

# UNOFFICIAL COPY

**RECORDING REQUESTED BY:**

Mission Escrow



Doc#: 0407232176  
Eugene "Gene" Moore Fee: \$50.00  
Cook County Recorder of Deeds  
Date: 03/12/2004 04:40 PM Pg: 1 of 3

**AND WHEN RECORDED MAIL TO:**

**AND MAIL TAX STATEMENT TO:**

Mr. Loren T. Heath  
325 Forest Knoll Drive  
Palatine, IL 60074

Order No. 04NL03663  
Escrow No. ME-1671-SC  
Parcel No. 02-02-301-090

SPACE ABOVE THIS LINE FOR RECORDER'S USE

04NL-03663

**QUITCLAIM DEED**

Statutory (Illinois)

(Individual to Individual)

THE GRANTOR(S) LOREN T. HEATH, WHO ACQUIRED TITLE AS A MARRIED MAN

325 Forest Knoll Drive, Palatine, County of Cook, State of Illinois for the consideration of \$10.00 DOLLARS, and other good and valuable considerations, in hand paid,

CONVEY(S) and QUITCLAIM(S) to

LOREN T. HEATH, A WIDOWER

325 Forest Knoll Drive, Palatine County of Cook State of Illinois

all interest in the following described Real Estate, the real estate situated in Cook County, Illinois, commonly known as 325 Forest Knoll Drive, Palatine, (st. address) legally described as: See Exhibit "A" Attached

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): \_\_\_\_\_

Address(es) of Real Estate: 325 Forest Knoll Drive, Palatine, Illinois

DATED this 19th day of February, 2004.

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

Loren T. Heath (SEAL)

Loren T. Heath

**EXEMPT UNDER THE PROVISIONS OF PARAGRAPH E SECTION 4 OF THE REAL ESTATE TRANSFER ACT**

SIGN & DATE Jaqueline Brumgar 3/10/04

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

LOREN T. HEATH 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 he signed, sealed and delivered the said instrument as A 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 19<sup>th</sup> day of FEBRUARY, 2004

Commission expires 2/9 2006

NOTARY PUBLIC

This instrument was prepared by Shauna D. Cobb

IMPRESS SEAL HERE



NATIONS TITLE

3

STATE OF ILLINOIS  
County of Cook

DAVID ORR, County Clerk

JAN 06 2004

**UNOFFICIAL COPY**

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

*David Orr*  
COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <u>16-0</u>	STATE OF ILLINOIS				STATE FILE NUMBER	
		REGISTERED NUMBER	<b>MEDICAL CERTIFICATE OF DEATH</b>					
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. Mary K. Heath					2. Female	3. January 4, 2004	
	COUNTY OF DEATH		AGE - LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		
	4. Cook		5a. 54	5b. MOS. DAYS	5c. HOURS MIN.	5d. November 14, 1949		
	6a. Palatine		6b. 325 Forest Knoll			6c. IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)		
	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, IL		7a. Married	8b. Loren Heath			9. NO	
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		
	10. 325-44-6738		11a. Home maker	11b. Own Home		12. 12 Elementary/Secondary (0-12) College (1-4 or 5+)		
	RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY		
13a. 325 Forest Knoll		13b. Palatine		13c. Yes	13d. Cook			
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. 60074	14a. White	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:				
FATHER - NAME		FIRST	MIDDLE	LAST	MOTHER - NAME		FIRST	
PARENTS		15. William H. Daley			16. Eleanor M. Campion			
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)					
17a. Loren Heath		17b. Husband	17c. 325 Forest Knoll Palatine, IL 60074					
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.						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
Immediate Cause (Final disease or condition resulting in death)		(a) Pneumonia				10 days		
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF						
		(c) DUE TO, OR AS A CONSEQUENCE OF						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		Hypertension						
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION			AUTOPSY (YES/NO)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)		
20a.		20b.			13. No	19b.		
1 (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH				
21a. 10-11-03		21b. Yes		21c. 8:49AM M.				
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		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER				
22a. Mark F. Wisberg		22c. 850 Besterfield Rd. #2007 Elk Grove Village IL 60007		22d. 036-086489				
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)				NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.				
23.								
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY - NAME		LOCATION	CITY OR TOWN	STATE		
24a. Burial		24b. All Saints Cemetery		24c. Des Plaines, IL		DATE (MONTH, DAY, YEAR)		
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE		
DISPOSITION		25a. Ahlgrim & Sons, Ltd. 201 N. Northwest Hwy., Palatine, IL 60067-5359		FUNERAL DIRECTOR'S SIGNATURE				
		25b. Karl H. Scharman		25c. 034-012256				
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)						
26a. David Orr		26b. January 6, 2004						

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## 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 March 4 2004

[Signature] (Grantor or Agent)

Subscribed and sworn to before me this 4 day of March, 2004

Angela M. Deluca (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 March 4 2004

[Signature] (Grantor or Agent)

Subscribed and sworn to before me this 4 day of March, 2004

Angela M. Deluca (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).

Nations Title Agency  
246 E. Janata Blvd. #300  
Lombard, IL 60148