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Doc#: 0327519017
Eugene "Gene" Moore Fee: \$30.50
Cook County Recorder of Deeds
Date: 10/02/2003 12:19 PM Pg: 1 of 4

QUIT CLAIM DEED
Illinois Statutory

Mail to:
John F. Scanlon
6214 N. LeMai Ave.
Chicago, IL 60646

Name and Address of Taxpayer:
John F. Scanlon
6214 N. LeMai Ave.
Chicago, IL 60646

The Grantor JOHN F, SCANLON, sole surviving heir of Eileen M. Scanlon, deceased, said Eileen M. Scanlon being the surviving joint tenant of her husband James Scanlon, of the City of Chicago, County of Cook, State of Illinois, in and for consideration of Ten and no/100 Dollars, and other good and valuable consideration in hand paid, CONVEYS AND QUIT CLAIMS to

JOHN F. SCANLON, a bachelor
of 6214 LeMai Ave., Chicago, IL 60646

all interest in the following described real estate situated in the County of Cook, in the State of Illinois, to wit:

LOT 4 IN KNUTH'S SUBDDIVISION OF THE SOUTHEASTERLY 3 ACRES OF THE SOUTHWEST HALF (1/2) OF LOT 26 IN OGDEN AND JONES SUBDIVISION OF BRONSON TRACT IN CALDWELL'S RESERVE IN TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 13 04 109 020 0000.
Common Address: 6214 N. LeMai Ave., Chicago, IL 60646.

hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois.

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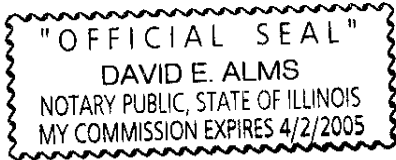
Dated this 16 day of September, 2003.

John F. Scanlon
John F. Scanlon

State of Illinois
County of Cook

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that JOHN F, SCANLON, sole surviving heir of Eileen M. Scanlon, deceased, said Eileen M. Scanlon being the surviving joint tenant of her husband James Scanlon, deceased, personally known to me to be the same person whose name is subscribed to the forgoing instrument appeared before me this day in person and acknowledged that he signed, sealed, and delivered the said instrument as his 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 16 day of September, 2003.



[Signature]
Notary Public

my commission expires: 4/2/2005.

COUNTY - ILLINOIS TRANSFER STAMPS

IMPRESS SEAL HERE

NAME AND ADDRESS OF
PREPARER:
David E. Alms, Esq.
1420 Renaissance Dr., Suite 406
Park Ridge IL 60068

EXEMPT UNDER PROVISIONS OF
PARAGRAPH 6, SECTION 5, REAL
ESTATE TRANSFER ACT.

DATE: 9/16/03
[Signature]
Buyer, Seller or Representative

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CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JUL 11 2003

JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL RECORDS 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.

John L. Wilhelm, MD
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

REGISTRATION DISTRICT NO. **16.10** STATE FILE NUMBER **610125**

MEDICAL CERTIFICATE OF DEATH

DECEASED-NAME: **EILEEN M SCANLON** SEX: **FEMALE** DATE OF DEATH: **JULY 09, 2003**

1. COUNTY OF DEATH: **COOK** DATE OF BIRTH: **September 8, 1941**

4. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: **CHICAGO** HOSPITAL OR OTHER INSTITUTION-NAME: **RESURRECTION MEDICAL CENTER**

6a. CHICAGO BIRTHPLACE: **CHICAGO** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **WIDOWED**

7. SOCIAL SECURITY NUMBER: **347-32-8564** USUAL OCCUPATION: **HOUSEWIFE**

10. RESIDENCE (STREET AND NUMBER): **6214 LEMAI** CITY, TOWN, TWP, OR ROAD DISTRICT NO.: **CHICAGO**

13a. STATE: **IL** ZIP CODE: **60646** RACE: **WHITE**

15. FATHER-NAME: **Coleman Connolly** MOTHER-NAME: **Ellen**

16. INFORMANT'S NAME (TYPE OR PRINT): **John Scanlon** RELATIONSHIP: **Son**

17a. MAILING ADDRESS: **6214 Lemai Chicago 60646**

18. PART I. Immediate Cause (Final disease or condition resulting in death): **FUNGAL SEPSIS**

CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a): **DUE TO, OR AS A CONSEQUENCE OF INFECTED CENTRAL LINE**

STATING THE UNDERLYING CAUSE LAST: **(c) NUTROPENIA**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

20a. DATE OF OPERATION, IF ANY: **JULY 09, 2003** MAJOR FINDINGS OF OPERATION: **INFECTED CENTRAL LINE**

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE: **Michael G. Schmitt MD**

22c. GRASSI, MICHAEL G M.D., 3929 N CENTRAL, CHICAGO, IL 60634

24a. BURIAL: **All Saints** CEMETERY OR CREMATORY-NAME: **Des Plaines IL**

25a. FUNERAL HOME: **Coney Funeral Home 3918 W. Irving Pk Chgo IL 60618**

25b. LOCAL REGISTRAR'S SIGNATURE: **John L. Wilhelm M.D.**

26a. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **JUL 11 2003**

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STATEMENT BY GRANTOR AND GRANTEE (55 ILCS 5/3 5020 B)

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 September 16, 2013

Signature: _____

[Signature]

Grantor or Agent

Subscribed and sworn to before me by the said David E. Moore this 16 day of Sept., 2013
Notary Public

[Signature]



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 July 9-16, 2013

Signature: _____

[Signature]

Grantee or Agent

Subscribed and sworn to before me by the said David E. Moore this 16 day of Sept., 2013
Notary Public

[Signature]



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