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GEORGE E. GOLE
LEGAL FORMS

No. 822
November 1994

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

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WILLIAM A. HIGGINS, MARRIED TO LINDA HIGGINS
THE GRANTOR(S) ROBERT S. HIGGINS, MARRIED TO LYNN
HIGGINS AND ELIZABETH M. ALVARADO, A WIDOW
of the City _____ of _____ County of COOK

State of ILLINOIS for the consideration of
TEN AND 00/100 (\$10.00) DOLLARS,

and other good and valuable considerations _____

_____ in hand paid,
CONVEY(S) _____ and QUIT CLAIM(S) _____ to

JOHN EDWARD HIGGINS

(Name and Address of Grantee)

all interest in the following described Real Estate, the real estate
situated in COOK County, Illinois, commonly known as
736 W. STRIEFF LANE, (st. address) legally described as:

LOT 23 IN GLENWOOD MANOR UNIT NO. 1, A SUBDIVISION OF PART OF THE SOUTH HALF OF THE
NORTHWEST QUARTER OF SECTION 4, TOWNSHIP 35 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL
MERIDIAN, IN COOK COUNTY, ILLINOIS.

THIS IS NOT HOMESTEAD PROPERTY AS TO WILLIAM A. HIGGINS, ROBERT S. HIGGINS AND
ELIZABETH M. ALVARADO.

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): 32-04-102-023-0000

Address(es) of Real Estate: 736 W. STRIEFF LANE, GLENWOOD, ILLINOIS 60425

DATED this: 19th day of DECEMBER 2003

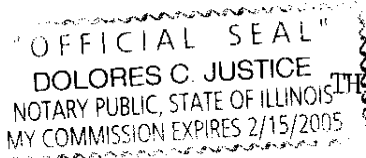
Please
print or
type name(s)
below
signature(s)

William A. Higgins (SEAL) ELIZABETH M. ALVARADO (SEAL)
Robert S. Higgins (SEAL) Elizabeth M. Alvarado
John Edward Higgins (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 WILLIAM A.
HIGGINS, ROBERT S. HIGGINS AND ELIZABETH M. ALVARADO

IMPRESS
SEAL
HERE

personally known to me to be the same person S whose name S 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.



THIS 19th DAY OF DECEMBER, 2003.

Dolores C. Justice



Doc#: 0335746061
Eugene "Gene" Moore Fee: \$32.00
Cook County Recorder of Deeds
Date: 12/23/2003 01:43 PM Pg: 1 of 5

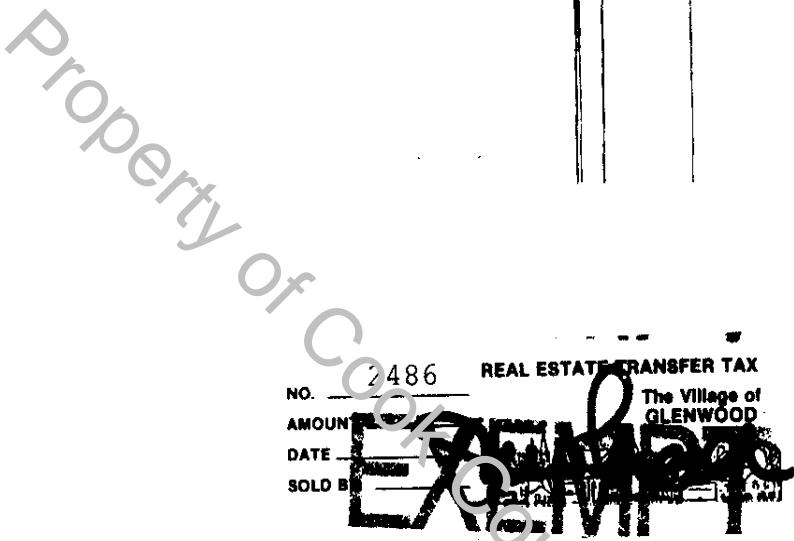
Above Space for Recorder's Use Only

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GEORGE E. COLE
LEGAL FORMS

Quit Claim Deed
INDIVIDUAL TO INDIVIDUAL

TO



NO. 2486 REAL ESTATE TRANSFER TAX
AMOUNT _____ The Village of GLENWOOD
DATE _____
SOLO B _____

Given under my hand and official seal, this _____ day of _____ 19 _____

Commission expires _____ 19 _____ NOTARY PUBLIC

This instrument was prepared by _____ (Name and Address)

MAIL TO: { ENTERPRISE LAND TITLE, LTD.
(Name)
9959 S. ROBERTS RD.
(Address)
PALOS HILLS, IL 60465
(City, State and Zip)

SEND SUBSEQUENT TAX BILLS TO:
JOHN EDWARD HIGGINS
(Name)
736 W. STRIEFF LANE
(Address)
GLENWOOD, IL 60425
(City, State and Zip)

OR RECORDER'S OFFICE BOX NO. _____

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CERTIFICATE OF EXEMPTION

THE UNDERSIGNED _____

HEREBY STATES THAT THE DEED FROM FRANK W. HIGGINS TO JOHN EDWARD HIGGINS

DATED 12/19/03 IS EXEMPT FROM THE VILLAGE

OF GLENWOOD REAL ESTATE TRANSFER TAX AS FOLLOWS: (in conformance with Sec. 25-106)

- (a) Deeds to property acquired by any governmental body or from any governmental body or deeds to property between governmental bodies, or by or from any corporation, society, association, foundation or institution organized and operated exclusively for charitable, religious or educational purposes.
- (b) Deeds which secure debt or other obligations.
- (c) Deeds, which without additional consideration, confirm, correct, modify, or supplement a deed previously recorded.
- (d) Deeds where the actual consideration is less than \$500.00.
- (e) Tax deeds.
- (f) Deeds of release of property which is security for a debt or other obligation.
- (g) Deeds of partition.
- (h) Deeds made pursuant to mergers, consolidations or transfers or sales of substantially all of the assets of corporations pursuant to plans of reorganization.
- (i) Deeds made by a subsidiary corporation to its parent corporation for no consideration other than the cancellation or surrender of the subsidiary's stock.
- (j) Deeds wherein there is an actual exchange of real estate except that that money difference or money's worth paid from one to the other shall not be exempt from the tax.
- (k) Deeds representing transfers subject to the imposition of a documentary stamp tax imposed by the government of the United States, except that such deeds shall not be exempt from filing the declaration.

STATE FACTS SHOWING THE APPLICABILITY OF EXEMPTION TO DEED:

DESCRIPTION OF PROPERTY: _____

DATE: 12/19/03

Clyde D. Alvarado

(SIGNATURE)

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 16-311

REGISTERED NUMBER 737

STATE OF ILLINOIS

STATE FILE NUMBER

UNOFFICIAL COPY MEDICAL CERTIFICATE OF DEATH

Type or Print In PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. FRANCIS W. HIGGINS 2 Male 3. October 20, 2003

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)
4. Cook 5a. 90 5b. 5c. 5d. January 27, 1913

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE D.O.A. OP:EMER. RM. INPATIENT (SPECIFY)
6a. Chicago Heights 6b. St. James Hospital & Health Center 6c. Inpatient

A DECEASED

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
7. Chicago, Illinois 8a. Widowed 8b. 9. No

B DECEASED

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10. 325-09-9625 11a. Machinist 11b. Factory 12. 12th

C DECEASED

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY
13a. 736 Strieff 13b. Glenwood 13c. Yes 13d. Cook

D DECEASED

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
13e. Illinois 13f. 60425 14a. White 14b. NO YES SPECIFY:

E PARENTS

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST
15. William - Higgins 16. Mina - Stenzel

1

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a. Elizabeth Alvarado 17b. Daught. 17c. 3116 Jackson Ave. So. Chgo. Hts., Il.

2

18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

3

Immediate Cause (Final disease or condition resulting in death) (a) Acute Myocardial Infarction

CAUSE

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF (c)

4

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. AUTOPSY (YES/NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
19a. No 19b.

5

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20a. 20b. 20c. YES NO

N

IF (DID) DID NOT ATTEND THE DECEASED (MONTH, DAY, YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH
21a. 5 Oct '03 21b. No 21c. 10:00 a. M.

P

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 22b. October 21, 2003

CERTIFIER

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
22c. Kevin Reitsma D.O. 10043 W. Lincoln Hwy. Frankfort, IL 60423 22d. 036-099129

23.

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

DISPOSITION

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a. Burial 24b. St. Mary Cemetery 24c. Evergreen Park IL 24d. Oct. 25, 2003

25a.

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
25a. Smits, Steger Memorial Chapel 3045 Chicago Rd Steger, IL 60475

25b.

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. Leonard B. Gossal 25c. 034-011753

25c.

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
25c. Ethel M. Taylor 26. October 24, 2003

26a.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH-DIVISION OF VITAL RECORDS (BASED ON 1989 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE ABOVE NAMED IN ITEM NO. 1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTHS, STILLBIRTHS, AND DEATHS.

DATE: OCT 24 2003

SIGNED: Ethel M. Taylor

AT: CHICAGO HEIGHTS, IL 60411

TITLE: LOCAL REGISTRAR

Birthplate

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STATEMENT BY GRANTOR OR GRANTEE

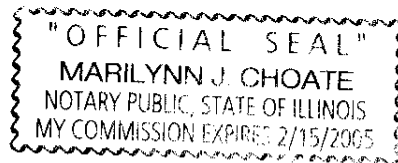
The grantor of his agent affirms that, to the best of his knowledge, the name of the grantee shown on the deed or assignment of his beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois or other entity recognized as person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

Dated 12-23-03, 1999.

Signature: *Albre C. Justice*
Grantor or Agent

Subscribed and sworn to before me this 23rd day of Dec., 2003, 1999.

Marilynn J. Choate
Notary Public



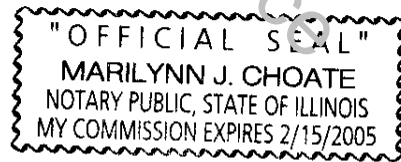
The grantee or his agent affirms and verifies that the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in the State of 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 12-23-03, 1999.

Signature: *Albre C. Justice*
Grantee or Agent

Subscribed and sworn to before me this 23rd day of Dec., 2003, 1999.

Marilynn J. Choate
Notary Public



NOTE: Any person who knowingly submits to 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.)