

# UNOFFICIAL COPY



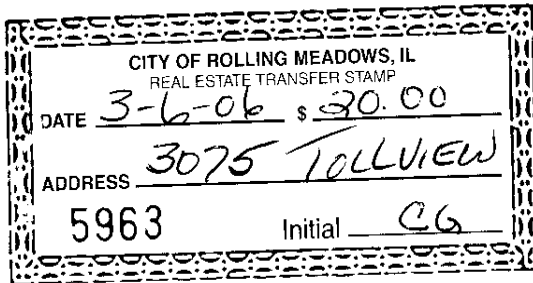
## Quitclaim Deed

Doc#: 0610249112 Fee: \$32.50  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 04/12/2006 03:33 PM Pg: 1 of 5

THIS QUITCLAIM DEED, executed this 2 day of March, 2006,  
by first party, Grantor, Richard A. Anderson or Gay N. Anderson, trustees of the  
whose post office address is Richard Anderson trust dated July 14, 2005  
15841 W. 61st Terrace, Shawnee, KS 66217  
to second party, Grantee, Gay N. Anderson, trustee of the Gay Anderson trust  
dated July 14, 2005 whose post office address is 15841 W. 61st Terrace  
Shawnee, KS 66217

WITNESSETH, That the said first party, for good consideration and for the sum of \_\_\_\_\_  
ten Dollars (\$ 10.00 )  
paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the  
said second party forever, all the right, title, interest and claim which the said first party has in and to the following described  
parcel of land, and improvements and appurtenances thereto in the County of COOK,  
State of Illinois to wit:

See Exhibit A attached



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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: [Signature]

Print name of Witness: Khalilia Ross

Signature of Witness: [Signature]

Print name of Witness: Candace L. Mayhew

Signature of First Party: [Signature]

Print name of First Party: Gay N. Anderson, Trustee

Signature of Second Party: [Signature]

Print name of Second Party: Gay N. Anderson Trustee

Signature of Preparer: [Signature]

Print Name of Preparer: Mary Louise Tyler

Address of Preparer: 15837 W. 61st Terrace  
Shawnee, KS 66219

State of Kansas  
County of Johnson }

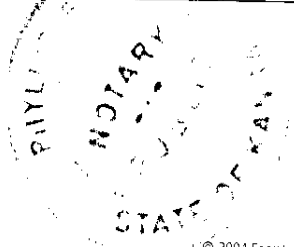
On 3-2-06 before me, Phyllis Bnaet  
appeared Gay N. Anderson, Trustee

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]  
Signature of Notary ME. 12-08-06

Affiant Known Produced ID  
Type of ID Know - Customer  
(Seal)



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## EXHIBIT A

that part of lot 13 in Rolling Meadows Industrial Center Unit 1, a subdivision of part of sections 7 and 8, township 41 north, range 11, east of the third principal meridian in Cook County, Illinois bounded by a line described as follows:

commencing at a point on the northerly line of said lot 13, said line being a curved line, convex to the north and having a radius of 11,884.15 feet, 278.52 feet arc measure easterly of the northwest corner of said lot, thence southerly on a radial line of said curve, a distance of 300.00 feet to a point on the southerly line of said lot 13, being a curved line having a radius of 11,584.16 feet and being concentric with the afore described curved line, a distance of 105.93 feet, arc measure, to the southeast corner of said lot, thence northerly along the easterly line of said lot, 300.0 feet to the northeast corner thereof, thence westerly along the northerly line of said lot 108.66 feet, arc measure, to the point of beginning; and

all of lot 14 in Rolling Meadows Industrial Center Unit 1, a subdivision of part of sections 7 and 8, township 41 north, range 11, east of the third principal meridian, in Cook County, Illinois.

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## STATEMENT BY GRANTOR AND GRANTEE

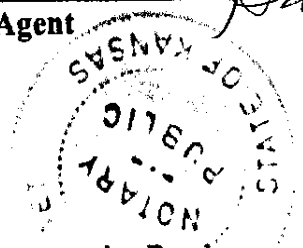
The **Grantor** or his agent affirms that, to the best of his knowledge, the name of the **Grantee** shown on the Deed of Assignment of Beneficial Interest in land trust is either a. natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to 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 2, 2006

Signature: Gay D. Anderson, Trustee  
Grantor or Agent

Subscribed and sworn to before me

By the said Grantor  
This 2nd day of March, 2006.  
Notary Public Phyllis Grace



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 title to real estate under the laws of the State of Illinois.

Date March 2, 2006

Signature: Gay Anderson, Trustee  
Grantee or Agent

Subscribed and sworn to before me

By the said Grantor  
This 2nd day of March, 2006.  
Notary Public Phyllis Grace



**Note:** Any person who knowingly submits a false statement concerning the identity of **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.)

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Kansas Department of Health and Environment

Office of Vital Statistics

**CERTIFICATE OF DEATH**

115-2005-17083

State File Number

1. Decedent's Legal Name (First, Middle, Last) RICHARD ALLEN ANDERSON		2. Sex MALE	3. Date Of Death (Month, Day, Year) 09/21/2005	4. Social Security Number 561-24-5691	5. Date Filed By State Registrar 09/28/2005
6a. Date Of Birth (Month, Day, Year) 09/04/1923	6b. Age 82 YEAR(S)	7. Place Of Birth (City And State Or Foreign Country) SALINA, KANSAS		8. Decedent Ever In U.S. Armed Forces YES	
9a. Place Of Death DECEDENT RESIDENCE		9b. Facility Name (If Not Institution, Street And Number) 15841 W 61ST TERRACE		9c. City Or Town Of Death SHAWNEE	9d. Zip Code 66217
9e. County Of Death JOHNSON	10. Marital Status MARRIED	11. Surviving Spouse (If Wife, Name Before First Marriage) GAY NELL TYLER		12a. Residence State or Foreign Country KANSAS	
12b. County or Province JOHNSON	12c. City Or Town SHAWNEE	12d. Street Address 15841 W 61ST TERRACE		12e. Zip Code 66217	12f. Inside City Limits YES
13. Decedent's Ancestry AMERICAN		14. Decedent's Race WHITE			
15. Decedent's Hispanic Origin NOT SPANISH, HISPANIC, LATINO					
16. Decedent's Education SOME COLLEGE CREDIT, BUT NO DEGREE		17. Decedent's Occupation OWNER/OPERATOR		18. Decedent's Industry AUTOMOBILE DEALERSHIP	
19. Father's Name (First, Middle, Last) LAWRENCE P ANDERSON			20. Mother's Name Prior To First Marriage (First, Middle, Last) RUTH WALDRIP		
21a. Informant's Name (First, Middle, Last) GAY N ANDERSON	21b. Mailing Address (Street, Number, City, State, And Zip Code) 15841 W 61ST TERRACE, SHAWNEE, KANSAS, 66217			21c. Relationship To Decedent WIFE	
22. Method Of Disposition BURIAL	23a. Place Of Disposition LENEXA CEMETERY		23b. Location LENEXA, KANSAS		
24. Funeral Service Licensee And License Number /s/ JEFFREY A KILGORE - 2431			25. Name Of Embalmer And License Number BENJAMIN P LARSEN - 3576		
26. Name And Address Of Firm AMOS FAMILY FUNERAL HOME, 10901 JOHNSON DRIVE, SHAWNEE, KANSAS, 66203					
27. Cause Of Death Part I. Events (diseases, injuries, or complications) that directly caused the death.  IMMEDIATE CAUSE (Final Disease Or Condition Resulting In Death) a. <u>HYPOXIA - END-STAGE</u> Due To (Or As A Consequence Of): b. <u>CHRONIC OBSTRUCTIVE LUNG DISEASE</u> Due To (Or As A Consequence Of): c. <u>CONGESTIVE HEART FAILURE</u> Due To (Or As A Consequence Of): d. <u>CORONARY ARTERY DISEASE</u> Due To (Or As A Consequence Of):  Conditions, if any, leading To cause listed on line a. UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LISTED LAST					Approximate Interval: Onset To Death  _____ _____ _____
Part II. Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.			28a. Autopsy NO	28b. Autopsy Findings Available To Complete The Cause Of Death	28c. Coroner Contacted NO
29. Did Tobacco Use Contribute To Death? YES	30. If Female:		31. Manner Of Death NATURAL		
32a. Date Of Injury (Month, Day, Year)	32b. Time Of Injury	32c. Injury At Work	32d. How Injury Occurred		
32e. Place Of Injury		32f. Location (Street And Number Or Rural Route, City Or Town, State, And Zip Code)			
33a. Date Pronounced Dead (Month, Day, Year) 09/21/2005	33b. Time Pronounced Dead 1606	33c. Actual Or Presumed Time Of Death UNKNOWN	33d. Name Of Person Pronouncing Death		33e. License No.
34a. Pronouncing and Certifying Physician /s/ REBECCA RUBLE - MD	34b. License No. 0420180	34c. Date Certified (Month, Day, Year) 09/26/2005	34d. Address And Zip Code Of Person Completing Cause Of Death 8700 BOUGRADE, LENEXA, KANSAS, 66219		

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This is a true and correct copy of the official record on file in the Office of Vital Statistics, Topeka, Kansas, certified on the date stamped below.

2005 OCT -3 AM 11:03

Lorne A. Phillips, Ph.D.  
State Registrar  
Office of Vital Statistics  
Department of Health & Environment

A02786602

It is in violation of KSA 65-2422d(g) to "prepare or issue any certificate which purports to be an original, certified copy or copy of a certificate of birth, death or fetal death, except as authorized in this act or rules and regulations adopted under this act."

**CERTIFIED COPIES WILL BE PRODUCED ON MULTI-COLOR SECURITY PAPER.**

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