

# WARRANTY DEED

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00302557

3023/0017 20 001 Page 1 of 5  
2000-05-01 10:40:51  
Cook County Recorder 29.50



00302557

ILLINOIS STATUTORY  
(Individual to Individual)

Mail To: 138983 (1 of 5)

KEVIN W. DILLON  
Attorney At Law  
6730 West Higgins Avenue  
Chicago, Illinois 60639

Name & Address of Taxpayer:

JOSEPH JACKSON  
2004 South Albany  
Chicago, Illinois 60623

RECORDER'S STAMP

\*\*\* HEIR TO THE ESTATE OF LENA WINTERS

THE GRANTOR, CHELSEA G. WINTERS, a single person, of the City of Chicago, County of Cook, State of Illinois, for and in consideration of the sum of Ten and no/100 (\$10.00) Dollars and other good and valuable considerations in hand paid, CONVEYS and WARRANTS to, JOSEPH JACKSON\*, of the City of Chicago, County of Cook, State of Illinois, all interest in the following described real estate situated in the County of Cook in the State of Illinois, to wit:

\*BACHELOR, WHOSE ADDRESS IS 1501 W. ROOSEVELT CHICAGO, IL

Lot 4 in Block 17 in the resubdivision of Blocks 6, 7, 16 and 17 in Douglas Park Addition to Chicago in the West 1/2 of the Southwest 1/4 of Section 24, Township 39 North, Range 13, East of the Third Principal Meridian in Cook County, Illinois.

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, forever.

PERMANENT INDEX NUMBER (PIN): 16-24-304-032-0000

ADDRESS OF PROPERTY: 2004 South Albany, Chicago, Illinois 60623

Dated this 28th day of April, 2000.

City of Chicago  
Dept. of Revenue  
224762



Real Estate  
Transfer Stamp  
\$915.00

04/28/2000 10:34 Batch 06572 18

*Chelsea G. Winters*  
CHELSEA G. WINTERS, Grantor

COOK COUNTY  
REAL ESTATE TRANSACTION TAX  
APR. 28.00  
REVENUE STAMP

000023063  
# 000023063  
REAL ESTATE  
TRANSFER TAX  
0006100  
FP326670

STATE OF ILLINOIS  
STATE TAX  
APR. 28.00  
REAL ESTATE TRANSFER TAX  
DEPARTMENT OF REVENUE

0000011856  
# 0000011856  
REAL ESTATE  
TRANSFER TAX  
00122.00  
FP326669

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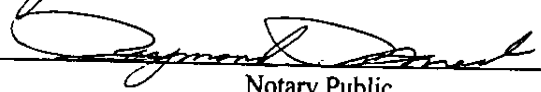
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STATE OF ILLINOIS )  
 ) ss.  
COUNTY OF COOK )

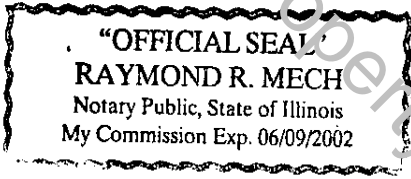
00302557

I, the undersigned, a Notary Public in and for said County in the State aforesaid, CERTIFY THAT CHELSEA G. WINTERS, a single person, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that she has signed, sealed, and delivered the instrument as her 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 notarial seal, this 24th day of April, 2000.

  
\_\_\_\_\_  
Notary Public

My commission expires on: 6/9/02



IMPRESS SEAL HERE

NAME and ADDRESS OF PREPARER:

COOK COUNTY - ILLINOIS TRANSFER STAMP

RAYMOND R. MECH  
Attorney At Law-Suite 1005  
39 South LaSalle Street  
Chicago, Illinois 60603  
(312) 782-0112

\*\* This Conveyance must contain the name and address of the Grantee for tax billing purposes: (55ILCS 5/3-5020) and name and address of the person preparing the instrument: (55 ILCS 5/3-5022).

**WARRANTY DEED**  
Statutory (Illinois)  
(Individual to Individual)

FROM

CHELSEA G. WINTERS  
a Single Person

TO

JOSEPH JACKSON

RAYMOND R. MECH  
Attorney At Law - Suite 1005  
39 South LaSalle Street  
Chicago, Illinois 60603  
(312) 782-0112

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## AFFIDAVIT OF HEIRSHIP

H 38983

CHELSEA G. WINTERS, having been first duly sworn on oath, deposes and states as follows:

1. The Decedent, LENA WINTERS, a/k/a/ LENA M. WINTERS, died at Chicago, Cook County, Illinois on July 1, 1999, at the age of 75 years.
2. I am of legal age. I reside at 2004 South Albany, Chicago, Illinois 60623. I am a daughter of the Decedent.
3. The Decedent was married once to EUGENE WINTERS, who predeceased the Decedent.
4. That Five (5) children were born to LENA WINTERS and EUGENE WINTERS, whose names and addresses are as follows:

CHELSEA G. WINTERS  
2004 South Albany - 2nd Floor  
Chicago, Illinois 60623-2255.

00302557

CARL A. WINTERS  
7094 Springford Avenue  
San Diego, California 92114

SHEILA J. PETERS (nee WINTERS)  
6836 South Bell Avenue  
Chicago, Illinois 60636

CORTEZ WINTERS  
518 South Taylor Avenue  
Oak Park, Illinois 60304

EUGENE R. WINTERS  
3001 Bernardino Cove  
Austin, Texas 78728

All of said children are living and none are minors or incompetent. No other children were born

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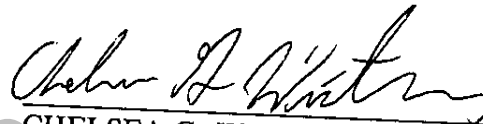
to or adopted by the Decedent.

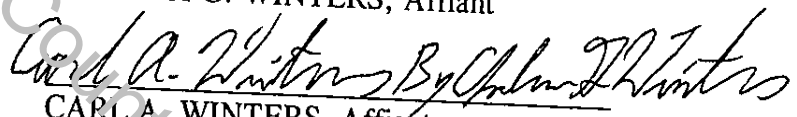
5. The Decedent left no Will.

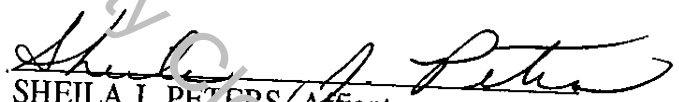
6. The gross value of the Decedent's entire Estate was approximately \$300,000.00.

Based on the foregoing, the Decedent left surviving as her only Heirs, the following, all of whom survived the Decedent, and in the absence of an indication to the contrary, are of legal age, are mentally competent and if children, are natural children:

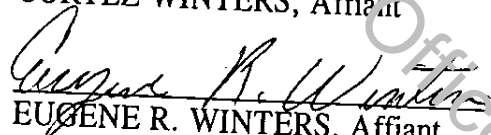
CHELSEA G. WINTERS  
CARL A. WINTERS  
SHEILA J. PETERS  
CORTEZ WINTERS  
EUGENE R. WINTERS

  
\_\_\_\_\_  
CHELSEA G. WINTERS, Affiant

  
\_\_\_\_\_  
CARL A. WINTERS, Affiant

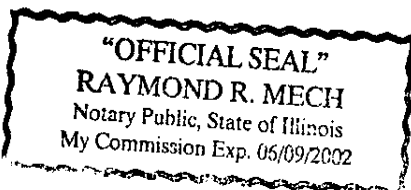
  
\_\_\_\_\_  
SHEILA J. PETERS, Affiant

  
\_\_\_\_\_  
CORTEZ WINTERS, Affiant

  
\_\_\_\_\_  
EUGENE R. WINTERS, Affiant

Subscribed and sworn to before me  
this 7<sup>th</sup> day of April, 2000.

  
\_\_\_\_\_  
Notary Public



1. DECEASED-NAME **LENA** FIRST **WINTERS** LAST  
 COUNTY OF DEATH **COOK** AGE-LAST BIRTHDAY (MNS) **74** UNDER 1 YEAR MOS. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) **11/17/1923**  
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **CHICAGO** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER) **COOK COUNTY HOSPITAL** SEX **FEMALE** DATE OF DEATH (MONTH, DAY, YEAR) **07/01/99**  
 2. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Chicago, IL** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **WIDOWED** NAME OF SURVIVING SPOUSE (MARRIAGE NUMBER) **NONE** IF HUSBAND OR WIFE, INDICATE D.O.A. OR OTHER, FULL PATIENT (SPECIFY) **INPATIENT**  
 3. SOCIAL SECURITY NUMBER **227-26-5196** USUAL OCCUPATION **Homemaker** KIND OF BUSINESS OR INDUSTRY **NONE** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **12 + 1** WAS DECEASED BY MEANS OF ARMED FORCE? (YES/NO) **NO**  
 4. RESIDENCE (STREET AND NUMBER) **2004 S. ALBANY** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **CHICAGO** OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, ETC.) **NO** INSIDE CITY (YES/NO) **YES** COUNTY **COOK**  
 5. FATHER-NAME FIRST MIDDLE LAST **NICK BEMDUS** MOTHER-NAME FIRST MIDDLE LAST **SUSIE BEOWN** RELATIONSHIP **RECORDS** MAILING ADDRESS (STREET AND NO. OR R.F.D. OR BOX NO., TWP., STATE, ZIP) **1835 W. HARRISON CHGO. IL 60612**

6. MOTHER-NAME FIRST MIDDLE LAST **LILLIANA E. CASTRO** 17a. RECORDS **1835 W. HARRISON CHGO. IL 60612**  
 7. 18. PAT. ILL. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory failure, shock, or heart failure. List only one cause on each line.  
 (a) **Acute Myocardial Infarction** 12 hours  
 (b) **Complete Heart Block** 01 hour  
 (c) **A systolic** 01 hour

8. CONDITIONS, IF ANY WHICH GIVE RISE TO OR COMPLICATE THE UNDERLYING CAUSE LAST. (a) **Acute Myocardial Infarction** 12 hours (b) **Complete Heart Block** 01 hour (c) **A systolic** 01 hour  
 9. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT MENTIONED IN THE UNDERLYING CAUSE (GIVEN IN PART 7).  
 10. DATE OF OPERATION, IF ANY **6/30/99** MAJOR FINDINGS OF OPERATION **Admission Peripheral vascular disease**  
 11. (a) DID (INDICATE BY CHECKING) ATTEND THE DECEASED? (MONTH, DAY, YEAR) **07/01/99** (b) SAW HIM/HER ALIVE ON **07/01/99** (c) TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE INDICATED IN THIS CERTIFICATE?  
 12. SIGNATURE OF CERTIFIER **Cassiana Velazquez** NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **222 COOK COUNTY HOSPITAL-1835 W. HARRISON-CHGO. IL 60612**  
 13. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) **Russell Kelly, M.D.** CITY OR TOWN **Chicago** STATE **Illinois** ZIP **60619**

14. BURIAL CREATION, REMOVAL (SPECIFY) **248. BIRDA** CEMETERY OR CREMATORY-NAME **BIRDA OAK CEMETERY** CITY OR TOWN **Illinois** STATE **Illinois** DATE (MONTH, DAY, YEAR) **7-7-99**  
 15. FUNERAL HOME **LEPK + Son** STREET AND NUMBER OR R.F.D. **7838 So Cottage Grove** CITY OR TOWN **Chicago** STATE **Illinois** ZIP **60619**  
 16. LOCAL REGISTRAR'S SIGNATURE **Sheila L. Lynne** LOCAL REGISTRAR'S SIGNATURE NUMBER **031-007489**  
 17. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **JUL 6 1999**

18. THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.  
 SHEILA LYNE RSM, 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.

STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO  
 DEC 8 1999  
 00302557

DEPARTMENT OF PUBLIC HEALTH  
 CITY OF CHICAGO

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.