

UNOFFICIAL COPY

QUIT CLAIM DEED - Statutory Form

Furnished by AMERICAN TITLE INSURANCE COMPANY

KNOW ALL MEN BY THESE PRESENTS: That Elsie Pantos

whose Street Number and Post Office address is 1622 N. 73rd Ave., Elmwood Park, Illinois

Quit Claim is in her name, Theodore Malliron

whose Street Number and Post Office address is 14880 Park, Livonia, MI 48154

the following described premises situated in the City of Elmwood Park and State of Illinois County of Cook

DEPT-01 RECORDING \$25.50
T#0012 TRAN 0156 12/27/94 08134100
\$2457 + SK # -04-072895
COOK COUNTY RECORDER

The North 40 feet of the South 52 feet of LOT 3 (except the West 8 feet thereof for alley) in Block 27 in Mills and Sons' Greenfields Subdivision in Section 36, Township 40 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

More commonly known as: 1622 N. 73rd Ave., Elmwood Park, Illinois

for the full consideration of \$1.00

Dated this 22nd day of November 19 94

Witnesses:

Domestic De France
Merle D. Armbruster
Cynthia L. Berkaw
STATE OF MICHIGAN Livingston
COUNTY OF

Signed and Sealed:

Elsie Pantos
Elsie Pantos
(L.S.)
(L.S.)
(L.S.)
(L.S.)

22nd day of November 19 94

Janice M. Mills Notary Public
Notary Public Livingston County, Michigan

The foregoing instrument was acknowledged before me this by grantor Elsie Pantos and witnesses

My commission expires 3/27/98

Type name of Grantor

Instrument Drafted by Janice M. Mills

Business Address 6312 Oakdale, Brighton, MI 48116

Recording Fee

When recorded return to grantee

State Transfer Tax

Send subsequent tax bills to grantee

Tax Parcel #

25

UNOFFICIAL COPY

Property of Cook County Clerk's Office

MAIL TO
MR. Theodore J. Malliris
14885 Park Ave.
LIVONIA MI 48154

04072595

UNOFFICIAL COPY

Certified Copy of a Death Record

DECEDENT'S BIRTH NO. _____ REGISTRATION DISTRICT NO. 16.92 STATE OF ILLINOIS STATE FILE NUMBER _____
 REGISTRATION NUMBER 1153 **MEDICAL CERTIFICATE OF DEATH**

1.	DECEASED NAME GEORGE P. PANTOB	SEX MALE	DATE OF DEATH (MONTH, DAY, YEAR) SEPTEMBER 1, 1994
2.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	HOSPITAL OR OTHER INSTITUTION (NAME OF HOSPITAL, CLINIC, NURSING HOME, ETC.) POSTER G. MCCAW HOSPITAL	PLACE OF DEATH (HOSPITAL, HOME, NURSING HOME, ETC.) INPATIENT
3.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	DATE OF BIRTH (MONTH, DAY, YEAR) JANUARY 5, 1913	
4.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	USUAL OCCUPATION Plastic Injection	INDUSTRIAL INJURY (YES OR NO) NO
5.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
6.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
7.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
8.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
9.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
10.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
11.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
12.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
13.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
14.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
15.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
16.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
17.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
18.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
19.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
20.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
21.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
22.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
23.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
24.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
25.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
26.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
27.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
28.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
29.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
30.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
31.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
32.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
33.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
34.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
35.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
36.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
37.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
38.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
39.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
40.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
41.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
42.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
43.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
44.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
45.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
46.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
47.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
48.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
49.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	
50.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO, ILL.	INDUSTRIAL INJURY (YES OR NO) NO	

16. PETER PANTOPOULOS **17.** EFSTATHIA KAKALISTRES
18. SUSAN H. FLORES **19.** 2160 S. 1ST AVE., MAYWOOD, ILL. 60153

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

Immediate Cause (Final disease or condition leading to death) → **Unresponsive** Under

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST. **Unresponsive** Under

(a) DUE TO, OR AS A COMPLICATION OF

(b) DUE TO, OR AS A COMPLICATION OF **04052895**

(c) _____

21. PART II. Other medical conditions contributing to death but not primary in the underlying cause (e.g., HIV)

22. **Cervical Artery Disease**

23. DATE OF OPERATION, IF ANY _____ **24.** MONTH, PERIOD OF OPERATION _____

25. IF FEMALE, WAS THERE A PREGNANCY IN PART THREE (MONTHS) _____ **26.** YES [] NO []

27. (DO NOT ATTEMPT THIS UNLESS CLASSIFIED AND LISTED BY AN ANATOMICAL DIVISION) _____ **28.** HOUR OF DEATH **6:33**

29. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. **30.** DATE WRITTEN (MONTH, DAY, YEAR) **9/2/94**

31. SIGNATURE **DR. DANIEL NEPOMUCENO** **32.** ILLINOIS LICENSE NUMBER _____

33. NAME AND ADDRESS OF CERTIFIER **2160 S. 1ST AVE., MAYWOOD, ILLINOIS 60153** **34.** **036-086051**

35. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) **DR. M. ZIAD SINNO**

36. ORIGINAL CREATION, REMOVAL (PROPERTY) **37. CEMETERY OR CREMATORY-NAME** **38. LOCATION** **39. CITY OR TOWN** **40. STATE** **41. DATE** (MONTH, DAY, YEAR)

42. BURIAL **43. ELMWOOD CEMETERY** **44. RIVER GROVE, ILLINOIS** **45. SEPT. 07, 1994**

46. FUNERAL HOME **47. STREET AND NUMBER OR R.F.D.** **48. CITY OR TOWN** **49. STATE** **50.**

51. FUNERAL DIRECTOR **52. JOHN G. ADINAMIS** **53. 6150 N. CICERO AVE. CHICAGO, IL. 60646**

54. FUNERAL DIRECTOR'S SIGNATURE **55. Richard J. Adinamis** **56. 034-010450**

57. LOCAL REGISTRAR'S SIGNATURE **58. Richard J. Billie** **59. Broadview, Illinois 60153** **60. September 6, 1994**

VR200 (Rev. 8/90) 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 decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE **SEP 6 1994** SIGNED **Richard J. Billie**

AT **Broadview, IL 60153** Illinois OFFICIAL TITLE **Local Registrar of Vital Statistics**

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts therein stated.