

UNOFFICIAL COPY



Doc#: 0633231003 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 11/28/2006 09:54 AM Pg: 1 of 3

WARRANTY DEED

I, Charles P. Chiumiento of Berwyn, Illinois, am the sole owner of the below described Real Estate because my wife Theresa M. Chiumiento died on October 23, 2006. A certified copy of her death certificate is attached hereto. I want my niece Linda R. Salmon of Glenview, Illinois to own all interest in and to the below described Real Estate after I die.

I, Chares P. Chiumiento, for the consideration of ten and no/100 Dollars (\$10.00) and other good and valuable consideration, CONVEY and WARRANT to myself and to Linda R. Salmon as joint tenants with right of survivorship all interest in the following described Real Estate which is located in Cook County, Illinois:

2540 South Home Avenue, Berwyn, Illinois 60402-2123
Permanent Real Estate Number: 16-30-113-014-0000

The legal description of such Real Estate is:

LOT 47 (EXCEPT THAT PART TAKEN FOR 26TH STREET) IN PARKWAY SUBDIVISION OF PART OF LOTS 1, 2 AND 3 OF THE CIRCUIT COURT COMMISSIONERS' PARTITION OF THE WEST PART OF THE WEST HALF OF SECTION 30, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY ILLINOIS.

I, Charles P. Chiumiento, hereby release and waive all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois.

Charles P. Chiumiento

Linda R. Salmon

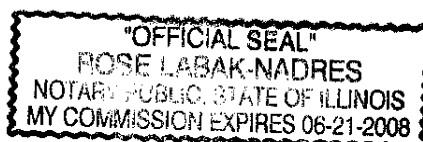
Date: 11-27-06

Date: 11-27-06

STATE OF ILLINOIS, COUNTY OF COOK

I, the undersigned, a Notary Public in and for Cook County, Illinois, CERTIFY THAT Charles P. Chiumiento and Linda R. Salmon are personally known to me to be the same persons whose names are subscribed on this Warranty Deed, appeared before me this day in person, and acknowledged that they signed, sealed and delivered this Warranty Deed as their free and voluntary act, for the uses and purposes set forth, including the release and waiver of the right of homestead.

Given under my hand and notarial seal this 27th day of NOVEMBER 2006



STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16.2/
REGISTERED NUMBER 589

DECEASED

1. DECEASED-NAME: Theresa Chiumiento LAST FIRST MIDDLE
 COUNTY OF DEATH: Cook
 2. SEX: Female
 3. DATE OF BIRTH (MONTH, DAY, YEAR): May 29, 1922
 4. DATE OF DEATH (MONTH, DAY, YEAR): October 23, 2006

5a. AGE-LAST BIRTHDAY (YRS): 84
 5b. HOURS: 5c. MIN.
 6. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER):
MacNeal Hospital
Vanguard Health Systems Inc. DBA

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
 8a. SOCIAL SECURITY NUMBER: 328-18-2174
 8b. USUAL OCCUPATION: Homemaker
 8c. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): Charles Chiumiento
 6c. I/PATIENT: No
 9. WAS DECEASED EVER IN ARMED FORCES, Y/N: No

10. RESIDENCE (STREET AND NUMBER): 2540 S. Home Ave.
 11a. CITY, TWP. OR ROAD DISTRICT NO.: Berwyn
 11b. CITY, TWP. OR ROAD DISTRICT NO.: Berwyn
 11c. INSIDE CITY (YES/NO): Yes
 11d. COUNTY: Cook

13a. STATE: Illinois
 13b. ZIP CODE: 131.60402
 14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): White
 14b. MOTHER-NAME FIRST MIDDLE LAST: Michael R. Anella
 15. INFORMANT'S NAME (TYPE OR PRINT): Charles Chiumiento
 16. RELATIONSHIP: Husband
 17a. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP):
17c. 2540 S. Home Ave., Berwyn, IL 60402

18. PART I. Immediate Cause (Final disease or condition resulting in death):
OPERMINAL CARCINOMA LUNGA
Chronic Lung Disease
 CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (e) STATING THE UNDERLYING CAUSE LAST:
Due to, or as a consequence of
Due to, or as a consequence of

19. AUTOPSY (YES/NO): No
 20a. DATE OF OPERATION, IF ANY: 10/23/06
 20b. MAJOR FINDINGS OF OPERATION: Adenoma, w/ nec.
 20c. IF FEMALE, WAS THERE A PREGNANCY IN THE LAST THREE MONTHS? YES NO
 21. HOUR OF DEATH: 1:15 P. M.
 21a. DATE SIGNED: 10/24/06
 21b. ILLINOIS LICENSE NUMBER: 036-050290
 22. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT):
Ramnik Gokani MD
5909 W. 35th Street, Cicero, IL 60804
 22a. SIGNATURE: [Signature]
 22b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):
Mount Carmel
 23. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Chicago, IL
 24. CEMETERY OR CREMATORY-NAME: Burial
 24a. LOCATION: Mount Carmel
 24b. STREET AND NUMBER OR R.F.D.: 6820 West Cermak Road, Berwyn, Illinois 60402-2277
 24c. CITY OR TOWN: Hillside, Illinois
 24d. STATE: IL
 25. FUNERAL HOME: J. Berhart & Sons
 25a. STREET AND NUMBER OR R.F.D.: 6820 West Cermak Road, Berwyn, Illinois 60402-2277
 25b. CITY OR TOWN: Hillside, Illinois
 25c. DATE (MONTH, DAY, YEAR): 24d. Oct 25 2006
 25d. ZIP: 60402
 25e. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 11644
 25f. LOCAL REGISTRAR'S SIGNATURE: [Signature]
 25g. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): NOV 9 2006

DECEASED'S BIRTH NO. 16.2/
REGISTERED NUMBER 589

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record for the person named and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths, and deaths.

DATE: NOV 16 2006 AT: BERWYN, ILLINOIS

SIGNED: Robert C. Beckhaus OFFICIAL TITLE: REGISTRAR

The original record is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. Local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of this record by the Department of Public Health or the local registrar shall be prima facie evidence in all courts and places of the facts therein.

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

UNOFFICIAL COPY

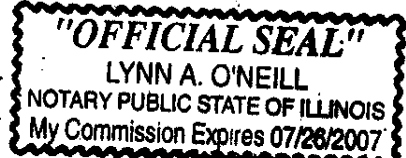
STATEMENT BY GRANTOR AND GRANTEE

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 of Illinois.

Dated Nov 28, 2006

Signature: Jeffrey W. Slaw / Agent
Grantor or Agent

Subscribed and sworn to before me by the said Agent this 28th day of November, 2006
Notary Public Lynn A. O'Neill

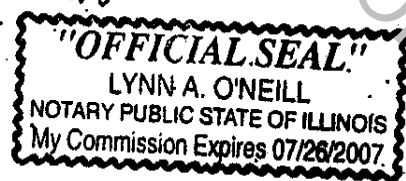


The Grantee or his Agent affirms and verifies that the name of the Grantee shown on the Deed or Assignment of Beneficial Interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, 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 and hold title to real estate under the laws of the State of Illinois.

Dated Nov 28, 2006

Signature: Jeffrey W. Slaw / Agent
Grantee or Agent

Subscribed and sworn to before me by the said Agent this 28th day of November, 2006
Notary Public Lynn A. O'Neill



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

(Attached 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.)