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LEGAL FORMS

No. 229 REC
February 2000

QUIT CLAIM DEED JOINT TENANCY Statutory (Illinois) (Individual to Individual)



Doc#: 0508934000
Eugene "Gene" Moore Fee: \$32.50
Cook County Recorder of Deeds
Date: 03/30/2005 09:20 AM Pg: 1 of 5

CAUTION: Consult a lawyer before using or acting under this form. Neither the publisher nor the seller of this form makes any warranty with respect thereto, including any warranty merchantability or fitness for a particular purpose.

THE GRANTOR(S) WILLIE FORD survivor of himself and his deceased joint tenants, MARGIE FORD, his wife and EVELYN B. FORD, whose death certificates are hereto attached for recording.

Above Space for Recorder's use only

of the City Chicago of Cook County of Cook State of Illinois for the consideration of Ten and 00/100ths - - - (\$10.00) DOLLARS, and other good and valuable considerations in hand paid, CONVEY(S) and QUIT CLAIM(S)

to WILLIE FORD LUCY KEATON Carolyn Huff
9704 S. Sangamon 19466 Washburn 4800 S. Chicago Beach Dr
Chicago, IL 60643 Detroit, MI 48221 # 2705 North
(Name and Address of Grantees) Chicago, IL 60615

not in Tenancy in Common, but in JOINT TENANCY, all interest in the following described Real Estate situated in Cook County, Illinois, commonly known as 9704 S. Sangamon, legally described as:

LOT 1, (EXCEPT THE NORTH 36 FEET) AND THE NORTH 18 FEET OF LOT 2 IN BLOCK 37 IN HALSTED STREET ADDITION TO WASHINGTON HEIGHTS BEING A SUBDIVISION OF LOTS 1,2 AND 3 OF SUBDIVISION OF THAT PART OF THE EAST QUARTER OF SECTION 5, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Law of the State of Illinois. TO HAVE AND TO HOLD said premises not in tenancy in common, but in joint tenancy forever.

Permanent Real Estate Index Number(s): 25-08-221-032-0000

Address(es) of Real Estate: 9704 S. Sangamon, Chicago, Illinois 60643

DATED this: 24th day of March 20 05

Please print or type name(s) below signature(s)
Willie Ford (SEAL) _____ (SEAL)

_____ (SEAL) _____ (SEAL)

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 Willie Ford

IMPRESS 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 his free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.
SEAL OFFICIAL SEAL CHERYL ROWE NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 7-29-2007

UNOFFICIAL COPY

Given under my hand and official seal, this 24th day of March 20 05

Commission expires 07-29 20 07 Cheryl Bone

NOTARY PUBLIC

This instrument was prepared by Mark V. Tillman/Evergreen Legal Services, 9901 S. Western Avenue Suite 203, Chgo., IL 60643 (Name and Address)

Attorney Mark V. Tillman

(Name)

9901 S. Western Avenue Ste., 203

(Address)

Chicago, IL 60643

(City, State and Zip)

MAIL TO:

SEND SUBSEQUENT TAX BILLS TO:

Lucy Keaton

(Name)

19466 Washburn

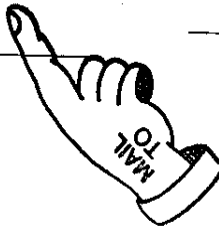
(Address)

Detroit, MI 48221

(City, State and Zip)

OR

RECORDERS OFFICE BOX NO.



Property of Cook County Clerk's Office

Quit Claim Deed

JOINT TENANCY
INDIVIDUAL TO INDIVIDUAL

WILLIE FORD

TO

WILLIE FORD, LUCY KEATON, &

CAROLYN HUFF

GEORGE E. COLE®

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STATEMENT BY GRANTOR AND GRANTEE

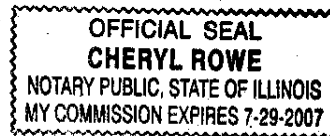
The Grantor or his Agent affirms that, to the best of his knowledge, the name of the Grantor shown on the Deed or Assignment of Beneficial Interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate 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 24, 2005

Signature: _____

~~Grantor or Agent~~
Mark V. Tillman

Subscribed and sworn to before me
by the said Agent
this 24th day of March, 2005
Notary Public Cheryl Rowe



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 24, 2005

Signature: _____

~~Grantor or Agent~~
Mark V. Tillman

Subscribed and sworn to before me
by the said Agent
this 24th day of March, 2005
Notary Public Cheryl Rowe



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.

(Attached 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.)

MARCH 21, 2005

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY
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.

David Orr
COUNTY CLERK

INSTR. BIRTH NO.	REGISTRATION DISTRICT NO. 16.10	STATE OF ILLINOIS	STATE FILE NUMBER
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH	
		615777	
DECEASED--NAME		SEX	DATE OF DEATH
1. EVELYN FORD		2. FEMALE	3. JUNE 29, 1976
RACE		AGE--LAST BIRTHDAY (YRS.)	DATE OF BIRTH
4. NEGRO		5a. 42	6. FEB. 10, 1934
CITY, TOWN, TWP. OR ROAD DISTRICT		INSIDE CITY (YES/NO)	HOSPITAL OR OTHER INSTITUTION--NAME
7b. Chicago		7c. Yes	7d. MERCY HOSPITAL MEDICAL CENTER
BIRTHPLACE		CITIZEN OF WHAT COUNTRY	NAME OF SURVIVING SPOUSE
8. GEORGIA		9. U.S.A.	10. NEVER MARRIED
SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY
12. 329 26 8715		13a. CLERK	13b. SAKS 5th. AVENUE
RESIDENCE		CITY, TOWN, TWP. OR ROAD DISTRICT	STREET AND NUMBER
14a. ILLINOIS		14b. COOK	14c. CHICAGO
FATHER--NAME		MOTHER--MAIDEN NAME	
15. WILLIE FORD		16. MARGIE HUFF	
INFORMANT'S SIGNATURE		ADMITTING HOSPITAL OFFICER	MAILING ADDRESS
17a. <i>Mauro M. Paes</i>		17b. ADMITTING HOSPITAL RECORDS	17c. STEVENSON EXPY, A. KING DR, 60616
DEATH WAS CAUSED BY		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART I. IMMEDIATE CAUSE			
18b. RECURRENT CEREBRAL VASCULAR ACCIDENT		4 DAYS	
18c. IDIOPATHIC CARDIOMYOPATHY		6 MOS.	
PART II. OTHER SIGNIFICANT CONDITIONS		AUTOPSY	
		19a. YES	
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION	
20a.		20b.	
I ATTENDED THE DECEASED FROM		AND LAST SAW HIM/HER ALIVE ON	
21a. JUNE 26, 1976		21b. JUNE 29, 1976	
21c. JUNE 29, 1976		21d. 6:10 P.M.	
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED		NOTE: IF AN INQUIRY HAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.	
SIGNATURE		DATE SIGNED	ILLINOIS LICENSE NUMBER
22a. <i>Mauro M. Paes</i>		22b. JUNE 30, 1976	22c. 36-48028
MAILING ADDRESS--CERTIFIER		CITY OR TOWN	STATE
23. 55 E WASHINGTON		CHICAGO	ILLINOIS
BURIAL, CREMATION, REMOVAL		CEMETERY OR CREMATORY--NAME	LOCATION
24a. BURIAL		24b. BURR OAK	24c. WORTH
FUNERAL HOME		CITY OR TOWN	STATE
25a. METROPOLITAN		CHICAGO	ILLINOIS
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
25b. <i>Robert A. Cole</i>		25c. 69114	
LOCAL REGISTRAR'S SIGNATURE		CHICAGO BOARD OF HEALTH	DATE REC'D. BY LOCAL REGISTRAR
26a. <i>Henny C. Brown</i>		Chicago Civic Center, Room 188	26b. JUL 1 1976
ILLINOIS DEPARTMENT OF PUBLIC HEALTH--BUREAU OF VITAL RECORDS		BASED ON 1968 U.S. STANDARD CERTIFICATE	

1-032

7304

365

125x B
436 A

CAUSE

PHYSICIAN'S CERTIFICATION

BURIAL

NO. 16.10

STATE OF ILLINOIS

STATE FILE NUMBER 605022

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

APR 1 2002

DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

REGISTRATION DISTRICT NO. REGISTERED NUMBER DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF BIRTH (MONTH, DAY, YEAR) DATE OF DEATH (MONTH, DAY, YEAR)

1. COUNTY OF DEATH Cook FIRST MIDDLE LAST Ford SEX Female DATE OF BIRTH 24 September 1915 DATE OF DEATH 24 March 2002

2. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago 6a. Chicago 6b. Belhaven Nursing Home

3. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Milledgeville GA 8a. Married 8b. Willie Ford

4. SOCIAL SECURITY NUMBER 10. 349-16-0670 11a. Homemaker 11b. Domestic 12. Education (Specify only highest grade completed) College (1-4 or 5+)

5. RESIDENCE (STREET AND NUMBER) 13a. 11401 S Oakley 13b. Chicago 13c. Yes 13d. Cook

6. NAME 13e. Illinois 13f. 60643 13g. Black 14b. DXNO 14c. Yes 14d. Wright

7. OTHER-NAME FIRST MIDDLE LAST Huff 15. MOTHER-NAME FIRST MIDDLE LAST Wright

8. DECEASED-NAME (TYPE OR PRINT) 17a. Willie L Ford 17b. Husband 17c. 179704 S Sangamon Chicago IL 60643

9. PART I. Immediate Cause (Final disease or condition) (a) Cerebrovascular Accident

10. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. (b) None

11. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. (c) None

12. DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION 200. 03-19-2002

13. DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21. 03-19-2002

14. THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22. I Arta MD vs west 11th Street, Chicago IL 60603

15. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22a. Arta MD vs west 11th Street, Chicago IL 60603

16. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 22b. Arta MD vs west 11th Street, Chicago IL 60603

17. BURIAL, CREMATION, REMOVAL (SPECIFY) 23. Burial

18. CEMETERY OR CREMATORY-NAME 24a. Burr Oaks Cemetery

19. LOCATION 24b. Chicago

20. CITY OR TOWN 24c. Chicago

21. STATE 24d. Illinois

22. DATE (MONTH, DAY, YEAR) 24e. 24 Mar 30 2002

23. FUNERAL HOME 25a. Galling's Chapel Inc 10133 S Halsted St Chicago Illinois 60628

24. FUNERAL DIRECTOR'S SIGNATURE 25b. D. Orny

25. LOCAL REGISTRAR'S SIGNATURE 25c. John A. Williams, M.D.

26. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 25d. APR 1 2002

27. LOCAL REGISTRAR'S SIGNATURE 25e. John A. Williams, M.D.

28. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 25f. APR 1 2002

29. LOCAL REGISTRAR'S SIGNATURE 25g. John A. Williams, M.D.

30. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 25h. APR 1 2002

31. LOCAL REGISTRAR'S SIGNATURE 25i. John A. Williams, M.D.

32. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 25j. APR 1 2002

33. LOCAL REGISTRAR'S SIGNATURE 25k. John A. Williams, M.D.

34. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 25l. APR 1 2002

35. LOCAL REGISTRAR'S SIGNATURE 25m. John A. Williams, M.D.

36. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 25n. APR 1 2002

37. LOCAL REGISTRAR'S SIGNATURE 25o. John A. Williams, M.D.

38. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 25p. APR 1 2002

39. LOCAL REGISTRAR'S SIGNATURE 25q. John A. Williams, M.D.

40. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 25r. APR 1 2002

41. LOCAL REGISTRAR'S SIGNATURE 25s. John A. Williams, M.D.

42. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 25t. APR 1 2002

43. LOCAL REGISTRAR'S SIGNATURE 25u. John A. Williams, M.D.

44. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 25v. APR 1 2002

John A. Williams, M.D.
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

I, JOHN L. WILHELM, M.D., 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 ORDINANCE OF SAID LAW AND ORDINANCES.

DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO