



Eugene "Gene" Moore Fee: \$30.50
Cook County Recorder of Deeds
Date: 05/01/2003 12:13 PM Pg: 1 of 4

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 of merchantability or
fitness for a particular purpose.

THE GRANTOR(S) STANLEY S. PECAK, A BACHELOR (AS
SURVIVING JOINT TENANT),

of the City _____ of CHGO County of COOK
ILL.

State of _____ for the consideration of
TEN----- DOLLARS,

and other good and valuable considerations _____
_____ in hand paid,

CONVEY(S) _____ and QUIT CLAIM(S) _____ to
STANLEY S. PECAK, A BACHELOR AND TERRY COSTALES,
A MARRIED PERSON,

3814 N. ORIOLE, CHGO ILL 60634
(Name and Address of Grantees)

not in Tenancy in Common, but in JOINT TENANCY, all interest in the
following described Real Estate situated in CHICAGO
COOK
County, Illinois, commonly known as 3814 N. ORIOLE, CHGO, IL
(Street Address)

Above Space for Recorder's Use Only

legally described as:

LOT 11 (EXCEPT THE NORTH 31.20 FEET MEASURED ON THE EAST LINE) IN BLOCK 3 IN
VOLK BROTHERS MAHLER ESTATES, BEING A SUBDIVISION IN THE NORTHWEST 1/4 AND
SOUTH OF THE INDIAN BOUNDARY LINE IN SECTION 24, TOWNSHIP 40 NORTH, RANGE
12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILL.

PARAGRAPH
SECTION 4

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.

12-24-103-042-0000

Permanent Real Estate Index Number(s): _____
3814 N. ORIOLE, CHGO, ILL.

Address(es) of Real Estate: _____

DATED this 29 day of April 2003

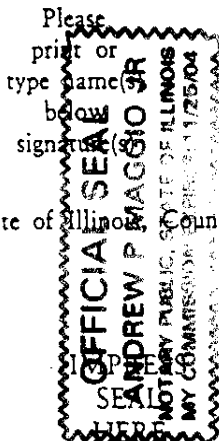
Stanley S. Pecak
STANLEY S. PECAK

(SEAL) _____ (SEAL)

(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
STANLEY S. PECAK, A BACHELOR,

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

Given under my hand and official seal this 11th day of April 2003

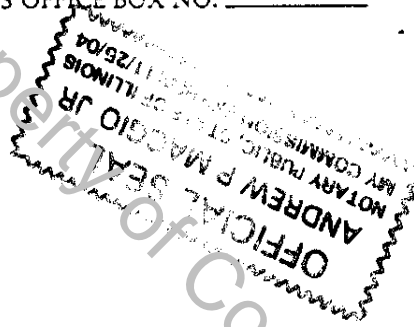
Commission expires 11/25/04  NOTARY PUBLIC

This instrument was prepared by A. MAGGIO, 7824 W. BELMONT, CHGO ILL 60634
(Name and Address)

MAIL TO: S. PECAK
(Name)
3814 N. ORIOLE, CHGO ILL
60634
(Address)
(City, State and Zip)

SEND SUBSEQUENT TAX BILLS TO:
SAME
(Name)
!
(Address)
(City, State and Zip)

OR RECORDER'S OFFICE BOX NO. _____



Property of Cook County Clerk's Office

GEORGE E. COLE®
LEGAL FORMS

TO
Quit Claim Deed
JOINT TENANCY
INDIVIDUAL TO INDIVIDUAL

UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statues relating to the registrar of birth, stillbirth and death.

Date: JAN 09 1995

Madeline McCurry

At Cook County Department of Public Health Official Title Deputy Registrar
1010 Lake Street Suite 300 Oak Park, Illinois 60301

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16-0
REGISTERED NUMBER

DECEASED-NAME: HARRIET B. PECAK
FIRST MIDDLE LAST
COUNTY OF DEATH: COOK
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: 70
AGE- LAST BIRTHDAY (YRS): 70
SEX: FEMALE
DATE OF BIRTH (MONTH, DAY, YEAR): 3. January 4 1995
DATE OF DEATH (MONTH, DAY, YEAR): 24. SEPTEMBER 24 1924

DEPLAINED: CHICAGO ILLINOIS
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (SPECIFY): WIDOWED
HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): HOLY FAMILY MEDICAL CENTER
NAME OF SURVIVING SPOUSE (W, WIFE; H, HUSBAND; IF NONE):
EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED):
INSIDE CITY (YES/NO): YES
COUNTY: COOK

SOCIAL SECURITY NUMBER: 350-16-1058
RESIDENCE (STREET AND NUMBER): 3814 N. ORIOLE
CITY, TOWN, TWP. OR ROAD DISTRICT NO.: CHICAGO
KIND OF BUSINESS (INDUSTRY): OWN HOME
MOTHER-NAME: STEPHANIE
MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 3723 N. OCTAVIA CHICAGO ILL 60634

STATE: ILLINOIS
ZIP CODE: 60634
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.): WHITE
FATHER-NAME: JOSEPH WEILAND
MOTHER-NAME: STEPHANIE
RELATIONSHIP: DAUGHTER

15. INFORMANT'S NAME (TYPE OR PRINT): JERRY COSTALES
16. MOTHER-NAME: STEPHANIE
17. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 3723 N. OCTAVIA CHICAGO ILL 60634

18. PART I. Immediate Cause (Final disease or condition resulting in death): SEPTIC SHOCK
19. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF PERITONITIS (b) DUE TO, OR AS A CONSEQUENCE OF PERFORATION (c) PERFORATION

19a. DATE OF OPERATION, IF ANY: 1-3-1995
19b. MAJOR FINDINGS OF OPERATION: SIGMOID CANCER WITH PERFORATIONS
19c. DID (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: 1-4-1995
20. THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED: YES

21. SIGNATURE OF CERTIFIER: T. Zamirowski M.D.
22. NAME AND ADDRESS OF CERTIFIER: T. Zamirowski M.D., 1792 Lakton Desplaines Ill 60018

23. BIRGITTA T. MCGUIRE M.D., 1792 LAKTON DESPLAINES ILL 60018
24. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): T. ZAMIROWSKI M.D.

25. URINAL CREMATION, EMOVAL SPECIFY: BURIAL
26. CEMETERY OR CREMATORY-NAME: ST. ADALBERT
27. LOCATION: NILES ILLINOIS
28. CITY OR TOWN: ILLINOIS

29. GENERAL HOME: SKAJA TERRACE FUNERAL HOME 7812 N. MILWAUKEE AVE NILES ILLINOIS 60714
30. FUNERAL DIRECTOR'S SIGNATURE: JOHN R. SKAJA
31. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 34-010299

32. LOCAL REGISTRAR SIGNATURE: Madeline McCurry
33. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): 1/9/95

34. LOCAL REGISTRAR: Madeline McCurry
35. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): 1/9/95
36. ILLINOIS DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS
37. (BASED ON 1989 U.S. STANDARD CERTIFICATE)

UNOFFICIAL COPY

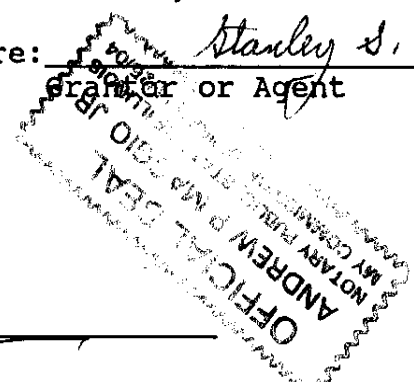
STATEMENT BY GRANTOR AND GRANTEE

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 4/29/03, ~~19~~ Signature: Stanley S. Pecak
Grantor or Agent

Subscribed and sworn to before me
by the said _____
this 29 day of April, ~~2003~~ 19.

Notary Public _____

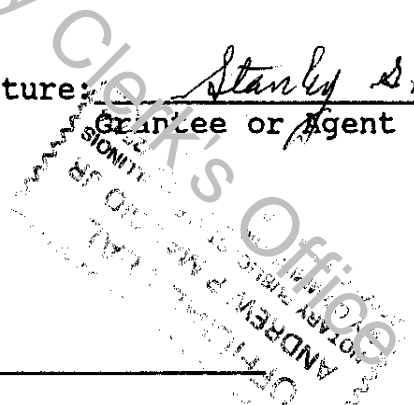


The grantee or his agent affirms and verifies that the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, 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 4/29/03, ~~19~~ Signature: Stanley S. Pecak
Grantee or Agent

Subscribed and sworn to before me
by the said _____
this 29 day of April, ~~2003~~ 19.

Notary Public _____



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.)