLA M. BARNES, 8239 S. Marshfield, Chicago, IL 60620 (GRANTEE'S ADDRESS) 659 Sibley Boulevard, Calumet City, Illinois 60409 of the County of Cook, all interest in the following described Real Estate situated in the County of Cook in the State of Illinois, to wit:

LOT 7 AND THE EAST 1/2 OF LOT 6 IN BLOCK 20 IN FORD CALUMET HIGHLANDS ADDITION TO WEST HAMMOND, BEING A SUBDIVISION OF THE EAST 1316 FEET OF THE NORTH HALF (1/2) OF THE SOUTHEAST QUARTER (1/4) OF SECTION 7, TOWNSHIP 36 NORTH, RANGE 15 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

SUBJECT TO: covenants, conditions and restrictions of record, private, public and utility easements and roads and highways

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): 30-07-406-039-0000
Address(es) of Real Estate: 659 Sibley Boulevard, Calumet City, Illinois 60409

Dated this 29 day of August, 2002

HOWARD KRUEGER

THERESA KRUEGER

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, CERTIFY THAT HOWARD KRUEGER and THERESA KRUEGER, husband and wife, personally known to me to be the same person(s) whose name(s) are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that they signed, sealed and delivered the said instrument as their 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 29 day of August, 2002



Cynthia D. Rosiak (Notary Public)

Prepared By: John C. Clavio
10479 Yankee Ridge Drive
Frankfort, Illinois 60423

Mail To:
LOLA M. BARNES
659 Sibley Boulevard
Calumet City, Illinois 60409

Name & Address of Taxpayer:
LOLA M. BARNES
659 Sibley Boulevard
Calumet City, Illinois 60409

REAL ESTATE TRANSFER TAX
NO. 022525
8-28-02
Buyer
@-28-02
Calumet City • City of Homes \$ 776.00

REAL ESTATE TRANSFER TAX
NO. 022526
Buyer
@-28-02
Calumet City • City of Homes \$ 776.00

STATE OF ILLINOIS
STATE TAX
SEP. 27. 02
REAL ESTATE TRANSFER TAX
DEPARTMENT OF REVENUE

REAL ESTATE TRANSFER TAX
0000044170
00194.00
FP326669

COOK COUNTY
REAL ESTATE TRANSACTION TAX
SEP. 27. 02
REVENUE STAMP

REAL ESTATE TRANSFER TAX
0000088475
00097.00
FP326670

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to issue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

UNOFFICIAL COPY

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE INDIANA STATE DEPARTMENT OF HEALTH

Local No. 752

CERTIFICATE OF DEATH

Oct. 1, 1998 Date Issued
Hammond Health Commissioner State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

INFORMANTS

DISPOSITION

USE OF

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Joseph C. Wingate		2 SEX Male	3a TIME OF DEATH 12:05P M	3b DATE OF DEATH (Month, Day, Yr.) September 28, 1998	
4 *SOCIAL SECURITY NUMBER 384-10-5933	5a AGE—Last Birthday (Years) 83	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr.) Jan. 19, 1915	
7 BIRTHPLACE (City and State or Foreign Country) Hazelton, PA	8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES?	9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b FACILITY NAME (If not institution, give street and number) St. Margaret Mercy Hospital		9c CITY, TOWN OR LOCATION OF DEATH Hammond	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Frieda Wallner	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Machinist	12b KIND OF BUSINESS/INDUSTRY Factory		
13a RESIDENCE—STATE Illinois	13b COUNTY Cook	13c CITY, TOWN OR LOCATION Calumet City	13d STREET AND NUMBER 659 Sibley Blvd.		
13e ZIP CODE 60409	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) White	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/>		17 12			
18 FATHER'S NAME (First, Middle, Last) Gustav Wingate		19 MOTHER'S NAME (First, Middle, Maiden Surname) Mary Vitkowskis			
20a INFORMANT'S NAME (Type/Print) Frieda Wingate		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 659 Sibley Blvd. Calumet City, IL 60409	20c Relationship Wife		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Oct. 1, 1998 Mt. Greenwood Cemetery		21c LOCATION—City or Town, State Chicago, IL	
22a EMBALMER'S NAME Ronald S. Swets		22b EMBALMER'S LICENSE NO. IL 034-014743	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR Elden V. LaHayne		24b LICENSE NUMBER (of Licensee) EDO 1041928	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME LaHayne FH 83002885 5746 Hohman Hammond, IN for Schroeder-Lauer 3227 Ridge Rd. Lansing, IL 60438		
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <u>Chronic obstructive pulmonary disease</u>		Approximate Interval Between Onset and Death	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b. DUE TO (OR AS A CONSEQUENCE OF)			
		c. DUE TO (OR AS A CONSEQUENCE OF)			
		d. DUE TO (OR AS A CONSEQUENCE OF)			
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I					
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		28a WAS AN AUTOPSY PERFORMED? (Yes or no) NO		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO	
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated		29b SIGNATURE AND TITLE OF CERTIFIER D. Dumont			
29c MEDICAL LICENSE NO. 1033451		29d DATE SIGNED (Month, Day, Year) September 30, 1998			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) D. Dumont M.D., 761 45th Ave #103 Munster, Indiana 46321					
31 HEALTH OFFICER'S SIGNATURE Franklin S. Almeida M.D.			32 DATE FILED (Month, Day, Year) October 1, 1998		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34f LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

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ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 662

CERTIFICATE OF DEATH

Sep 5, 2001 Date Issued Hammond Health Commission

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Form with fields for: DECEASED-NAME (Frieda T. Wingate), SEX (Female), TIME OF DEATH (1:36 P.M.), DATE OF DEATH (August 28, 2001), SOCIAL SECURITY NUMBER (336-01-7706), AGE (87), DATE OF BIRTH (April 12, 1914), BIRTHPLACE (Chicago, IL), PLACE OF DEATH (Hammond), FACILITY NAME (St. Margaret Mercy North Campus), MARITAL STATUS (Widowed), SURVIVING SPOUSE (None), DECEDENT'S USUAL OCCUPATION (Sales), RESIDENCE-STATE (Illinois), COUNTY (Cook), CITY, TOWN OR LOCATION (Lansing), STREET AND NUMBER (659 Sibley Blvd.), ZIP CODE (60409), CITIZEN OF WHAT COUNTRY (USA), FATHER'S NAME (Samuel Wallner), MOTHER'S NAME (Theresa Neubauer), INFORMANT'S NAME (Therese Krueger), MAILING ADDRESS (659 Sibley Blvd. Calumet City, IL 60409), RELATIONSHIP (Daughter), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (September 1, 2001, Mt. Greenwood Cemetery), EMBALMERS NAME (William Byma), LICENSE NUMBER (IL 034-012218), NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (LaHayne FH19400005 6956 South-eastern Hammond, IN for Schroeder-Lauer FH 3227 Ridge Lansing, IL 60438), IMMEDIATE CAUSE (Ischemic Bowel), PART II (Dementia), CERTIFIER (Franklin J. Premuda, M.D.), NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Mark Kevin, MD 7905 Calumet Ave. Munster, IN 46321), MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, DESCRIBE HOW INJURY OCCURRED, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT?

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