UNOFFICIAL CO

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SO CUC	SUB Perm Addr
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	1

Warranty Deed	Doc#: 0531842054 Fee: \$36.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 11/14/2005 10:04 AM Pg: 1 of 7
ILLINOIS	

Above Space for Recorder's Use Only

GRANTORS JUANITA TAREATTE AND STARLING JOHNASON of the City of Omar, County of Logan, State est Virginia for and in consi le ation of TEN and 00/100 DOLLARS, and other good and valuable consideration in paid, CONVEY and WARRANT to GEORGE P. VLASIS II 10412 Linus Lane, Oak Lawn Illinois 60453(Name Address of Grantee-s), the following described Real Estate situated in the County Of Cook in the State of Illinois to (See Page 2 for Legal Description), nereby releasing and waiving all rights under and by virtue of the Homestead nption Laws of the State of Illinois.

BJECT TO: General taxes for 2004 and subsequent years; Covenants, conditions and restrictions of record, if any; nanent Real Estate Index Number: 20-32-212-018-0000 ress of Real Estate: 8000 Sangamon, Chicago, Illinois 062)

The date of inis deed of conveyance is October 14, 2005

Durate Mouth	Stiring Jahran
GEAL) JUANITA THREATTE	(SEAL) STARYING JUHNASON
The state of the s	AN MO in Justin

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 JUANITA THREATTE AND STARLING JOHNASON 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 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. uy 15 nanshim

(Impress Seal Here) (My Commission Expires

nd and official

© By Ticor Title Insurance Company 1998



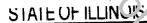
UNOFFICIAL COPY

LEGAL DESCRIPTION

For the premises commonly known as: 8000 Sangamon, Chicago, Illinois 60620

PIN: 20-32-212-018-0000

LOT 1 IN BLOCK 5 IN CHESTER HIGHLANDS SECOND ADDITION TO AUBURN PARK, BEING A SUBDIVISION OF THE EAST 7/8 OF THE SOUTH ½ OF THE NORTH ¼ OF THE NORTHEAST ¼ OF SECTION 32, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.





NOV.-7.05

REAL ESTATE TRANSFER TAX DEPARTMENT OF REVENUE

REAL ESTATE TRANSFER TAX

0025000

FF 102808

COUR COUNTY
ESTATE TRANSACTION TAX



NOV.-7.05

REAL ESTATE 0000000748 TRANSFER TAX

0012500

FP 102802

REVENUE STAMP

CITY OF CHICAGO



NOV.-7.05

REAL ESTATE TRANSACTION TAX DEPARTMENT OF REVENUE

South Clark's Office REAL ESTATE TRANSFER TAX 01875,00

FP 102805

This instrument was prepared by: Brian A. Smith

5323 West 95th Street Oak Lawn, Illinois 60453 Send subsequent tax bills to: George Vlasis II 5323 West 95th Street Oak Lawn, Illinois 60453

Recorder-mail recorded document to: George Vlasis II 5323 West 95th Street Oak Lawn, Illinois 60453

0531842054D Page: 3 of 7

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AFFIDAVIT OF HEIRSHIP

JUANITA THREATTE, under oath states as follows:

- 1. John C. Trice died on July 13, 2005 in the city of Logan, county of Logan, State of West Virginia.
- 2. The affiant was the stepdaughter of the deceased at the time of his death.
- 3. John C. Trice was married to Lottie M. Trice once and only to Lottie M. Trice.
- 4. John C. Trice had no children born to or adopted by him.
- 5. John C. Trice had no siblings.
- 6. John C. Trice had two stepchildren as follows:
 - A. JUANITA THEEATTE, born June 20, 1946, an adult and competent and;
 - B. STARLING JOHNSON, torn July 27, 1949, an adult and competent
- 7. Based upon the foregoing, the heirs of John C. Trice are as follows:
 - A. JUANITA THREATTE, born June 20, 1926, an adult and competent and;
 - B. STARLING JOHNSON, born July 27, 1949, and adult and competent

JUANITA THREATTE

SUBSCRIBED and SWORN to

before me this <u>5</u> day of October, 2005.

NOTARY PUBLIC

OFFICIAL SEAL
NOTARY PUBLIC
STATE OF WEST VIRGINIA
BRENDA SUE ADAMS
128A MITCHELL STREET
LOGAN, WV 25801-3023
by commission expires August 5, 201:

531842054 Page: 4 of 7

WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES RUREAU FOR PUBLIC MEALTH VITAL REGISTRATION PHYSICIANS / MEDICAL EXAMINER'S CERTIFICATE OF DEATH

ROOM 165, 350 CAPITOL STREET, CHARLESTON, WV 25301

011563

PRE/PRINT					STATE FILE NUMBER
IN PERMANENT BLACK INK	T DECEDENT'S NAME (First, Middle, Last)	Trice	······································	2 SEX	3 DATE OF DEATH (Morth, Day, Year) 7-13-2005
1		GE-Last Birthday 55 UNDER 1 YEAR	Sc UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Month, Day, Yegy)	7 BIRTHPLACE (City and State or Foreign Country)
	319-03-0349 8 WAS DECEDENT EVER IN US	Months Days		7-19-16 one see instructions on other side	ATTANIA GEORGIA
DECEDENT	ARMED FORCES? 425	OSPITAL Inpatient ER/Outpate		irsing Home Residence	Other (Specify)
	90 FACILITY NAME (If not institution, give's	TIONA Medical	Center LE	CATION OF DEATH	LOGAN
		URVIVING SPOUSE ife, give maiden name)	12a DECEDENT'S USUAL COLUMN (Give kind of work done during most of Do not use retired.)		D OF BUSINESS/INDUSTRY
	Widowed		Butcher		
F DECEDENT by physician or institution	139 RESIDENCE—STATE 136 COUNTY	DEAN DAIL DMI		13d STREET AND NUMBER	
DENT _	13e INSIDE CITY 131 ZIP CODE LIMITS? (Yes or n.)	14 WAS DECEDENT OF HISPANIC OF (Specify No or Yes—If yes, specify Mexican, Puerto Rican, etc.) Who	Cuban. Black, W	J & 1	16 DECEDENT'S EDUCATION (Specify only highest grade completed) ary/Spoopdaw (0.12) College (1-4 or 5 - 1)
OF DECEDENT	17 FATHER'S NAME (SI, A NOTE, Last)	Specily:	18 MOTHERS NAM	IACK 16A 16A 1F, (Fyrst_Middle, Maiden Surname)	ary/Secondary (0 12) College 1-4 or 5 -) 16B
PARENTS	JOHNTY	ice	Lo	The Tri	ce
INFORMANT	Juanua Juanua	hreatte Bo	ADDRESS (Street and Nurriber of Rus)	MAR, W	je Zio Code)
	20a NETHOD OF DISPOSITION Burial Cremation Re	20b PLACE OF DISPOSI other place)	TION (Name of cemetery, crematory, o	· /	ty or Town State
DISPOSITION	Donation Other (Specify)		LAWN 12 NAME	AND ADDRESS OF FACILITY	Ks MILL W.V.
` <u></u>	PERSON ACTING AS SUCH	10. 8	The De	und E. up	CAL HOMBOGAN WI
	Complete items 23a-b only	To the best of my knowledge, desire occurred at	the time, cute, and place stated	MU FUNE	23b DATE SIGNED (Month, Day Year)
PRONOUNCING PHYSICIAN ONLY	when certifying physician is not available at time of death to certify cause of death Siona	ture and Title	mula 20		7-13-05
RE COMPLETED BY PERSON WHO		ATE PRONOUNCED DE D (Month, Day, Year)		26 WAS CASE REFERRE (Yes or no)	ED TO MEDICAL EXAMINER/CORONER?
PRONOUNCES DEATH		complications that caused the death. Do not entited only one cause on each line.	er the moue of lying, such as cardiac o	or respiratory	Approximate Intervat Between Onset and
	IMMEDIATE CAUSE (Final	1	0.4	alue Ann	Death
	disease or condition aresulting in death)	TO (OR AS A CONSEQUENCE	Crydio Porc	DUAY LYDO	
	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE	COF)		
	cause Enter UNDERLYING CAUSE (Disease or injury c			4	
	that initiated events resulting in death) LAST	DUE TO (OFFAS A CONSEQUENCE	i OF ₁	9,	
CAUSE OF DEATH	PART II Other significant conditions contribut	ing to death but not resulting in the underlying o	ause given in Part I	28a VAS AN (UTOP) PEH, URIY 207 (Yes a' no)	
	CVA, OB	rdionyopothy	A-SID	NC	OF DEATH? (Yet or no)
	29 MANNER OF DEATH	30a DATE OF INJURY 30b TIME OF (Month, Day, Year) INJURY	F 30c INJURY AT WORK? (Yes or No.)	30d DESCRIBE HOW INJURY OF	CURRED.
	Natural Pending Investigation	7-13-05 063	85 NO	THATUM	AL
	Suicide Could not be	30e PLACE OF INJURY - At home, farm stri- building, etc. (Specify)	eet factory, office 301 LO	CATION (Street and Number of Para	a: Route Number City or Town State)
	Homicide 31a CERTIFIER (Check only CERTIFY)	NG PHYSICIAN (Physician certifying cause of a	geath when another physician has pron	ounced death and completed Item	23)
		st of my knowledge, death occurred due to the c		o to cause of death)	
CERTIFIER		st of my knowledge death occurred at the time.			
	On the ba	EXAMINER/CORONER sis of examination and/or investigation in my op-	ornion death occurred at the time date	and place, and due to the cause(s)	
	316 SIGNATURE AND TITLE OF CERTIFIER	mulle &			31c DATE SIGNED (Morth, Day, Year)
	32 NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEATH (ITEM 27	Logan V	. 15/	
REGISTRAR	33 REGISTRAR'S SIGNATURE	Viller, Ju	Will		34 DATE FILED (Month, Day, Year)
MEGISTRIAN	*	Lunger	Hete		1/06/2005

A0476773

UND TE FEWENT VIRGINALY



This is to certify that this document is a true and accurate reproduction of an official record, or the facts abstracted from an official record, on file with:

Vital Statistics
Bureau for Public Health
West Virginia Department of Health and Human Resources
Charleston, West Virginia.

Gary L. Thompson State Registrar

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It is a crime punishable by fine and imprisonment to counterfeit or alter this certificate or to use the vital statistics record of another person for deceptive purposes.

531842054 Page: 6 of 7

WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES BUREAU FOR PUBLIC HEALTH - VITAL RESISTRATION PHYSICIANS / MEDICAL EXAMINER'S CERTIFICATE OF DEATH ROOM 165, 350 CAPITOL STREET, CHARLESTON, WV 25301

007283

PMANENT LACK INK	1. DECEDENT'S NAME (First Michille La							STATE FILE NUMBER
	· · · · · · · · · · · · · · · · · · ·		,,	• .			[2	SEX 3 DATE	OF DEATH (Month, Day, Year)
	4 SOCIAL SECURITY NO		M. Sa AGE-Last Birthday	rice				F 5-	10-2003
	236-46	6502	(Years) 74	5b. UNDER 1 YEAR Months Days	Hours I	R 1 DAY 6 D	DATE OF BIRTH (Mon	th. 7 BIRT	PLACE (City and State of
DECEDENT	8. WAS DECEDENT EVER ARMED FORCES? (Yes or no)		HOSPITAL -				see instructions on o	ther side)	THE WAVE
	90. FACILITY NAME (If no	or institution, giv		patient ER/Outpatie	nf Li DOA	THER Nursing		idence 🔲 ()II	ner (Specify)
	1.00	AN C	ZENERAL	HOSP, to	1 1	064N.	ON OF DEATH	" L' John	SH COUNTY OF DEATH
021	10 MARITAL STATUS—Ma Never Married, Widow Divorced (Specify)		1 SURVIVING SPOUSI If wife, give maiden na	me)	12a DECEDENT'S USU (Give kind of work don Do not use retined)	JAL OCCUPATION be during most of wo	rking life	126 KIND OF BUS	INESS/INDUSTRY
0	MATTIE	₫ .	John (Trice		se Wil	€		
	13a. RESIDENCE-STATE	136 CC	DE A XI	13c CITY, TOWN, OR I	OCATION		STREET AND NUM	BER	
	LIMITS?	ZIP CODE	14 WAS D	ECEDENT OF HISPANIC OR y No or Yes-II yes, specify (IGIN?	15 RACE—Americ	an Indian	16 De	CEDENT'S EDUCATION
Į	(Yes or no)	3563	Mexica Specify	n. Puerto Hican, etc.) DZNo	□ Yes	Black White, e	. V	(Specify of Elementary/Secon	nly highest grade completed (
PARENTS	17 FATHER'S NAME (First	Aida), Last)		11	18 N	OTHER'S NAME OF IT	st, Middle, Maiden Si	i6A umamei	168
	19a INFORMANT'S NAME	C.K.	POWE	-		01/16	2 Pou	1e//	-
ORMANT	QUAL	1. TA	Threa	Te 190 MAILING	DDRESS (Street and I	Number or Rural Rou	te Number, City or 7i	own, State Zip Co	de)
ſ	20a MESHOD OF DISPOS	ITION		206 PLACE OF DISPOSIT other place)			20c LOCAT	ION-City or Town	
	Burial Proper	nation	Removal from utar	COOKS	Cre MA	Tory	Wi	Tro,	W.V. 2514
POSITION	21 SIGNATURE OF CUNEF	RAL SERVICE LI	ICENSEE OR	/			ADDRESS OF FACILI	<u> </u>	1 /0000 /
Į	· Zac	u,	T, An	milia		PON	1 FUN	eral	HOME
	Complete items 23a-b only		To the best of my kno	owledge deam ord at th	e time, cute/and place	stated *	7 / 2//	,, >	236 DATE SIGNED
OUNCING ICIAN ONLY	when certifying physician is not available at time of dea to certify cause of death	th	Will	an 1	Hav	co C	ンー) `		(Month Day Year) 5 - 10 - 0
4-26 MUST PLETED BY	24 TIME OF DEATH		DATE PRONOUNCED I	DEAD (Month, Day, Year)	6		26 WAS CASE RE	FERRED TO MEDI	CAL EXAMINER/CORONER?
INCES DEATH	1535	м		5-10-6	10 m		(Yes or no)	- E	OUT TANNINE H. CTMONERA
					7//			NO	,
1	arrest, shock,	ases, injuries, or or heart failure	complications that ca List only one cause on	used the death. Do not enter each line	the mode of Jyino suc) as cardiac or respir		NO	Approximate Interval
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ł		eases, injuries, or or heart failure	NETO	TEVM	nd Co			NO n WIV	Approximate Interval Between Onset and Death
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STATE COPY

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Vital Statistics Bureau for Public Health West Virginia Department of Health and Human Resources Charleston, West Virginia.

> Gary L. Thompson State Registrar

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