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AFFIDAVIT OF TITLE COVENANT AND WARRANTY (ILLINOIS)

Doc#: 0414805006
Eugene "Gene" Moore Fee: \$.36.00
Cook County Recorder of Deeds
Date: 05/27/2004 09:08 AM Pg: 1 of 7

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STATE OF ILLINOIS)
) §§
COUNTY OF COOK)

The undersigned affiant, being first duly sworn, on oath says, and also covenants with and warrants to the grantee hereinafter named:

That affiant has an interest in the premises described below or in the proceeds thereof or is the grantor in the deed dated 4-19, 2004, to **Marvin Martin and Mary Ann Martin** grantees, conveying the following described premises:

Lot 103 in the Resubdivision of Block 4 and parts of Blocks 5, 6, 7, 11, 12, 14 and 14 in Fairmont, a Subdivision made by the Calumet and Chicago Canal and Lock Company of the East 1/2 of the Southwest 1/4 and the Northwest 1/4 of the Southeast 1/4 South of the Chicago Rock Island and Pacific Railroad of Section 3, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Real Estate Index Number(s): 25-03-325-013-0000 Vol. 283
Address(es) of Real Estate: 9437 South Prairie, Chicago, Illinois

That no labor or material has been furnished for premises within the last four months that is not fully paid for.

That since the title date of 9-8-03, in the report on the title issued by Stewart Title, affiant has not done or suffered to be done anything that could in any way affect the title to the premises, and no proceedings have been filed by or against affiant, nor has any judgment or decree been rendered against affiant, nor is there any judgment note or other instrument that can result in a judgment or decree against affiant within five days from the date hereof.

That the parties, if any, in possession of premises are bona fide tenants only, and have paid promptly and in full their rent to date, and are renting from _____ to _____, and not for any longer term, and have no other or further interest whatsoever in premises.

That all water taxes, except the current bill, have been paid, and that all the insurance policies assigned have been paid for.

That this instrument is made to induce, and in consideration of, the said grantee's consummation of the purchase of premises.

Affiant further states:

Subscribed and sworn to before me
This _____ day of _____, 20____.

Notary Public

Basia Doyle
Major S. Turner

350141

R
B
U

AS

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OR _____
RECORDER'S OFFICE BOX NO.

(City, State, and Zip)

(Name)
MAIL TO

(Name)

This document was prepared by: Glenn Chertkow, 1525 E. 53rd St., Chgo, IL 60615
(Name and Address)

Property of Cook County Clerk's Office

AFFIDAVIT OF TITLE
Covenant and Warranty

TO

Lot _____

BY

Date: _____, 20____

GEORGE E. COLE®
LEGAL FORMS

UNOFFICIAL COPY

Seller, Rosita Doyle & Major S. Turner
 _____, of Chicago, Illinois, in
 consideration of Ten 00/cents dollars, receipt whereof
 is hereby acknowledged, does hereby sell, assign, transfer and set over to Buyer,
Judith A. El-Amin, of Chicago, Illinois
 _____, the following described personal property, to-wit:

*All personal property
 in contract for sale at
 9347 S. King Dr, Apt 11*

Property of Cook County Clerk's Office

Seller hereby represents and warrants to Buyer that Seller is the absolute owner of said property, that said property is free and clear of all liens, charges and encumbrances, and that Seller has full right, power and authority to sell said personal property and to make this bill of sale. *All warranties of quality, fitness, and merchantability are hereby excluded.*

If this bill of sale is signed by more than one person, all persons so signing shall be jointly and severally bound hereby.

IN WITNESS WHEREOF, Seller has signed and sealed this bill of sale at CHI

this 19th day of April, 192004

Rosita Doyle [SEAL]
Major S. Turner [SEAL]

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BILL OF SALE

TO

Dated

19

American Legal Forms
(312) 372-1922
Form No. 120

Property of Cook County Clerk's Office

Commission expires

19

day of

19

GIVEN under my hand and

seal, this

voluntary act, for the uses and purposes therein set forth.

the y signed, sealed and delivered the said instrument as their

subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that

personally known to me to be the same person whose name are

that

Rosita Doyle & Major S. Turner

in and for said County, in the State aforesaid, DO HEREBY CERTIFY

I.

State of Illinois }
County of Cook }
ss

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STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16:33	STATE FILE NUMBER
REGISTERED NUMBER 440	
DECEASED-NAME Carrie L. Scrutchieons	SEX 2. Female
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Cook	DATE OF BIRTH (MONTH, DAY, YEAR) 3. July 12, 2003
AGE-LAST BIRTHDAY (YRS) 58, (MONS. DAYS) 86, (HOURS) 5d.	DATE OF DEATH (MONTH, DAY, YEAR) 3. July 12, 2003
HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Evergreen Park	5d. February 16, 1917
6a. Evergreen Park	IF HCSP, OR INST, INDICATE D.O.A., OPENER, RM, INPATIENT (SPECIFY) 6c. Inpatient
6b. Little Co. of Mary Hospital	IF DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. NO
8a. Widowed	8b. None
8b. Widowed	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) 6c. Inpatient
11a. Laborer	KIND OF BUSINESS OR INDUSTRY 8b. None
13a. 9437 So. Prairie	11b. General
13b. Chicago	11c. Chicago
13c. IL 60619	13d. Cook
14a. Black	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	14c. SPECIFY:
15. William Simmons	MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST Lucinda Clopton
17a. Rosita Doyle	RELATIONSHIP 17b. Daughter
17b. Daughter	17c. 178319 So. King Dr. Chicago, IL 60619
18. PART I. Immediate Cause (Final disease or condition resulting in death) (a) Pulmonary Embolism (b) Respiratory failure (c) Cerebral arterial Bleeding	18. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
19a. NO	19b. NO
20a. NO	20b. YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. NO	21b. NO
22a. SIGNATURE Carl Vancol	22b. DATE SIGNED 7-15-03
22c. Carl Vancol, Md. 2800 W. 95th St. Evergreen Park, IL.	22d. ILLINOIS LICENSE NUMBER 036098576
23. Gattling's Chapel, Inc. 10133 So. Halsted Chicago, IL. 60628	24a. South Cemetery
24a. Burial	24b. Glenwood, IL.
24b. Glenwood	24c. Chicago, IL.
24c. Chicago, IL.	24d. 7-16-03
25a. Gattling's Chapel, Inc.	25b. July 18, 2003
25b. Gattling's Chapel, Inc.	25c. 034-015437
25c. 034-015437	25d. July 18, 2003
26a. Lauren M. Corneil	26b. July 18, 2003

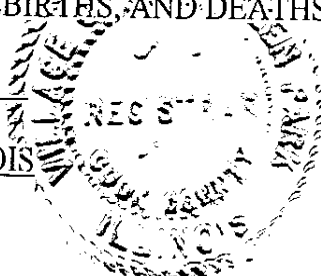
I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON IN ITEM # 1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTH, STILLBIRTHS, AND DEATHS.

DATE July 18 2003

AT EVERGREEN PARK, ILLINOIS

REGISTRAR *Lauren M. Corneil*

DEPUTY REGISTRAR



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STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
603336

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, VIRGINIA L. PARKER, M.P.A. ACTING LOCAL REGISTRAR OF VITAL STATISTICS 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 PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED

REGISTRATION DISTRICT NUMBER 6.10	REGISTRATION NUMBER	DECEASED-NAME FIRST MIDDLE LAST BOB W. SCRUTCHIONS	SEX 2 MALE	DATE OF DEATH (MONTH, DAY, YEAR) FEBRUARY 17, 1991
COUNTY OF DEATH COOK	AGE-LAST BIRTHDAY (YR, MOS, DAYS) 58 7 5	UNDER 1 YEAR (DAYS) 5c	DATE OF BIRTH (MONTH, DAY, YEAR) 5d DECEMBER 15, 1915	F HOSP. OR INST. INDICATE D.O.A. (YES/NO) (SPECIFY)
CITY, TWP. OR ROAD DISTRICT NUMBER COOK	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT WHETHER GIVE STREET AND NUMBER) 9437 SOUTH PRAIRIE AVE	NAME OF SURVIVING SPOUSE (MARRIAGE NAME, IF WIFE) 8b CARRIE L. SIMMONS	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12	WAS DECEASED EVER IN US ARMED SERVICES (YES/NO)
1. USUAL OCCUPATION SELF EMPLOYED TRUCKER	2. KIND OF BUSINESS OR INDUSTRY TRUCKER	3. CITY, TWP. OR ROAD DISTRICT NO. CHICAGO	INSIDE CITY (YES/NO) 13c YES	COUNTY 13d COOK
4. RESIDENCE (STREET AND NUMBER) 9437 SOUTH PRAIRIE	5. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a BLACK	6. RELIGION (SPECIFY) 14b X NO	7. MOTHER-NAME FIRST MIDDLE LAST NETTIE SANDERS	8. MAILING ADDRESS (STREET AND NO OR R.F.D., CITY, TWP. OR ROAD, STATE, ZIP) 7c STEVENSON EXPRESSWAY AT KING DRIVE
9. IMMEDIATE CAUSE (Final Disease or condition excluding DISEASE) (a) CARCINOMA OF PROSTATE	10. CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST (b) CARCINOMA of the PROSTATE GLETS	11. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in PART I. COLONARY ARTERY DISEASE	12. ALTOPSY (YES/NO) 19a	13. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO) 19b
14. DATE OF OPERATION, IF ANY 20b	15. MAJOR FINDINGS OF OPERATION 20c	16. HOUR OF DEATH 21c 2:45 PM	17. DATE SIGNED (MONTH, DAY, YEAR) 22b FEBRUARY 18 1991	18. ILLINOIS LICENSE NUMBER 22d 36 54434
19. (a) DID (NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) FEBRUARY 17, 1991	20. (b) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b YES	21. THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	22. SIGNATURE (TYPE OR PRINT) DR ANDY DAVIS	23. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) DR ANDY DAVIS M.D. MERCY MEDICAL CENTER CHICAGO ILL 60616
24. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)	25. FUNERAL CEMETERY OR CREMATORY-NAME (TYPE OR PRINT) Burial	26. LOCATION (CITY OR TOWN, STATE) Glenwood ILLINOIS	27. DATE (MONTH, DAY, YEAR) 2/20/91	28. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c 6092
29. FUNERAL HOME (STREET AND NUMBER OR R.F.D.) 2Mt. Glenwood	30. NAME Doty Nash, Ltd. 8620 South Stony Island Chicago, Illinois 60617	31. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	32. LOCAL REGISTRAR (MONTH, DAY, YEAR) FEB 19 1991	33. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>

File Number: TM126366

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LEGAL DESCRIPTION

LOT 103 IN THE RESUBDIVISION OF BLOCK 4 AND PARTS OF BLOCKS 5, 6, 7, 11, 12, 14 AND 14 IN FAIRMONT, A SUBDIVISION MADE BY THE CALUMET AND CHICAGO CANAL AND LOCK COMPANY OF THE EAST 1/2 OF THE SOUTHWEST 1/4 AND THE NORTHWEST 1/4 OF THE SOUTHEAST 1/4 SOUTH OF THE CHICAGO ROCK ISLAND AND PACIFIC RAILROAD OF SECTION 3, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Commonly known as: 9437 South Prairie Avenue
Chicago IL 60649

Property of Cook County Clerk's Office