UNDEFICIAL COPY

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Warranty Deed -TENANCY BY THE ENTIRETY Statutory (ILLINOIS) (Individual to Individual)

CAUTION: Consult a lawyer before using or acting under this form. Neither the publisher nor the seller of this form makes any warranty with respect thereto, including any warranty of merchantability or fitness for a particular purpose.

THE GRANTOR (NAME AND ADDRESS)

SUSAN JACHER and MARY ELLEN LYONS, Successor Co-Trustees for the JOSEPH A. JACHER and CECILIA C. JACHER REVOCABLE LIVING TRUST dated



Doc#: 0610340204 Fee: \$32.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 04/13/2006 02:38 PM Pg: 1 of 5

REVOCABLE LIVING TRUST dated		
August 28, 2000	(The Above Space For Recorder's Use Only)	
of the City 9-1704CR TITTLE 7 38.	of Chicago	Count
		_ County
for and in consideration of Ton (\$10.00)	DOLLARS,	
in hand paid, CONVEY an WARRANT to)	
MOXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	arried	
5826 W. \$0th St., Oak lawn, IL	•	
(NAMES AND	ADDRESS OF GRANTEES)	
BY THE ENTIRETY, the following described Real E	of survivorship, nor as Tenants in Common, but as Ti	enant s
in the State of Illinois, to wit: (See reverse side for least	al description.) hereby releasing and waiving all rights u	
by virtue of the Homestead Exemption Laws of the State	of Illinois * TO HAVE AND TO HOLD gold promises as	
and who, not as form I chants not as I chants in Comm	TOUT ON AN TENANTS BY THE ENTIRETY forever S	LIDIECT
10: General taxes for <u>2005</u> and subsequent y	vear and covenants, conditions, ease	ements
and restrictions of record, if a	ny.	
Dames 1 1 N 1 (DVD) 10/15 202 0	42 0000/10 15 000 0/0 0000	i II (
Permanent Index Number (PIN): 19-15-203-0	42-00007 5-15-203-043-0000	750
Address(es) of Real Estate: 5550 S. Keeler		
	DATED this day of	20 06
Same (). he	5. 2. 9	
PLEASE SUSAN JACHER	(SEAL) MARY ELLEN LYS	(SEAL)
PRINT OR SUSAN JACHAYR TYPE NAME(S)	MARY ELLEN LYS	-
BELOW	(CDAT)	
SIGNATURE(S)	(SEAL)	(SEAL)
See 5 TO G Goods		-
State of Te County of Cook	ss. I, the undersigned, a Notary Public in	and for
said County, in t	the State aforesaid, DO HEREBY CERTIFY that	
SAME AS GRA	ANTOR CLAUSE ABOVE	
"OFFICIAL SEAL"	on to me to be the same person s whose name s	are
STATE OF KEVIN WILLIAM DILLON STATE OF COMMISSION FRANCE	e foregoing instrument, appeared before me this day in	
and acknowledge	e foregoing instrument, appeared before me this day in ed thatt h _ey signed, sealed and delivered the ir free and voluntary act, for the uses and princluding the release and waiver of the right of homes	person, he caid
instrument as	their free and voluntary act, for the uses and p	HE Said
IMPRESS SEAL HERE therein set forth,	including the release and waiver of the right of homes	stead.
Given under my hand and official seal, this-	1074 day of APRIL 20	06
Given under my hand and official seal, this	Ken William Diel	
This instrument was prepared by KEVIN W. DILI	LON, 6730 W. Higgins, Chgo., IL 60	656
	(NAME AND ADDRESS)	
*If Grantor is also Grantee you may wish to strike Release and Waiver of He	lomestead Rights.	
PAGE 1		

SEE REVERSE SIDE ►

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Tiegal	Description	,
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of premises commonly known as	5550	s.	Keeler,	Chicago,	IL	60629	

See Legal Description on attached "EXHIBIT A".

Proposition of Cook County Clark's Office

SEND SUBSEQUENT TAX BILLS TO:

		`	MONICA MATURLAK	
	(Name)		(Name)	
MAIL TO:)	1	5550 S. Keller	. t
MAIL 10.	(Address)	~ / -	(Address)	
			Chicago, IL 60629	
	(City, State and Zip)	, -	(City, State and Zip)	
OR	RECORDER'S OFFICE BOX NO			

0610340204D Page: 3 of 5

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Exhibit A

H60851

LOTS 26 AND 27 IN BLOCK 1 IN EDGERTON ADAM'S SUBDIVISION OF THE NORTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 15, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N. 19-15-203-042-000P AND 19-15-203-043-0000

C/K/A 5550 SOUTH KEELF'R AVENUE, CHICAGO, ILLINOIS 60629-4827



MULTICOLOR SIGNATURE SEAL IS AFFIXED. THIS CERTIFICATE COPY VALID WHEN

/R200 (Rev. 5/89)

Illinois Department of Public Health Delicing - - - - - -

3.0 <u>John</u>

Minich

DATE FILEDBY LOCAL REGISTRAR (MONTH, DAY, YEAR)
FEB 16 2005

FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

034-011151

25gJohn J. FUNERAL HOME BURIAL CREMATION, REMOVAL (SPECIFY) 248. BUTTAL

Minich Funeral

Director 10732 STREET AND NUMBER OR R.F.D.

. S

st.

Louis Chgo,

60655

CITY OF TOWN

246

CEMETERY OR CREMATORY-NAME

Resurrection

240

Justice,

Illinois

5@b.17,2005

(MONTH, DAY, YEAR)

LOCATION

CITYORTOWN

STATE

FUNERAL DIRECT

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

Phillip Hoffman

2850 14.

95th.

St.

Evergreen Pk

22d.

036-05457

ILLINOIS LICENSE NUMBER

 $_{2}$ ebruary 13,2005

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER

BE NOTHED.

LLL.

60805

(TYPE ON PRINT)

(TYPE OR PRINT

NAME AND ADDRESS OF CENTIFIER 22a. SIGNATURE ▶

		Your Your	
• !	LOCAL REGISTRAR	a. Willelm, no.	

DAEOF

PERATION, IPANY

کم

Rohma

MAJOR FINDINGS OF OPERATION

PARTIII. Other

Laignificant conditions contributing to d

ying cause given in PART I.

AUTOPSY (YESNO)

WERE AUTOPSY FINDINGS AVAILABLE PRICH TO COMPLETION OF CAUSE OF DEATH? (YES/NO)

19a.

No

19b.

IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?

2

<u>@</u>

ONOTIONS, IF ANY
WHICH LIVE RISE TO
WINEDIATE CAUSE (a)
TAT NG THE UNDERLYING
ASSE LAST.

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

Charte tic

cause on each line.

INFORMANT'S NAME (TYPE OR PRINT)

Paul FIRST

Bonderski

MOTHER-NAME

14

o N O

RELATIONSHIP <u>Raughter</u>

Mary Ellen Lyons

enter the diseases, or comp shock, or heart failure, List

lions that caused the death. Do not enter the mode of dying, such as cardiac or respire'u, a st

ucen

1,6047

. S

MAILING ADDRESS

(STREET AND NO. OR R.F.D., CIT , CRI WIL, STATE, ZIP)

Monitor Chgo, Il

60638

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

can

Pauline

FIRST □ YES

Mlinois

13f. ZIP CODE

60629 MIDDLE

RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIEY) 149.

OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICA ' F (EP. TO RICAN, etc.)

SPECIFY:

MIDDLE

Holewinski

LAST

INSIDE CITY

13d. Cook

COUNTY

550 S. ENCE (STREET AND NUMBER)

Keeler

nmediate Cause (Final Base or condition

n death)

AND SOUTH SAW HIMFIER ALIVE ON

TO THE BEST OF MY KNOWLEDGE BEATH OCCURRED AT THE TIME, DATE AND PLACE AND TO

Ebrumy

0

7000

21b.

EXAMINER NOTIFIED? (YESN

(YES/NO)

HOUR OF DEATH

7:15

Ч

ζ

YES - NOX

E TO THE CAUSE(S) STATED.

DATE SIGNED

(MONTH, DAY, YEAR)

OF ILLINOIS AND THE ORDINANCES OF BY VIRTUE OF THE LAWS OF THE STATE AND DEATHS FOR THE CITY OF CHICAGO CERTIFY THAT I AM THE KEEPER OF THE CITY OF CHICAGO, DO HEREBY PEGISTRAR OF VITAL STATISTICS OF I, JOHN L. WILHELM M.D., LOCAL THE RECORDS OF BIRTHS, STILLBIRTHS

FEB 17 2005

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER

Chicago

COUNTY OF DEATH

Cecilia

BIRTHDAY (YRS)

MOS. DAYS

UNDER 1 DAY

DATE OF BIRTH (MONTH, DAY, YEAR) 5d. November

23,

1919

OP/EMER. RM, INPATIENT (SPECIFY)

WAS DECEASED EVER IN U.S ARMIED EDRICES? (YES/NC

February

13,

2005

DATE OF DEATH (MONTH, DAY, YEAR)

500

STATE FILE

remale

DAYS

HOURS

<u>X</u>

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT INEITHER, GIVE STREET AND NUMBER)

NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)

5550

• ເ

Keeler

FIRST

MIDDLE

LAST

Jacher

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

REGISTRATION DISTRICT NO.

NUMBER DECEASED-NAME REGISTERED

SOCIAL SECURITY NUMBER Chicago, BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)

Ill

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

8a. WIDOWED

USUAL OCCUPATION

52-05-1349

112

Homemaker

CITY, TOWN, TWP, OR ROAD DISTRICT NO

Chicago

5

Own home

EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)

Elementary/Secondary (0-12)

College (1-4 or 5+)

KIND OF BUSINESS OR INDUSTRY

CITY OF CHICAGO COUNTY OF COOK STATE OF ILLINOIS

SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID ACCOMPANYING CERTIFICATE ON THIS THE CITY OF CHICAGO; THAT THE LAW AND ORDINANCES DEPARTMENT OF PUBLIC HEALTH

CITY OF CHICAGO

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

AFFIXED. MULTICOLOR SIGNATURE SEAL IS THIS CERTIFICATE COPY VALID WHEN

Chelm, LOCAL REGISTRAR

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

DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

1

DISTRICT NO. TO.

NUMBER

REGISTERED

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE

0610340204D Page: 5 of 5 **§** § BURIAL, CREMATION, REMOVAL (SPECIFY)
24a. BURIAL COUDITIONS, IF ANY
MICH GIVE RISE TO
MMEDIATE CAUSE (a)
STATING THE UNDERLYING
JAUSE LAST. /R200 (Rev. 5/89) 25a. JOHN FUNERAL DIREC FUNERAL HOME 22cDR. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER NAME AND ADDRESS OF CERTIFIER zza. SIGNATURE (PART II. 18. PART I. INFORMANT'S NAME (TYPE OR PRINT) CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER COUNTY OF DEATH RESIDENCE (STREET AND NUMBER) ...356-01-7659 SOCIAL SECURITY NUMBER BIRTHPLACE (CITY AND STATE OR DECEASED-NAME ADLAST SAW HIM/HER ALIVE disease or condition THE BEST OF MY KNOWLEDGE, DEATH OCCUMEND AT THE TIME DATE AND PLY CLAND DUE TO THE CAUSE(S) STATED. rumediate Cause (Final CHICAGO, E OF OPERATION, IF ANY sulting in death) THER-NAME 5550 s. SIONITI CECILIA JACHER Other significant conditions contributing to death but not resulting in the underlying cause given in PARTI. PREM RUPANI 6326 CHI CAGO JAN SIGNATURE JOSEPH IL MINICH KEELER Enter the diseases, or cor shock, or heart failure. L 131 24b. CEMETERY OR CREMATORY-NAME DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF 0 a 60629 FIRST MIDDLE MAJOR FINDINGS OF OPERATION USUAL CECUPATION OIL MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

Ba. MARRIED RESURRECTION (TYPE OR PRINT) (MONTH, DAY, YEAR) FUNERAL Illinois Department of Public Health—Division of Vital Records alkeen RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
14a. WHITE Ist only one cause on each line. AGE-LAST BIRTHDAY (YRS) 5a. 82 HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) S tions that caused the death. Do not enter the mode of dying, such as cardiac or resp. ato, arrest, なれん JACHER MIDDLE 名さる STREET AND NUMBER OR R.F.D. SSI **POFICAND** DIRECTOR 10732 s. ST. TY E OR PRINT CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. 17₀ RELATIONSHIP CHICAGO S. KEELER MOS B.D. UNDER 1 YEAR **JACHER** 11b. MOBIL OIL NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) JOHN J. MINICH KIND OF BUSINESS OR INDUSTRY WIFE CECILIA BONDERSKI 24c. DAYS LOCATION LS4 CHICAGO, IL OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEY CO'N PUERTO RICAN, etc.) lear bonde MOTHER-NAME 14b. ဗ္ဂ HOURS ß No 170 MAILING ADDRESS (STREET AND NO. ORR.F.D., CTYO, TOWN, STATE, ZIP) JUSTICE 5550 s. EXAMINER NOTIFIED? (YES) CITY OF TOWN **EUFROZYN** Ž 2.MALE CITY OR TOWN FIRST ☐ YES ğ DATE OF BIRTH (MONTH, DAY, YEAR) 60636 EDUCATION (SPECIFYONLY HIGHEST GRADE COMPLETED)
Elementary/Spacydary (0-12)
College (1-4 or 5+)
12 DATE FILED BY LOCAL REGISTRAR (MONTH PAY 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER FEBRUARY ILLINOIS KEELER CHGO, LOUIS CHGO, ILL INSIDE CITY
(YESNO) YES SPECIFY: STATE 034-01115 3. JUNE (YES/NO) AUTOPSY DATE OF DEATH MIDDLE 19a. 00 IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO 221.036061661 DATE SIGNED HOUR OF DEATH ILLINOIS LICENSE NUMBER 22by JUNE WOTE: IF AN INJURY WAS INVOLVED IN THIS
DEATH THE CORONER OR MEDICAL EXAMINER NUST BE NOTIFIED. YES | NO | 13d. OP/EMER. RM, INPATIENT (SPECIFY) 18, ALNOO WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b. 24dJUNE DATE 12, 205 TIK 1920 ARMED FORCES? (YES NO. 3 MAIDEN) LAST APPROXIMATE INTERVAL
SETWEEN ONSET AND DEATH (MONTH, DAY, YEAR) COCA (MONTH, DAY, YEAR) 60655 14,2002 Þ 60629 Z