

TRUSTEES DEED

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T H E
GRANTOR(S), **FILOMENA MOLA**, as trustee of the **FILOMENA MOLA LIVING TRUST DATED 12/27/99** of the City of RIVER GROVE, State of ILLINOIS for and in consideration of TEN AND NO/100 DOLLARS (\$10.00) in hand paid, and other good and valuable consideration **CONVEYS AND WARRANTS** to each of the following:



Doc#: 0530835026 Fee: \$30.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 11/04/2005 07:37 AM Pg: 1 of 4

MARQUIS TITLE

DOMINGO CARVAJAL and MARIA CARVAJAL, HUSBAND; WIFE #0508873

GRANTEES ADDRESS: 2722 N. MOODY AVE, CHICAGO, IL 60639
all interest in the following described Real Estate situated in the County of COOK in the State of Illinois, to wit:

SEE ATTACHED LEGAL DESCRIPTION

** NOT AS TENANTS IN COMMON NOR AS JOINT TENANTS, BUT AS TENANTS BY THE ENTIRETY*

THIS IS NON-HOMESTEAD PROPERTY

Permanent Real Estate Number: 12-26-41-10-37-0000

Address of Real Estate: 8251 W. GRAND AVE, RIVER GROVE, IL 60171

Dated this: October 14th, 2005

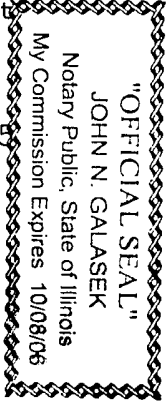


10/14/05 J.N.
Approved

Fiomena Mola
FILOMENA MOLA as trustee of the **FILOMENA MOLA LIVING TRUST DATED 12/27/99**

State of Illinois, County of COOK ss.
I, the undersigned, a Notary Public in and for Cook County, in the State of Illinois, DO HEREBY CERTIFY that **FILOMENA MOLA**, personally known to me to be the same person whose name subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that she signed, sealed and delivered the said instrument as her 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 October 14th, 2005
[Signature]
Notary Public Commission expires 10/8/06



This instrument prepared by: **John N. Galasek, 7550 W. Belmont Chicago IL 60634**

Mail to: **DOMINGO CARVAJAL, 8251 W. GRAND AVE, RIVER GROVE, IL 60171**
Send tax bills to: **DOMINGO CARVAJAL, 8251 W. GRAND AVE, RIVER GROVE, IL 60171**

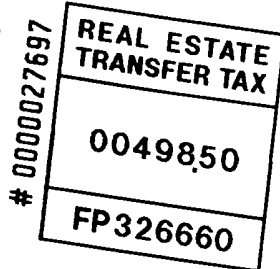
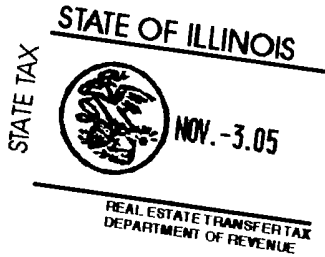
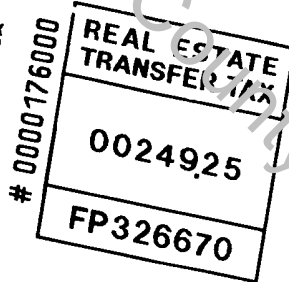
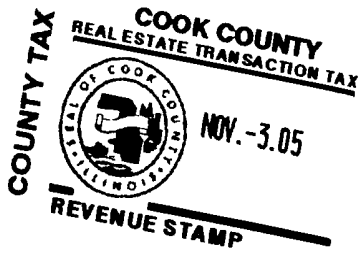
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Legal Description:

8251 West Grand Avenue

12-26-411-037-0000

The Westerly 6.25 feet of Lot 18 and all of Lot 19 in Volk Bros Addition to Chicago Home Gardens in the South East 1/4 of section 26, Township 40 North, Range 12 East of the Third Principal Meridian, in Cook County, Illinois.



Property of Cook County Clerk's Office

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MARQUIS TITLE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF)

File Number: 2376

SS.

FILomenA MOLA

being duly sworn states that SHE resides at 8521 W. GRAND in the City of RIVER GROVE, IL.

That SHE was acquainted with VITO M. MOLA deceased who, at the time of death, was one of the sworn of the land in Cook County, Illinois, describes as:

SEE LEGAL ATTACHED

That the deceased died ON FEBRUARY 9, 1996, as evidenced by a certified copy of death certificate of the deceased attached hereto.

- That the deceased died: Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois about _____.

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of _____ dollars.

Affiant makes this affidavit for the purpose of inducing Stewart Title Company to issue its Title Insurance Policy, describing the above mentioned property.

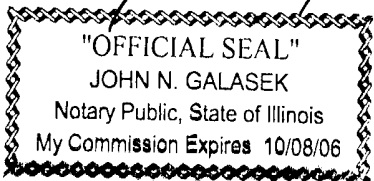
Subscribed and sworn to before me by the said

FILomenA MOLA

this 4 day of OCT, A.D. 19 2005

[Signature]
Notary Public

[Signature]
(Affiant's Signature)



I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statutes relating to the registrar of birth, stillbirth and death.

UNOFFICIAL COPY

Date FEB 13 1996

Signed Nadine Mc Curry

At Cook County Department of Public Health Official Title Deputy Registrar

1010 Lake Street Suite 300 Oak Park, Illinois 60301

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0 REGISTERED NUMBER DECEASED-NAME VITO MICHAEL MIDDLE LAST SEX MALE DATE OF DEATH (MONTH, DAY, YEAR) FEBRUARY 9, 1996

1. COUNTY OF DEATH COOK 2. AGE-LAST BIRTH (YRS) 28 3. UNDER 1 YEAR UNDER 1 DAY UNDER 1 HOUR UNDER 1 MIN DATE OF BIRTH (MONTH, DAY, YEAR) AUGUST 2, 1925

4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER PARK RIDGE 6. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER) LUTHERAN GENERAL HOSPITAL 7. BARI ITALY 8. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED 8b. FILLOMENA D'ARGENTO 9. NAME OF SURVIVING SPOUSE (MARRIED NAME, IF WIFE) NO

10. RESIDENCE (STREET AND NUMBER) 348 40 8828 11a. TAILOR 11b. CLOTHING 12. EDUCATION (SPECIFY) (Yr High, Post-Grade Completed) 8 13. INSIDE CITY (YES/NO) 13d. COUNTY COOK

13a. STATE IL 13c. ZIP CODE 60191 14a. RACE (WHITE, BLACK, AMERICAN INDIAN, OTHER SPECIFY) WHITE 14b. MOTHER-NAME FIRST MIDDLE LAST ANGELA ADANTE 15. INFORMANT'S NAME (TYPE OR PRINT) COSTANTINO MOLLA 16. RELATIONSHIP HOSP REC 17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 1775 DEMPSTER, PARK RIDGE, ILLINOIS

17a. ANNA O'DONNELL 17b. 17c. 17d. 17e. 17f. 17g. 17h. 17i. 17j. 17k. 17l. 17m. 17n. 17o. 17p. 17q. 17r. 17s. 17t. 17u. 17v. 17w. 17x. 17y. 17z. 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. Immediate Cause (Final disease or condition resulting in death) Chronic lymphocytic leukemia 1/2 yrs Well differentiated lymphocytic leukemia

19. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GIVEN IN PART I).

20a. DATE OF OPERATION, IF ANY 20b. MAJOR FINDINGS OF OPERATION 20c. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO 20d. HOUR OF DEATH 9:35 P.M. 20e. DATE SIGNED 2-12-96

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 21b. ILLINOIS LICENSE NUMBER 036-056642

22a. SIGNATURE (TYPE OR PRINT) Bruce Proctor 22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 8915 Golf Rileys 22c. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)

23. BURIAL OR CREMATION, REMOVAL (SPECIFY) BURIAL 24. CEMETERY OR CREMATORY-NAME ALL SAINTS CEMETERY 24c. DES PLAINES ILLINOIS 24d. CITY OR TOWN NORRIDGE 24e. STATE ILLINOIS 24f. DATE (MONTH, DAY, YEAR) 24 FEB. 13, 1996

25a. FUNERAL HOME CUMBERLAND CHAPELS 8300 W. LAWRENCE AVE. NORRIDGE ILLINOIS 60656 25b. FUNERAL DIRECTOR'S SIGNATURE Michael Calhoun 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-011889 25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) Feb 13, 1996 25e. LOCAL REGISTRAR'S SIGNATURE MAREN L. SCOTT, M.D. 25f. REGISTRAR 26. ILLINOIS DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS (BASED ON 1989 U.S. STANDARD CERTIFICATE) VR200 (Rev. 5/89)