

# UNOFFICIAL COPY



QUIT CLAIM DEED  
Statutory (ILLINOIS)  
(Individual to Individual)

Doc#: 0425245017  
Eugene "Gene" Moore Fee: \$34.50  
Cook County Recorder of Deeds  
Date: 09/08/2004 08:44 AM Pg: 1 of 6

THE GRANTOR(S), James J. Reid, a widower, of 5109 Commonwealth Avenue, Unit 19-5, Western Springs, State of Illinois, for and in consideration of ten and no/100 dollars (\$10.00), and other good and valuable consideration in hand paid, CONVEYS and QUIT CLAIMS to James J. Reid, as co-trustee of the James J. Reid Revocable Trust Under Agreement dated August 27, 2004, of Western Springs, Illinois, the following described Real Estate situated in the County of Cook, in the State of Illinois, to wit:

Legal: See attached legal description  
Permanent Index Numbers: 18-07-400-061-0000  
Property Address: 5109 Commonwealth Avenue, Unit #19-5, Western Springs, Illinois 60558

Hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois.

Dated this 27th day of August, 2004.

James J. Reid

# UNOFFICIAL COPY

State of ILLINOIS  
County of \_\_\_\_\_

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that James J. Reid, personally known to me to be the same persons whose names are 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, this 27<sup>th</sup> day of August, 2004

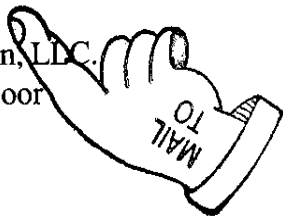
Commission expires 12/23/07



Notary Public Susan Kinsella

This instrument was prepared by Giselle C. Piraro, Handler, Thayer, and Duggan, 191 N. Wacker, 23<sup>rd</sup> Floor, Chicago, Illinois 60606

Mail To:  
Steven M. Bonneau  
Handler, Thayer & Duggan, LLC.  
191 N. Wacker Dr., 23<sup>rd</sup> floor  
Chicago, Illinois 60606



Send Subsequent Tax Bills To:  
James J. Reid  
5109 Commonwealth Ave., #19-5  
Western Springs, Illinois, 60558

or

Recorder's Office Box No.: \_\_\_\_\_

Exempt under Real Estate Transfer Act,

3/27/04 James J. Reid  
Date Buyer, Seller or Representative

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

## LEGAL DESCRIPTION

of premises commonly known as: **5109 Commonwealth Avenue**  
**Western Springs, IL 60558**

### PARCEL 1:

UNIT 5109 COMMONWEALTH AVENUE IN COMMONWEALTH IN THE VILLAGE, A CONDOMINIUM, AS DELINEATED ON THE SURVEY OF CERTAIN LOTS OR PARTS THEREOF IN COMMONWEALTH IN THE VILLAGE UNIT 1, UNIT 2, AND UNIT 3 A RESIDENTIAL PLANNED UNIT DEVELOPMENT, BEING A RESUBDIVISION LOCATED IN PARTS OF THE EAST 1/2 OF THE NORTHWEST 1/4 AND THE WEST 1/2 OF THE NORTHEAST 1/4 OF SECTION 7, TOWNSHIP 38 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM OWNERSHIP RECORDED OCTOBER 29, 1993 AS DOCUMENT 93877638, AS AMENDED FROM TIME TO TIME, IN COOK COUNTY, ILLINOIS, TOGETHER WITH AN UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS APPURTENANT TO SAID UNIT, AS SET FORTH IN SAID DECLARATION.

### PARCEL 2:

NON-EXCLUSIVE EASEMENT FOR INGRESS AND EGRESS FOR THE BENEFIT OF PARCEL 1 CREATED IN THE PLAT OF COMMONWEALTH IN THE VILLAGE UNIT 1 AND UNIT 2, A RESIDENTIAL PLANNED UNIT DEVELOPMENT, OVER, UPON AND ACROSS OUTLOT "A" THEREOF, RECORDED DECEMBER 29, 1992 AS DOCUMENT NUMBERS 92980475 AND 92980476 AND RE-RECORDED MARCH 3, 1995 AS DOCUMENT NUMBERS 95148097 AND 95148098.

"GRANTOR ALSO HEREBY GRANTS TO THE GRANTEE, ITS SUCCESSORS AND ASSIGNS, RIGHTS AND EASEMENTS APPURTENANT TO THE SUBJECT UNIT DESCRIBED HEREIN, RIGHTS AND EASEMENTS FOR THE BENEFIT OF SAID UNIT SET FORTH IN THE DECLARATION OF CONDOMINIUM; AND GRANTOR RESERVES TO ITSELF, ITS SUCCESSORS AND ASSIGNS RIGHTS AND EASEMENTS SET FORTH IN SAID DECLARATION FOR THE BENEFIT OF THE REMAINING PROPERTY DESCRIBED THEREIN. THIS DEED IS SUBJECT TO ALL EASEMENTS, COVENANTS, CONDITIONS, RESTRICTION AND RESERVATIONS CONTAINED IN SAID DECLARATION THE SAME AS THOUGH THE PROVISIONS OF SAID DECLARATION RECITED AND STIPULATED AT LENGTH HEREIN."

### TAX NUMBER

18-07-400-061-0000

# UNOFFICIAL COPY

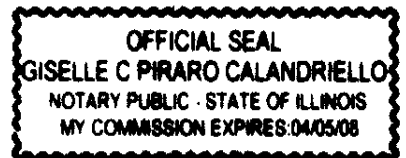
## STATEMENT BY GRANTOR AND GRANTEE

The grantor or his or her agent affirms that, to the best of his or her 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: 8/27/04 Signature: [Signature]  
Grantor or Agent

Subscribed and sworn to before me by said \_\_\_\_\_ this 27<sup>th</sup> day of August, 2003. 2004

Notary Public [Signature]



The grantee or his or her 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: 8/27/04 Signature: [Signature]  
Grantee or Agent

Subscribed and sworn to before me by said \_\_\_\_\_ this 27<sup>th</sup> day of August, 2003. 2004

Notary Public [Signature]



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.)

# UNOFFICIAL COPY

## AFFIDAVIT OF JOINT TENANCY

STATE OF ILLINOIS )  
 )  
COUNTY OF COOK )ss.

Date: 3/27/04

James J. Reid, hereinafter referred to as the affiant, deposes and states that he is the owner of Unit 19-5 /5109 Commonwealth Avenue, Western Springs, Illinois 60558.

That the decedent, Rita J. Reid, at the time of her death was one of the owners of the property in Cook County, Illinois, legally described as follows:

SEE ATTACHED

That said decedent died on January 2, 2004, leaving a Last Will and Testament;

That the Illinois Inheritance Tax and the Federal Estate Tax, if any, was due from the decedent's estate, have been paid in full;

James J. Reid (Seal)  
JAMES J. REID

Subscribed and sworn to before me this 27<sup>th</sup> day of August, 2004.  
Susan M. Kinsell (Seal)  
Notary Public

**DONE AT CUSTOMER'S REQUEST**

UNOFFICIAL COPY

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 22.0		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. RITA J REID			2. F	3. JANUARY 2, 2004		
	COUNTRY OF DEATH		AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	
	4. DUPAGE		5a. 76	5b.	5c.	5d. AUGUST 8, 1927	
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY)	
	6a. HINSDALE		6b. HINSDALE HOSPITAL			6c. INPATIENT	
	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		8a. Married	8b. James J.		9. NO	
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		
	10. 353-16-5148		11a. Homemaker	11b. Home	12. 10		
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY		
13a. 5109 Commonwealth		13b. Western Springs		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. 60558	14a. White	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST					
15. Patrick Doyle		16. Frances O'Reilly					
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)				
17a. James J. Reid		17b. husband	17c. 5109 Commonwealth Western Springs IL 60558				
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.							
Immediate Cause (Final disease or condition resulting in death)		(a) Bilateral pneumonia				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		(b) Acute renal failure					
		(c) Paroxysmal atrial fibrillation					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							
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.		19a. NO	19b.		
IF MALE, DID (NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH	
21a. 1/2/04				21b. NO		21c. 4:50 P. 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 <i>Veena Prabhu</i>					22b. 1/3/04		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)					ILLINOIS LICENSE NUMBER		
22c. Veena Prabhu 40 S. Clay St. Hinsdale IL 60521					22d.		
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.		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE	DATE (MONTH, DAY, YEAR)		
24a. Burial		24b. Holy Sepulchre		24c. Worth Illinois	24d. Jan 6 2004		
FUNERAL HOME		NAME STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE	ZIP		
25a. Elliston Funeral Home		60 S. Grant St. Hinsdale IL		60521			
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S LICENSE NUMBER					
25b. <i>[Signature]</i>		25c. 034-10645					
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
26a. <i>[Signature]</i>		26b. JAN 05 2004					



111 North County Farm Road  
Wheaton, Illinois 60187

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

*Felaud Lewis*

Local Registrar

Not valid without the embossed seal of DuPage County Health Department