

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

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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

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 August 28, 2000

(The Above Space For Recorder's Use Only)

of the City of Chicago of Cook County, State of Illinois

for and in consideration of Ten (\$10.00) DOLLARS, in hand paid, CONVEY and WARRANT to MONIKA MATURLAK, married 5826 W. 80th St., Oak Lawn, IL 60453

(NAMES AND ADDRESS OF GRANTEES)

as husband and wife, not as Joint Tenants with rights of survivorship, nor as Tenants in Common, but as TENANTS BY THE ENTIRETY, the following described Real Estate situated in the County of Cook in the State of Illinois, to wit: (See reverse side for legal description.) hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois. * TO HAVE AND TO HOLD said premises as husband and wife, not as Joint Tenants nor as Tenants in Common, but as TENANTS BY THE ENTIRETY forever. SUBJECT TO: General taxes for 2005 and subsequent years and covenants, conditions, easements and restrictions of record, if any.

Permanent Index Number (PIN): 19-15-203-042-0000/19-15-203-043-0000

Address(es) of Real Estate: 5550 S. Keeler, Chicago, IL 60629

DATED this 10th day of APRIL 2006

PLEASE PRINT OR TYPE NAME(S) BELOW SIGNATURE(S)

Susan Jacher (SEAL) SUSAN JACHER

Mary Ellen Lyons (SEAL) MARY ELLEN LYONS

State of IL County of Cook ss. I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that SAME AS GRANTOR CLAUSE ABOVE



IMPRESS SEAL HERE

personally known to me to be the same person whose name are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that they signed, sealed and delivered the said instrument as their 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 10th day of APRIL 2006

Commission expires 20 Notary Public Kevin William Dillon

This instrument was prepared by KEVIN W. DILLON, 6730 W. Higgins, Chgo., IL 60656 (NAME AND ADDRESS)

*If Grantor is also Grantee you may wish to strike Release and Waiver of Homestead Rights.

UNOFFICIAL COPY

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.L.N. 19-15-203-042-0000 AND 19-15-203-043-0000

C/K/A 5550 SOUTH KEELER AVENUE, CHICAGO, ILLINOIS 60629-4827

City of Chicago Real Estate
 Dept. of Revenue Transfer Stamp
 428491 \$2,025.00
 04/12/2006 12.51 Batch 10231 40



REAL ESTATE
TRANSFER TAX
00270.00
FP326660

0000034721

STATE OF ILLINOIS
APR. 12. 06
STATE TAX
REAL ESTATE TRANSFER TAX
DEPARTMENT OF REVENUE

COOK COUNTY
REAL ESTATE TRANSACTION TAX
APR. 12. 06
COUNTY TAX
REVENUE STAMP



REAL ESTATE
TRANSFER TAX
00135.00
FP326670
000187345

REGISTRAR NO. 16.10

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

602422

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

FEB 17 2005

DECEASED-NAME: Cecilia Jacher LAST: Jacher SEX: Female DATE OF DEATH: February 13, 2005

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: Cook Chicago HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 5550 S. Keeler

AGE-LAST BIRTHDAY (YRS): 85 UNDER 1 YEAR: 0 MOS. DAYS: 0 UNDER 1 DAY: 0 HOURS: 0 MIN. DATE OF BIRTH (MONTH, DAY, YEAR): November 23, 1919

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Chicago, Ill MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (SPECIFY): Widowed NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE):

SOCIAL SECURITY NUMBER: 1032-05-1349 USUAL OCCUPATION: Homemaker KIND OF BUSINESS OR INDUSTRY: Own home EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): 12 College (1-4 or 5+)

RESIDENCE (STREET AND NUMBER): 5550 S. Keeler CITY, TOWN, TWP. OR ROAD DISTRICT NO.: Chicago COUNTY: Cook

STATE: Illinois ZIP CODE: 60629 RACE (WHITE, BLACK, AMERICAN INDIAN, etc.): White OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, E.P./ORICAN, etc.):

FATHER-NAME: Paul BONDERSKI MOTHER-NAME: Pauline HOLLEWINSKI

INFORMANT'S NAME (TYPE OR PRINT): Mary Ellen Lyons RELATIONSHIP: Daughter MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY, TOWN, STATE, ZIP): 16047 S. Monitor Chgo, IL 60638

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, shock, or heart failure. List only one cause on each line.

Immediate Cause (Final disease or condition resulting in death): Metastatic lung cancer 3 years

CONTRIBUTIONS, IF ANY, WHEN THEY RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c)

19. PART II. Obvious significant conditions contributing to death but not resulting in the underlying cause given in PART I.

DAE OF OPERATION, IF ANY: Congestive heart failure MAJOR FINDINGS OF OPERATION: 19a. YES NO 19b. YES NO

20. DID NOT ATTEND THE DECEASED (MONTH, DAY, YEAR): February 8, 2005 WAS CORONER OR MEDICAL EXAMINER? (YES/NO): NO

21. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND PLACE OF DEATH DUE TO THE CAUSE(S) STATED. DATE SIGNED: February 13, 2005

22a. SIGNATURE: [Signature] (TYPE OR PRINT) ILLINOIS LICENSE NUMBER: 036-054578

22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): Dr. Phillip Hoffman 2850 W. 95th. st. Evergreen Pk 22d. 036-054578

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): ILL. 60805

24. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Cook, Illinois

25. BURIAL, CREMATION, REMOVAL (SPECIFY): Resurrection LOCATION: Justice, Illinois DATE: Feb. 17, 2005

26. FUNERAL HOME: NAME: John J. Minich Funeral Director 10732 S. St. Louis Chgo, IL 60655

27. FUNERAL DIRECTOR'S SIGNATURE: [Signature] JOHN J. MINICH

28. LOCAL REGISTRAR'S SIGNATURE: [Signature] JOHN J. MINICH

29. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): FEB 16 2005

30. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034-011151

John J. Wilhelm, M.D.
LOCAL REGISTRAR

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

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JUN 13 2002

DISTRICT NO. **10**

REGISTERED NUMBER

DECEASED-NAME

COUNTY OF DEATH

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)

SOCIAL SECURITY NUMBER

RESIDENCE (STREET AND NUMBER)

STATE

FATHER-NAME

INFORMANT'S NAME (TYPE OR PRINT)

17. **CECILIA JACHER**

18. PART I. Immediate Cause (Final disease or condition resulting in death)

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

NAME OF OPERATION, IF ANY

20a. NAME AND ADDRESS OF CERTIFIER

22a. DR. PREM RUPANI 6326 S. ASHLAND CHICAGO, IL 60636

23. BURIAL, CREMATION, REMOVAL (SPECIFY)

24a. BURIAL

25a. JOHN J. MINICH, FUNERAL DIRECTOR 10732 S. ST. LOUIS CHGO, ILL 60655

25b. LOCAL REGISTRAR'S SIGNATURE

26a. JUN 13 2002

FIRST JOSEPH

MIDDLE A

LAST JACHER

SEX MALE

DATE OF DEATH (MONTH, DAY, YEAR) JUNE 11, 2002

FIRST COOK

MIDDLE

LAST JACHER

SEX

DATE OF BIRTH (MONTH, DAY, YEAR) FEBRUARY 18, 1920

FIRST CHICAGO

MIDDLE

LAST KEELER

SEX

DATE OF BIRTH (MONTH, DAY, YEAR)

FIRST CHICAGO, ILL

MIDDLE

LAST BONDERSKI

SEX

DATE OF BIRTH (MONTH, DAY, YEAR)

FIRST 356-01-7659

MIDDLE

LAST BLENDER

SEX

DATE OF BIRTH (MONTH, DAY, YEAR)

FIRST 5550 S. KEELER

MIDDLE

LAST KEELER

SEX

DATE OF BIRTH (MONTH, DAY, YEAR)

FIRST ILLINOIS

MIDDLE

LAST WHITE

SEX

DATE OF BIRTH (MONTH, DAY, YEAR)

FIRST JAN

MIDDLE

LAST JACHER

SEX

DATE OF BIRTH (MONTH, DAY, YEAR)

FIRST CECILIA JACHER

MIDDLE

LAST WIFE

SEX

DATE OF BIRTH (MONTH, DAY, YEAR)

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DATE OF BIRTH (MONTH, DAY, YEAR)

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