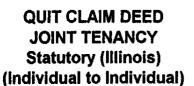
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GEORGE E. COLE® LEGAL FORMS

No. 229 REC February 1996



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Doc#: 0604132105 Fee: \$32.50 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds
Date: 02/10/2006 03:55 PM Pg: 1 of 5

any warranty merchantability or fitness for	
a particular purposa.	Above Space for Recorder's use only
THE GRANTOR(S) Joe Harri-	r
of the City of Chicago	County of Cook State of /// nois for the DOLLARS, and other good and valuable
consideration of <u>Teh</u>	DOLLARS, and other good and valuable
considerations	_ in hand paid, CONVEY(S) and QUIT CLAIM(S)
to Joe Harriv 6551 J. Went	and Annie Houston worth Chacago, 12. 60621
(Name	e and Address of Grantees)
	ANCY all interest in the following described Real Estate situated in
Cook County, Illinois, commonly ki	nown as <u>5515. We utworth</u> , legally described as: (Street Address)
"See Attached Leg	
AND TO HOLD said premises not in tenancy in com	
Permanent Real Estate Index Number(s):	20-21-211-033-1000
Address(es) of Real Estate: 6551 J.	Wentworth Os
. (DATED this: gth day of February 192006 (SEAL) Annie Houston
Please All et Phino	(SEAL) (SEAL)
print or Joe Harrys	Annie Houston
type name(s) below	(SEAL)(SEAL)
signature(s)	
State of Illinois, County of	ss. I, the undersigned, a Notary Public in and for said County,
in the State aforsaid,	TO HEREBY CERTIFY that
HESTER TRUSIEWIC Progoing instrument, a	to be the same person so whose names are subscribed to the opeared before me this day in person, and acknowledged that I he great the said instrument as

My Commission Expires 7/1/03es and purposes therein set forth, including the release and waiver of the right of homestead.

<u> </u>	FICIA	L CC)PY	
Given under my hand and official seal, this	5th	day of .	February	19 <u>200</u>
Commission expires	192007	Ct.	NOTARY PUBLIC	
This instrument was prepared by Climate Toe Harris	Guard De	righ & Rei	= : =	<u>C</u>
To Harrie		(Idanic and in	NUESTE TAV BILLS TO	Chyvill
MAIL TO: Toe Harris (Name))	Joe H	arris	D: - /
MAIL TO: 65515. Wentworth	}			•
Chicago 14. 6062	,)	6551 J.	We utworth (Address)	
(City, State and Zip)		Chicag	0 /L , 6062	21
OR RECORDERS OFFICE BOX NO.	. ————		(City, State and Zi	ip)
Or				
Charles Control of the Control of th				<i>(</i>
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	TC			
Buempt under Real Estate 1				
and Cook C				
2/10/06	Sign.	//wt-		
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GEORGE E. COLES				A Marco
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162 West Hubbard Street

Telephone: 312 527 4700

Chicago, Illinois 60610

Fax: 312 527 0700

Order #: Placed:

2006019-0015

Prepared for: Climate Guard Design & Installation

Reference: Harris

01/19/2006

Rose Dante

Premium Report

Property: 6551 South Wentworth, Chicago, Illinois 60621 County: Cook

Legal Description: Lot 2 in Owners Division of Lot 5 in Block 13 in Skinner and Judds Subdivision of the Northeast quarter of Section 21, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Index humber(s):

20-21-211-033

Owner(s) of Record:

Joe Harris and Emma Harris, Husband and Wife, Joint Tenants

Property Search

Document Number	Grantor	Grantee	Inst	Dated	Recorded	Remarks
20130602	Guaranty Bank and Trust Company as Trustee of Trust No. 8266	Funie Bell Smith	Trustee's Deed	5-3-67	5-8-67	
88204118	Annie Bell Kendrick, f/k/a Annie Bell Smith and Frank Kendrick, Her Husband	Joe Harris and Finema Harris, Husband and Wile Joint Tenants	Quit Claim	4-5-88	5-12-88	

CLEAR Tax Search

Tax Number	Assessee	Tax Years	Date Due	Amount	Status
20-21-211-033		2004 (Total) 2003 and prior	11-1-(5	\$374.60	PAID ALL PAID

Judgment/Lien Search

Case Number	Plaintiff	Defendant	Entered	Amount	Remarks
95531563	State of Illinois	Joe Harris and Emma Harris 6551 South Wentworth, Chicago, Illinois 60621	8-11-95	\$335.79	Tax Lien
98M1-15641	State Farm Mutual Auto InsurCo	Joe L. Harris	10-17-01	\$1,275.05	Possible Judgment Document No. 0010967019
99M1-11111	State Farm Mutual Auto InsurCo	Joe L. Harris	4-1-04	\$1,731.60	Possible Judgment Document No. 0409218115

Covering Records through

1-3-06

The above information was compiled from public records. It is expressly understood that this is not a Title Insurance policy and should not be relied upon as such.

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Property of Cook County Clerk's Office

0604132105 Page: 5 of 8

Dated 2-F

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GRANTOR/GRANTEE STATEMENT

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.

	4
Signature:	In a le Albert
Signature:	A M Jackson
Cubaculla danidani	Grantor or Agent
Subscribed and sworn to before me	-
By the said Toe L. Paris	*******
This Fth day of February , 2006	OFFICIAL SEAL"
Notary Public Char Puris	Z VUESTER PIETDUCIEURES
- Cox Pacing	
0/	My Commission Expires 7/1/07
T -	
The Grantee or his Agent affirms and veri ies th	at the name of the Grantee shown on the
Deed or Assignment of Beneficial Interest in a I	and trust is either a matural
Illinois cornoration or foreign cornoration author	nic trust is either a natural person, an
Illinois corporation or foreign corporation authoritle to real estate in Illinois	to do business or acquire and hold
title to real estate in Illinois, a partnership authoritile to real estate in Illinois.	rized to do business or acquire and hold
the to real estate in Hillors, or other entity recog	mized as a person and outhorized to de-
business or acquire and hold title to real estate u	nder the 1: we of the State of Illinois
_	and it was of the Blate of Infliois,
	· O _A ,
Dated 2-F 2006	4
Dated	
	0.
	1 4 4 1
Signature:	Ital le This
5.8.uturo.	
Subscribed and sworn to before me	Grantee or Agent
Putho said T.	
By the said Joe L. Harris	^
This P day of February, 2006	S"OFFICIAL SEAL"S
Notary Public Of Other	> CHESTER PIETRUSIEWICZ >
	NOTARY PUBLIC. STATE OF ILLINOIS
NOTE: Any person who knowingly sub	My Commission Expires 7/1/07
	mits a false statement concerning the
identity of a Grantee shall be guilty of a (class C misdemeanor for the first
offense and - C. Ol	the state of the s

(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.)

offense and of a Class A misdemeanor for subsequent offenses.

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Property or Coot County Clert's Office

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLOC. AND DUE TO THE CAUSE(S) STATED.

DATE SIGNED 2

(MONTH, DAY, YEAR)

ζ

ILLINOIS LICENSE NUMBER

220

5/11/2004

NAME AND ADDRESS OF CERTIFIER TYPEOR PRI

Razzaque

326 W. 64 th

Chicago

110

TY, CCAPRINT

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

Mohammad A.

FUNERAL HOME Leak and Sons Funeral Home

AND MUMBER GRAPE Cottage Grove Chicago, Illinois 60619

FUNERAL DIREC

7704'S ILLIMOIS LICENSE NUMBER 031-007489

DATEFILEDBY

Z Z

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(BASEDON 1989 U.S. STANDARD CERTIFICATE)

Chicago, Illinois

FUNERAL DIRECTOR'S SIGNATURE

250

LOCAL REGISTRARS

Willelan

3.0

Illinois Department of Public Health—Division of Vital Records

/R200 (Rev. 5/89)

REMOVE GREMATION

MULTICOLOR SIGNATURE SEAL IS THIS CERTIFICATE COPY VALID WHEN

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR REDICAL EXAMI

HER OR MEDICAL EXAMINER

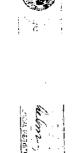
22d 036-08-8799

MUST BE NOTIFIED.

DATS/15/2008AY, YEAR)

ZIP

AFFIXED.



COM REGISTION

HE SISTRAR OF VITAL STATISTICS OF I, JOHN L. WILHELM M.D., LOCAL SHEET IS A TRUE COPY OF A RECORD OF ILLINOIS AND THE ORDINANCES OF BY VIRTUE OF THE LAWS OF THE STATE AND DEATHS FOR THE CITY OF CHICAGO THE RECORDS OF BIRTHS, STILLBIRTHS CENTIFY THAT I AM THE KEEPER OF KEPT BY ME IN ORDINANCE OF SAID ACCOMPANYING CERTIFICATE ON THIS THE CITY OF CHICAGO; THAT THE THE CITY OF CHICAGO, DO HEREBY LAW AND ORDINANCES.

MAY 25

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REGISTRATION DISTRICT NO.

STATE OF ILLINOIS

STATE FILE

COUNTY OF COOK STATE OF ILLINOIS CITY OF CHICAGO

STATE SOCIAL SECURITY NUMBER 413-64-1504 CITY TOWN, TWP OR ROAD DISTRICT NUMBER
Chicago COUNTY OF DEATH RESIDENCE (STREET AND NUMBER)
6551 S. Wentworth CONDITIONS, IF ANY WHICH GIVE RISE TO HAMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. BIRTHPLACE CHYANDSTATEOR FOREIGNESSANTRYLILE, M S DECEASED-NAME NUMBER REGISTERED FATHER-NAMI INFORMANT'S NAME (TYPE OR PRINT) DATE OF OPERATION, IF ANY PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. 18. PAHT AND LAST SAW HIM HER ALIVE ON disease or condition Immediate Cause (Final resulting in death) Cook Andrew Leak Gentry Fisher ZIP CODE 60621 Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respire to shock, or heart failure. List only one cause on each line. (b)
DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF ē c Factory Worker MARRIED, NEVER MARRIED, WIDOWED DIVORCED (SPECIFY) MAJOR FINDINGS OF OPERATION MEDICAL CERTIFICATE OF DEATH 5/9/2004 FACE (WHITE BLACK AMERICAN INDIAN #13) (B) AGE-LAST BIRTHD97 (YRS) ACUTE MYOCARDIAL INFARCTION MIDOLE CARDIOPULMONARY ARREST LAST CITY, TOWN, TWP, OR ROAD DISTRICT NO. RELATIONSHIP Records 17b. WOS. DAYS NAME OF SURVIVING SPOUSE (MAIDENNAME, IFWIFE) KIND OF BUSINESS OR INDUSTRY Härris OF HISPANIC DRIGINS, (SPECIFY NO OR YES- FYES, SPECIFY CUBAN, MEXICAL) MOTHER-NAME 4b HOURS Joe Lee Harris NA NA Female WASCORONER OR MEDICAL EXAMINER (YES/NO) S. Cottage Grove CL 20. FIRST DATE OF BIRTH INCUITING TENTS, 1931 8 YES Roberta Lewis OATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)

WINDY STREET COMPLETED COMPLETED (NESMO) SPECIFY ĕ NSIDE CITY DATE OF DENTHY 970" 2004 AN AUTOPSY (YES NO NO ş g 10074 n THREE MONTHS? FREMALE, WAS THERE A PREGNANCY IN PAST HOUR OF DEATH Cook OP/ENGED OF NUST, INDICATE D.O.A. YES | NO | 3d. WERE AUTOPSY PHDINGS AVAILABLE PRICH TO COMPLETION OF CAUSE OF DEATH? (YES-NO) L 60619 WASDECEASED EVER INUS. ARMENO BORCES? (YESNO) (MA DEN) LAST APPROXIMATE WITERVAL K ER, DRICAN, etc.

105

DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

0604132105 Page: 8 of 8

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