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GEORGE E. COLE®  
LEGAL FORMS

No. 229 REC  
February 1996



Doc#: 0617243195 Fee: \$32.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 06/21/2006 01:32 PM Pg: 1 of 5

QUIT CLAIM DEED  
JOINT TENANCY  
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 merchantability or fitness for a particular purpose.

Above Space for Recorder's use only

THE GRANTOR(S) ROBERT BEAL

of the City \_\_\_\_\_ of CHICAGO County of COOK State of ILLINOIS for the consideration of \_\_\_\_\_ DOLLARS, and other good and valuable considerations \_\_\_\_\_ in hand paid, CONVEY(S) \_\_\_\_\_ and QUIT CLAIM(S) \_\_\_\_\_ to ROBERT BEAL AND MARGARET BEAL

(Name and Address of Grantee)  
not in Tenancy in Common, but in JOINT TENANCY, all interest in the following described Real Estate situated in \_\_\_\_\_ County, Illinois, commonly known as \_\_\_\_\_, legally described as: \_\_\_\_\_ (Street Address)

hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois. I HAVE AND TO HOLD said premises not in tenancy in common, but in joint tenancy forever

Permanent Real Estate Index Number(s): 16-16-113-070-000

Address(es) of Real Estate: 5328 W. JACKSON CHICAGO, IL 60644

DATED this: 17th day of APR 1996

Please print or type name(s) below signature(s)  
ROBERT BEAL (SEAL) \_\_\_\_\_ (SEAL)  
MARGARET BEAL (SEAL) \_\_\_\_\_ (SEAL)

State of Illinois, County of \_\_\_\_\_ ss. I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that

IMPRESS  
SEAL  
HERE

ROBERT BEAL personally known to me to be the same person as whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered the said instrument as his free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

479259  
111

STEWART TITLE OF ILLINOIS  
2 N. LaSalle Street  
Suite 025  
Chicago, IL 60602  
312-849-4243  
6/21/06  
EXEMPT UNDER PROVISIONS OF PARAGRAPH 15-1. REAL ESTATE TRANSFER TAX  
UNDER SELLER OR REPRESENTATIVE

# UNOFFICIAL COPY

Legal Description:

Lot 12 and the West  $8 \frac{1}{3}$  feet of Lot 11 in Samuel C. Postlewaits Subdivision of Lot 105 in School Trustee's subdivision of Section 16, Township 39 North, Range 13 East of the Third Principal Meridian, in Cook County, Illinois.

Property Address: 5329 W. Jackson, Chicago

Permanent Index Number: 16-16-113-020

Property of Cook County Clerk's Office

UNOFFICIAL COPY

Given under my hand and official seal, this

17

day of

2006

Commission expires

1-18

2007

*Andrea Y. Scott*  
NOTARY PUBLIC

This instrument was prepared by \_\_\_\_\_  
(Name and Address)

SEND SUBSEQUENT TAX BILLS TO:

Margaret Beal  
(Name)

5329 W. Jackson  
(Address)

Chicago IL 60644  
(City, State and Zip)

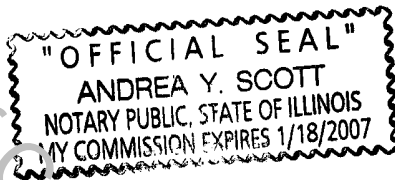
MAIL TO:

(Name)
MARGARET BEAL
(Address)
5329 W. JACKSON CHICAGO, IL 60644
(City, State and Zip)

OR

RECORDER'S OFFICE BOX NO. \_\_\_\_\_

MAIL TO Recorder's Office of Cook County Clerk's Office



GEORGE E. COLE  
LEGAL FORMS

TO

Quit Claim Deed  
JOINT TENANCY  
INDIVIDUAL TO INDIVIDUAL

STATE OF ILLINOIS  
 STATE FILE NUMBER  
**601386**

REGISTRATION DISTRICT NO. **18.10**  
 REGISTERED NUMBER

**MEDICAL CERTIFICATE OF DEATH**

DECEASED-NAME **Alice** FIRST MIDDLE LAST SEX **Female** DATE OF DEATH (MONTH, DAY, YEAR) **January 24, 2002**

COUNTY OF DEATH **Chicago** AGE-LAST BIRTHDAY (YRS) **69** UNDER 1 YEAR MONTHS DAYS UNDER 1 DAY HOURS MIN DATE OF BIRTH (MONTH, DAY, YEAR) **June 27, 1932**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Chicago** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **Loretto Hospital** IF HOSP. OR INST. INDICATE D.O.A. OPERATOR, PHN, INPATIENT (SPECIFY) **DOA**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Chicago, Illinois** MARRIED, NEVER MARRIED, DIVORCED, WIDOWED (SPECIFY) **Married** NAME OF SURVIVING SPOUSE (Maiden Name, if wife) **Robert Beal** WAS DECEASED EVER IN US ARMED FORCES? (YES/NO) **No**

SOCIAL SECURITY NUMBER **28-0450** USUAL OCCUPATION **laborer** KIND OF BUSINESS OR INDUSTRY **GE** EDUCATION (SPECIFY ON Y.HIGHEST GRADE COMPLETED) **8th** INSIDE CITY (YES/NO) **Yes** COUNTY **Cook**

RESIDENCE (STREET AND NUMBER) **5329 W. Jackson** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **Chicago** OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXIC, IN, PUERTO RICAN, etc.) **No**

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST (Maiden) LAST **Junious Young Evelyn**

INFORMANT'S NAME (TYPE OR PRINT) **Robert Beal** RELATIONSHIP **Husband** MAILING ADDRESS (STREET AND NO. OR R.F.D., C. BOX, TOWN, STATE, ZIP) **17b. Husband 17c. 5329 W. Jackson Chicago, 111. 4**

18. PART I. Immediate Cause (Final underlying condition resulting in death) **Myocardial infarction**

19. CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) **Due to, or as a consequence of**

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

20a. DATE OF OPERATION, IF ANY

20b. MAJOR FINDINGS OF OPERATION

20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **NO**

21. HOUR OF DEATH **11:20 A.M.**

22. DATE SIGNED (MONTH, DAY, YEAR) **1/28/02**

22a. SIGNATURE **Janice Rossbach MD**

22b. ILLINOIS LICENSE NUMBER **036065051**

22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **Janice Rossbach 3860 W. Ogden Chicago, IL 60625**

22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

23. BURIAL, CREMATION, REMOVAL (SPECIFY) **Forest Home** CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) **Jan. 29, 2002**

24. FUNERAL HOME **A.A. Rayner & Sons 5911 W. Madison Street Chicago, Illinois 60644**

25. FUNERAL DIRECTOR'S SIGNATURE **John S. Brown**

26. LOCAL REGISTRAR'S SIGNATURE **John S. Brown MD**

STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO

**JAN 29 2002**

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 OF BIRTHS, STILLBIRTHS 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.

**John S. Brown, MD**  
 LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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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 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 ILLINOIS.

Dated 6-21-2006

SIGNATURE *Queen Milanese*  
Grantor or Agent

Subscribed and sworn to before me by the said \_\_\_\_\_  
this \_\_\_\_\_ (th) day of \_\_\_\_\_, 2006

Notary Public *Bridgette Stewart*



THE GRANTEE OR HIS AGENT AFFIRMS AND VERIFIES THAT THE NAME OF THE GRANTEES 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, OR OTHER ENTITY RECOGNIZED AS A PERSON AND AUTHORIZED TO DO BUSINESS OR ACQUIRE AND HOLD TITLE TO REAL ESTATE UNDER THE LAWS OF THE STATE OF ILLINOIS.

Dated: 6-21-2006

SIGNATURE *Queen Milanese*  
Grantee or Agent

Subscribed and sworn to before me by the said \_\_\_\_\_  
this \_\_\_\_\_ (th) day of \_\_\_\_\_, 2006

Notary Public *Bridgette Stewart*



NOTE: Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.