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Cook County Recorder 25.50



Quit Claim Deed (Illinois)
Individual to Individual

THE GRANTOR,
Hector Porras, a single man, of
5253 West Dakin Street, in the
City of Chicago, County of Cook,
and State of Illinois, for the
consideration of **TEN DOLLARS**
(\$10.00), and other good and
valuable

Above Space for Recorder's Use Only

consideration, does hereby **CONVEY AND QUIT CLAIM** in fee simple to **Romeo Rivera**, of
15816 South Finch, in the City of Harvey, County of Cook, and State of Illinois, all of the
following real estate situated in Cook County, Illinois:

Lot 7 in Block 6 in Harvey Highlands, being a Resubdivision of M.
Flaherty's Subdivision of the East 1/2 and the East 1/2 of the West 1/2 of the
North East 1/4 of the North East 1/4 of Section 20, Range 14 East of the
Third Principal Meridian, in Cook County, Illinois; and

Lot 9 in Block 6 in Harvey Highlands, being a Resubdivision of M.
Flaherty's Subdivision of the East 1/2 and the East 1/2 of the West 1/2 of the
North East 1/4 of the North East 1/4 of Section 20, Range 14 East of the
Third Principal Meridian, in Cook County, Illinois

Permanent Index Numbers: 29-20-210-027-0000; 29-20-210-029-0000

EXEMPT



No 13420

THIS IS NOT HOMESTEAD PROPERTY

Subject to the general real estate taxes for the year 1998 and subsequent years; covenants, conditions,
and restrictions of record.

Addresses of property: 16012 and 16016 South Halsted Street
Harvey, IL 60426

In witness whereof, said Grantor has caused his name to be signed to these presents on
this 31st day of August 2001

Hector Porras

EXEMPT



No 13419

Exempt under Real Estate Transfer Tax Law 35 ILCS 200/31-45
sub par. E and Cook County Ord. 98-0-27 par. E

Date 10-23-01 Sign.

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AUGUST 10, 2004

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

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 THEREOF, 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.

COUNTY CLERK

ORIGINAL

IRTH NO.		REGISTRATION DISTRICT NO. <u>16.35</u>	STATE OF ILLINOIS		STATE OF ILLINOIS NUMBER <u>89-006163</u>
		REGISTERED NUMBER <u>44</u>	MEDICAL CERTIFICATE OF DEATH		
1 DECEASED NAME	FIRST MIDDLE LAST <u>EVERETT Bell</u>		SEX <u>Female</u>	DATE OF DEATH <u>January 20, 1989</u>	
	CITY OF DEATH <u>Cook</u>	AGE LAST BIRTHDAY <u>58</u>	DATE OF BIRTH MONTH DAY YEAR <u>50 June 4, 1900</u>		
2 COUNTY OF DEATH <u>Cook</u>	3 CITY, TOWN, VILLAGE OR ROAD DISTRICT, ZIP CODE	4 PLACE OF DEATH <u>West Lake Hospital</u>	5 MARRIAGE STATUS <u>Widowed</u>	6 EDUCATION <u>D.O.A.</u>	
7 MARITAL STATUS <u>(N.R.) W</u>	8 OCCUPATION <u>Clerk</u>	9 NAME OF SURVIVING SPOUSE (MADE NAME & AGE)	10 ALL TESTS FOR AIDS <u>No</u>		
11 HOME ADDRESS <u>320-38-1326</u>	12 CITY <u>Chicago</u>	13 STATE <u>Illinois</u>	14 ZIP CODE <u>60153</u>	15 RACE <u>White</u>	
16 FATHER'S NAME FIRST MIDDLE LAST <u>Frank Typpi</u>	17 MOTHER'S NAME FIRST MIDDLE LAST <u>Walour Keranen</u>	18 EDUCATION <u>Grandson</u>	19 MARRIAGE DATE <u>1430</u>	20 ADDRESS <u>Winer DesPlaines IL 60016</u>	
21 CAUSE OF DEATH		22 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE OR STATE THE UNDERLYING CAUSE LAST			
		<u>Myocardial infarction</u> <u>coronary artery disease</u>			
23 DATE OF OPERATION (IF ANY)	24 MAJOR FINDINGS OF OPERATION	25 SEX	26 AGE	27 HOURS OF DEATH	
28 28a SIGNATURE	28b SIGNATURE	29 DATE OF DEATH	30 MONTH	31 DAY	
29 NAME AND ADDRESS OF CLERK	30 NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CLERK)	31 DATE OF DEATH	32 MONTH	33 DAY	
34 MARRIAGE PRESENTATION	35 DEATH CERTIFICATE PRESENTATION	36 CITY	37 STATE	38 DATE	
34 Funeral Home	35 Funeral Home	36 <u>Elmhurst IL</u>	37 <u>IL</u>	38 <u>Jan. 23, 1989</u>	
39 GENERAL FUNERAL HOME SIGNATURE	40 LOCAL REGISTRY SIGNATURE	41 DATE	42 MONTH	43 DAY	
39 <u>Rago Brothers</u>	40 <u>John M. Zaborowski, MD</u>	41 <u>Chicago</u>	42 <u>IL</u>	43 <u>60659</u>	
44 LOCAL REGISTRY SIGNATURE	45 DATE	46 MONTH	47 DAY		
44 <u>John M. Zaborowski, MD</u>	45 <u>Jan. 23, 1989</u>	46 <u>Jan.</u>	47 <u>23, 1989</u>		

I HEREBY CERTIFY that the foregoing is a true and correct copy of the death record for the decedent named as item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.