

UNOFFICIAL COPY

WARRANTY DEED

Form 745-T

Perfection Legal Forms, Rockford, IL 61101



Doc#: 0516554000
Eugene "Gene" Moore Fee: \$32.00
Cook County Recorder of Deeds
Date: 06/14/2005 10:34 AM Pg: 1 of 5

THIS INDENTURE WITNESSETH,

That the Grantor

ARTHUR L DAVIS

of the CITY OF CHICAGO
in the County of COOK

and State of ILLINOIS

THE ABOVE SPACE FOR RECORDER'S USE ONLY

for and in consideration of the sum of One Dollar and other good and valuable considerations, the receipt of which is hereby acknowledged, CONVEY and WARRANT to

ARTHUR L DAVIS AND CHERRI LOBBS

23 5341 SOUTH BISHOP

whose address is

CITY CHICAGO COUNTY OF COOK STATE OF ILLINOIS

not as tenants in common, but as joint tenants, the following described real estate, to-wit:

LOT TWENTY EIGHT

21

IN BLOCK ONE (A) BE THE SUBDIVISION OF THE EAST HALF $\frac{1}{2}$
OF THE EAST HALF $\frac{1}{4}$ OF THE SOUTHWEST QUARTER $\frac{1}{4}$ OF THE
SOUTHWEST QUARTER $\frac{1}{4}$ OF SECTION 8 TOWNSHIP 38 NORTH
RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN .

Pin# 20-08-315-021

(Continue legal description on reverse side)

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situated in Cook County, Illinois, hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois.

Dated this 18th day of May 192005

Arthur L. Davis
Cherry Halber
5339 SB Street

Property of Cook County Clerk's Office

STATE OF ILLINOIS

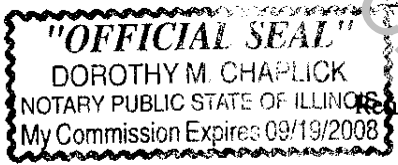
Cook

COUNTY

SS

I, the undersigned, a Notary Public, in and for said County and State aforesaid, DO HEREBY CERTIFY THAT Arthur L. Davis and Cherry Halber personally known to me to be the same person 2 whose name Arthur L. Davis subscribed to the foregoing instrument, as having executed the same, appeared before me this day in person and acknowledged that Arthur L. Davis signed, sealed and delivered the said instrument as Arthur L. Davis 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 Notarial Seal this 18th day of May 19 2005



Dorothy M. Chaplick
Notary Public.

Future Taxes to Grantee's Address (OR to

Return this document to:

This Instrument was Prepared by:
Whose Address is:

Cherry Halber
5339 SB Street

Exempt under Real Estate Transfer Tax Act 850 +
Par E & Cook County Ord. 90194 Par E
Date 6-14-05 Sign Cherry Halber

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
613618

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

SEP 1 8 2003

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 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.

REGISTRATION NO. 10710

DECEASED-NAME: SARAH COOK
FIRST: SARAH
MIDDLE: DAVIS
LAST: DAVIS
SEX: FEMALE
DATE OF DEATH: 28 SEPTEMBER 15, 2003

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: CHICAGO
HOSPITAL OR OTHER INSTITUTION-NAME: HOLY CROSS HOSPITAL
DATE OF BIRTH: 5d November 28, 1926

BIRTHPLACE: CHICAGO, ILLINOIS
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): 8a. Married
NAME OF SURVIVING SPOUSE: 8b. Arthur Logan Davis
EDUCATION: 12MA (Elementary/Secondary (0-12))
HIGHEST GRADE COMPLETED: College (14 or 5+)

RESIDENCE: 13a. 5339 S. Bishop
CITY, TOWN, TWP. OR ROAD DISTRICT NO.: 13b. Chicago
INSIDE CITY: 13c. Yes
COUNTY: 13d. Cook

STATE: Illinois
ZIP CODE: 13e. 60609
RACE: 14a. Black
OF HISPANIC ORIGIN? (SPECIFY NO OR YES): 14b. NO
MOTHER-NAME: 14c. GNO
MOTHER-NAME (MIDWIFE): 14d. GNO

FATHER-NAME: John
FIRST: John
MIDDLE: Randall
LAST: Randall
MOTHER-NAME: Bertha
FIRST: Bertha
MIDDLE: Harlin
LAST: Harlin

FORMER NAME (TYPE OR PRINT): Arthur Davis
RELATIONSHIP: 17b. Husband
MARRIAGE ADDRESS: 17a. 5339 S. Bishop, Chicago, IL 60609

Immediate Cause (Final disease or condition resulting in death): METASTATIC CARCINOMA OF LUNG
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: (b) AS A CONSEQUENCE OF (c) HYPERTENSION
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

DATE OF OPERATION, IF ANY: 20b. MAJOR FINDINGS OF OPERATION
WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): 21b. NO
HOUR OF DEATH: 21c. 12:03 P.M.
DATE SIGNED: 21d. 9/16/03
ILLINOIS LICENSE NUMBER: 22b. 036 087002

NAME AND ADDRESS OF CERTIFIER: PRAJAP R. MARRI, M.D.
22c. 2701 West 68th Street, Chicago, Illinois 60629
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: (TYPE OR PRINT)

BURIAL CREMATION REMOVAL (SPECIFY): 24b. Cremation
CEMETERY OR CREMATORY-NAME: Twin Pines
LOCATION: 24c. East Dundee, IL
CITY OR TOWN: East Dundee, IL
STATE: IL
DATE: 24d. Sept 19, 03

FUNERAL HOME: 25a. Alternative Services, 205 S. River Rd., Des Plaines, IL 60016
FUNERAL DIRECTOR'S SIGNATURE: [Signature]
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 25c. 34-010789

LOCAL REGISTRAR'S SIGNATURE: [Signature]
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): 26b. SEP 18 2003

JOHN L. WILHELM, M.D.
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

Signature of Witness

Print name of Witness

Signature of Witness

Print name of Witness

Signature of First Party

Print name of First Party

Signature of First Party

Print name of First Party

State of Illinois }

County of Cook }

On May 18, 2005 before me,

appeared ARTHUR L. DAVIS and CHERRY HOBBS

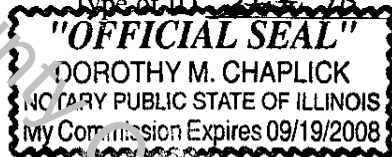
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Dorothy M. Chaplick
Signature of Notary

Affiant S Known Produced ID

Type of ID Notary Public



(Seal)

State of _____ }

County of _____ }

On _____ before me,

appeared _____

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature of Notary

Affiant _____ Known _____ Produced ID _____

Type of ID _____

(Seal)

Cherry Hobbs
Signature of Preparer

CHERRY HOBBS
Print Name of Preparer

5339 S Bishop
Address of Preparer

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EUGENE "GENE" MOORE

RECORDER OF DEEDS / REGISTRAR OF TORRENS TITLES
COOK COUNTY, ILLINOIS

118 NORTH CLARK STREET • CHICAGO, ILLINOIS 60602-1387

STATEMENT BY GRANTOR AND GRANTEE

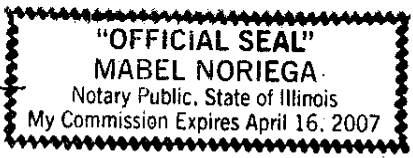
The grantor or his agent affirms that, to the best of his knowledge, the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate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

Dated 6-14-05

Signature [Handwritten Signature]
Grantor or Agent

SUBSCRIBED AND SWORN TO BEFORE
ME BY THE SAID
THIS 14th DAY OF JUNE 2005

NOTARY PUBLIC [Handwritten Signature]



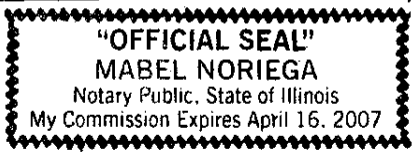
The grantee or his agent affirms and verifies that the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois,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

Date 6-14-05

Signature [Handwritten Signature]
Grantee or Agent

SUBSCRIBED AND SWORN TO BEFORE
ME BY THE SAID
THIS 14th DAY OF JUN 2005

NOTARY PUBLIC [Handwritten 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 provisions of Section 4 of the Illinois Real Estate Transfer Tax Act.]