

UNOFFICIAL COPY

QUIT CLAIM DEED
(Individual to Individual)



Doc#: 0421550074
Eugene "Gene" Moore Fee: \$32.00
Cook County Recorder of Deeds
Date: 08/02/2004 09:42 AM Pg: 1 of 5

MAIL TO:

Delores E. Armand
7337 S. Lowe Avenue
Chicago, Illinois 60621

SEND SUBSEQUENT TAX BILLS TO:

Delores E. Armand
7337 S. Lowe Avenue
Chicago, Illinois 60621

THE GRANTOR,

Delores E. Armand,

of the Village of Chicago, County of Cook, State of Illinois for the consideration of Ten and 00/XX-----
(\$10.00) DOLLARS, CONVEY and QUIT CLAIM to Delores E. Armand as Trustee of the Delores E. Armand
Living Trust, dated July 21, 2004,

7337 S. Lowe Avenue
Chicago, Illinois 60621

all of Grantor's interest in the following described Real Estate situated in the County of Cook, in the State
of Illinois, to wit:

LOT 10 IN FREDERICH H BARTLETT'S SUBDIVISION OF LOTS 2 TO 11, INCLUSIVE, IN BLOCK 1 AND
ALL OF BLOCK 2 AND PART OF VACATED ALLEY IN B W WOOD'S SUBDIVISION OF THE SOUTHWEST
1/4 OF SECTION 28, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN
IN COOK COUNTY, ILLINOIS.

Commonly known as: 7337 S. Lowe Avenue 2
Chicago, Illinois 60621

Tax ID: 20-28-116-008

54

UNOFFICIAL COPY

TO HAVE AND TO HOLD the said premises with the appurtenances upon the trusts and for the uses and purposes herein and in said trust agreement set forth.

Full power and authority are hereby granted to said trustee to improve, manage, protect and subdivide said premises or any part thereof; to dedicate parks, streets, highways or alleys; to vacate any subdivision or part thereof, and to resubdivide said property as often as desired; to contract to sell; to grant options to purchase; to sell on any terms; to convey either with or without consideration; to convey said premises or any part thereof to a successor or successors in trust and to grant to such successor or successors in trust all of the title, estate, powers and authorities vested in said trustee; to donate, to dedicate, to mortgage, pledge or otherwise encumber said property, or any part thereof; to lease said property, or any part thereof, from time to time, in possession or reversion, by leases to commence in praesenti or in futuro, and upon any terms and for any period or periods of time, not exceeding in the case of any single demise the term of 308 years, and to renew or extend leases upon any terms and for any period or periods of time and to amend, change or modify leases and the terms and provisions thereof at any time or times hereafter; to contract to make leases and to grant options to lease and options to renew leases and options to purchase the whole or any part of the reversion and to contract respecting the manner of fixing the amount of present or future rentals; to partition or to exchange said property, or any part thereof, for other real or personal property; to grant easements or charges of any kind; to release, convey or assign any right, title or interest in or about or easement appurtenant to said premises or any part thereof; and to deal with said property and every part thereof in all other ways and for such other considerations as it would be lawful for any person owning the same to deal with the same, whether similar to or different from the ways above specified, at any time or times hereafter.

In no case shall any party dealing with said trustee in relation to said premises, or to whom said premises or any part thereof shall be conveyed, contracted to be sold, leased or mortgaged by said trustee, be obliged to see to the application of any purchase money, rent, or money borrowed or advanced on said premises, or be obliged to see that the terms of this trust have been complied with, or be obliged to inquire into any of the terms of said trust agreement; and every deed, trust deed, mortgage, lease or other instrument executed by said trustee in relation to said real estate shall be conclusive evidence in favor of every person relying upon or claiming under any such conveyance, lease or other instrument, (a) that at the time of the delivery thereof the trust created by this Indenture and by said trust agreement was in full force and effect; (b) that such conveyance or other instrument was executed in accordance with the trusts, conditions and limitations contained in this Indenture and in said trust agreement or in some amendment thereof and binding upon all beneficiaries thereunder; (c) that said trustee was duly authorized and empowered to execute and deliver every such deed, trust deed, lease, mortgage or other instrument; and (d) if the conveyance is made to a successor or successors in trust, that such successor or successors in trust have been properly appointed and are fully vested with all the title, estate, rights, powers, authorities, duties and obligations of its, his or their predecessor in trust.


The interest of each and every beneficiary hereunder and of all persons claiming under them or any of them shall be only in the earnings, avails and proceeds arising from the sale or other disposition of said real estate, and such interest is hereby declared to be personal property, and no beneficiary hereunder shall have any title or interest, legal or equitable, in or to said real estate as such, but only an interest in the earnings, avails and proceeds thereof as aforesaid.

UNOFFICIAL COPY

If the title to any of the above lands is now or hereafter registered, the Registrar of Titles is hereby directed not to register or note in the certificate of title or duplicate thereof, or memorial, the words "in trust," or "upon condition," or "with limitations," or words of similar import, in accordance with the statute in such case made and provided.

And the said grantor _____ hereby expressly waive _____ and release _____ any and all right or benefit under and by virtue of any and all statutes of the State of Illinois, providing for the exemption of homesteads from sale on execution or otherwise.

DATED July 21, 2004



Delores E. Armand (SEAL)

State of Illinois)
) SS
County of COOK)

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that Delores E. Armand is 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 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.

Given under my hand and official seal, July 21, 2004.
Commission expires _____



This transaction is exempt pursuant to 35 ILCS 200/31-45 (e)
Date: 7/21/04

This instrument was prepared by Ronald G. Pestine, 555 Skokie Blvd., #595, Northbrook, Illinois 60062, #22954

UNOFFICIAL COPY

CITY OF CHICAGO

DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

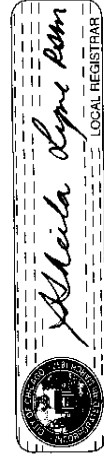
620324

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

DEC 27 2000

REGISTRATION DISTRICT NO 16.10	DECEASED-NAME Earl Edward Armand Sr.	DATE OF DEATH December 18, 2000
REGISTERED NUMBER 16.10	SEX 2 Male	DATE OF BIRTH 3 December 18, 2000
COUNTY OF DEATH Cook	AGE-LAST BIRTHDAY (YRS) 5a. 77	DATE OF BIRTH (MONTH, DAY, YEAR) 3 December 18, 2000
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) St. Bernard Hospital	DATE OF BIRTH (MONTH, DAY, YEAR) 17, 1923
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) ALEXANDER, LA.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED	IF HOSP. OR INST. INDICATE D.O.A. OPERMER, RM, INPATIENT (SPECIFY) 6c. Inpatient
SOCIAL SECURITY NUMBER 10-329-14-7460	USUAL OCCUPATION 11a. LABORER	IF DECEASED EVER IN U.S. ARMED FORCES? (YES NO) 9. YES
RESIDENCE (STREET AND NUMBER) 17337 SOUTH LOWE STREET	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) College (1-4 or 5+) 2
STATE ILLINOIS	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. BLACK	COUNTY COOK
FATHER-NAME FIRST MIDDLE LAST EDWARD ARMAND	ZIP CODE 131. 60621	INSIDE CITY (YES NO) 13c. YES
INFORMANT'S NAME (TYPE OR PRINT) Sharlene Wilson	MOTHER-NAME FIRST MIDDLE LAST OCTAVIA	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERT. (R, I, N, etc.) 13d. COOK
17a. RECORDS	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 326 West 64th St. Chgo, IL 60621	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH day
18. PART I. Immediate Cause (Final disease or condition resulting in death) (a) Respiratory Failure (b) Pulmonary Emboli (c) DUE TO, OR AS A CONSEQUENCE OF	19. AUTOPSY (YES NO) NO	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>
18. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. Tuberculosis, Malaria, Hypertension, Pul. Embolism	20b. MAJOR FINDINGS OF OPERATION 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	21c. HOUR OF DEATH 2:06 P. M.
DATE OF OPERATION, IF ANY	21a. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO	DATE SIGNED (MONTH, DAY, YEAR) 12-19-00
20a. (DD) (DID NOT) ATTEND THE DECEASED (AND) LAST SAW HIM/HER ALIVE ON Dec. 18, 2000	21b. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE ADDED TO THE CAUSE(S) STATED.	ILLINOIS LICENSE NUMBER 036-077887
22a. SIGNATURE Alphonse E. Nobleza	22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 1431 N. Western	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
22c. Dr. A. Nobleza	23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)	DATE (MONTH, DAY, YEAR) 24d. DEC. 23, 2000
23. BURL, CREMATION, REMOVAL (SPECIFY) BURIAL	24a. CEMETERY OR CREMATORY-NAME MOUNT HOPE	STATE ILLINOIS
FUNERAL HOME	24b. MOUNT HOPE	CITY OR TOWN Chicago
24. CARTER FUNERAL CHAPEL, LTD. 2100 EAST 75th STREET CHICAGO, ILLINOIS 60649	24c. LOCATION Chicago	STATE ILLINOIS
FUNERAL DIRECTOR'S SIGNATURE Alphonse E. Nobleza	25. LOCAL REGISTRAR'S SIGNATURE Alphonse E. Nobleza	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-011900
DATE FILED DEC 27 2000	DATE FILED DEC 27 2000	DATE FILED DEC 27 2000

I, **Alphonse E. Nobleza**, RSM, 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 AND 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.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

UNOFFICIAL COPY

STATEMENT BY GRANTOR AND GRANTEE

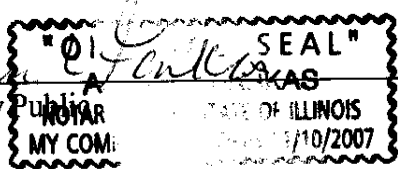
The grantor or his agent affirms that, to the best of his knowledge, the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate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

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 title to real estate under the laws of the State of Illinois.


Date: July 27, 2004
Signature: [Handwritten Signature]
Grantor or Agent

Date: July 27, 2004
Signature: [Handwritten Signature]
Grantee or Agent

Subscribed and Sworn to
before me this 27th
day of July, 04.

[Handwritten Signature]
Notary Public


Subscribed and Sworn to
before me this 27th
day of July, 04.

[Handwritten Signature]
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.)