

# UNOFFICIAL COPY

## QUIT CLAIM DEED (Individual to Individual)



Doc#: 0703056003 Fee: \$34.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 01/30/2007 09:11 AM Pg: 1 of 6

MAIL TO:  
Rozmeen Shivji  
3722 Capri Court  
Glenview, Illinois 60025

SEND SUBSEQUENT TAX BILLS TO:  
Rozmeen Shivji  
3722 Capri Court  
Glenview, Illinois 60025

THE GRANTOR,

Rozmeen Shivji,

of the Village of Glenview, County of Cook, State of Illinois for the consideration of Ten and 00/XX-----  
-(\$10.00) DOLLARS, CONVEY and QUIT CLAIM to Rozmeen Shivji as Trustee of the Rozmeen Shivji  
Living Trust, dated January 23, 2007,

3722 Capri Court  
Glenview, Illinois 60025

all of Grantor's interest in the following described Real Estate situated in the County of Cook, in the State  
of Illinois, to wit:

**See Attached**

Commonly known as: 3722 Capri Court  
Glenview, Illinois 60025

Tax ID: 04-32-402-047-1051

44 <sup>ms</sup>  
x 6 Pgs

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TO HAVE AND TO HOLD the said premises with the appurtenances upon the trusts and for the uses and purposes herein and in said trust agreement set forth.

Full power and authority are hereby granted to said trustee to improve, manage, protect and subdivide said premises or any part thereof; to dedicate parks, streets, highways or alleys; to vacate any subdivision or part thereof, and to resubdivide said property as often as desired; to contract to sell; to grant options to purchase; to sell on any terms; to convey either with or without consideration; to convey said premises or any part thereof to a successor or successors in trust and to grant to such successor or successors in trust all of the title, estate, powers and authorities vested in said trustee; to donate, to dedicate, to mortgage, pledge or otherwise encumber said property, or any part thereof; to lease said property, or any part thereof, from time to time, in possession or reversion, by leases to commence in praesenti or in futuro, and upon any terms and for any period or periods of time, not exceeding in the case of any single demise the term of 308 years, and to renew or extend leases upon any terms and for any period or periods of time and to amend, change or modify leases and the terms and provisions thereof at any time or times hereafter; to contract to make leases and to grant options to lease and options to renew leases and options to purchase the whole or any part of the reversion and to contract respecting the manner of fixing the amount of present or future rentals; to partition or to exchange said property, or any part thereof, for other real or personal property; to grant easements or charges of any kind; to release, convey or assign any right, title or interest in or about or easement appurtenant to said premises or any part thereof; and to deal with said property and every part thereof in all other ways and for such other considerations as it would be lawful for any person owning the same to deal with the same, whether similar to or different from the ways above specified, at any time or times hereafter.

In no case shall any party dealing with said trustee in relation to said premises, or to whom said premises or any part thereof shall be conveyed, contracted to be sold, leased or mortgaged by said trustee, be obliged to see to the application of any purchase money, rent, or money borrowed or advanced on said premises, or be obliged to see that the terms of this trust have been complied with, or be obliged to inquire into any of the terms of said trust agreement; and every deed, trust deed, mortgage, lease or other instrument executed by said trustee in relation to said real estate shall be conclusive evidence in favor of every person relying upon or claiming under any such conveyance, lease or other instrument, (a) that at the time of the delivery thereof the trust created by this Indenture and by said trust agreement was in full force and effect; (b) that such conveyance or other instrument was executed in accordance with the trusts, conditions and limitations contained in this Indenture and in said trust agreement or in some amendment thereof and binding upon all beneficiaries thereunder; (c) that said trustee was duly authorized and empowered to execute and deliver every such deed, trust deed, lease, mortgage or other instrument; and (d) if the conveyance is made to a successor or successors in trust, that such successor or successors in trust have been properly appointed and are fully vested with all the title, estate, rights, powers, authorities, duties and obligations of its, his or their predecessor in trust.

The interest of each and every beneficiary hereunder and of all persons claiming under them or any of them shall be only in the earnings, avails and proceeds arising from the sale or other disposition of said real estate, and such interest is hereby declared to be personal property, and no beneficiary hereunder shall have any title or interest, legal or equitable, in or to said real estate as such, but only an interest in the earnings, avails and proceeds thereof as aforesaid.

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If the title to any of the above lands is now or hereafter registered, the Registrar of Titles is hereby directed not to register or note in the certificate of title or duplicate thereof, or memorial, the words "in trust," or "upon condition," or "with limitations," or words of similar import, in accordance with the statute in such case made and provided.

And the said grantor \_\_\_\_\_ hereby expressly waive \_\_\_\_\_ and release \_\_\_\_\_ any and all right or benefit under and by virtue of any and all statutes of the State of Illinois, providing for the exemption of homesteads from sale on execution or otherwise.

DATED January 23, 2007

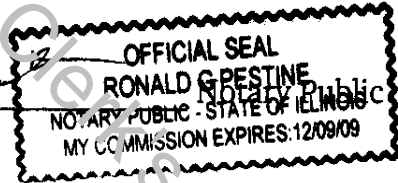
Rozmeen Shivji (SEAL)  
Rozmeen Shivji

State of Illinois     )  
                                  ) SS  
County of             )

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that **Rozmeen Shivji** is personally known to me to be the same person whose name is 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, January 8, 2007.

Commission expires \_\_\_\_\_.



This transaction is exempt pursuant to 35 ILCS 200/31-45 (e)

Date: 1/23/07

This instrument was prepared by Ronald G. Pestine, 555 Skokie Blvd., #595, Northbrook, Illinois 60062, #22954

# UNOFFICIAL COPY

PARCEL 1: UNIT "T"-19-"B, IN THE TRUIMVERA TOWNHOME CONDOMINIUM, AS DELINEATED ON AND ATTACHED TO AND A PART OF DECLARATION OF CONDOMINIUM OWNERSHIP REGISTERED ON THE SIXTH OF MAY 1975 AS DOCUMENT NUMBER 2806521.

AN UNDIVIDED 1.6437 PERCENTAGE INTEREST (EXCEPT THE UNIT DELINEATED AND DESCRIBED IN SAID SURVEY) IN AND TO THE FOLLOWING DESCRIBED PREMISES: THAT PART OF THE SOUTH HALF OF THE SOUTHEAST QUARTER OF SECTION 32, TOWNSHIP 42 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, BOUNDED AND DESCRIBED AS FOLLOWS: COMMENCING AT THE INTERSECTION OF THE NORTH LINE OF THE SOUTH HALF OF THE SOUTHEAST QUARTER OF SAID SECTION 32 WITH THE SOUTHWESTERLY RIGHT-OF-WAY LINE OF MILWAUKEE AVENUE AS ESTABLISHED BY DOCUMENT NUMBER 2492593 THENCE SOUTHEASTERLY ALONG SAID SOUTHWESTERLY RIGHT-OF-WAY LINE A DISTANCE OF 571.07 FEET; THENCE CONTINUING SOUTHEASTERLY ALONG THE SAID SOUTHWESTERLY RIGHT-OF-WAY LINE, ALONG A LINE WHICH FORMS AN ANGLE OF 0 DEGREES 37 MINUTES 19 SECONDS TO THE RIGHT OF THE PROLONGATION OF THE LAST DESCRIBED LINE, A DISTANCE OF 244.48 FEET; THENCE SOUTHWESTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE OF 30.00 FEET TO THE POINT OF BEGINNING; THENCE NORTHWESTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE OF 89.67 FEET; THENCE SOUTHWESTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE OF 45.50 FEET; THENCE SOUTHEASTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE OF 7.17 FEET; THENCE SOUTHWESTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE OF 3.00 FEET; THENCE SOUTHEASTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE OF 9.00 FEET; THENCE NORTHEASTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE OF 3.00 FEET; THENCE SOUTHEASTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE OF 12.00 FEET; SOUTHWESTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE OF 3.00 FEET; THENCE SOUTHEASTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE OF 9.00 FEET; THENCE NORTHEASTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE OF 3.00 FEET; THENCE SOUTHEASTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE OF 11.75 FEET; THENCE SOUTHWESTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE OF 3.36 FEET; THENCE SOUTHEASTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE OF 9.50 FEET; THENCE NORTHEASTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE OF 3.36 FEET; THENCE SOUTHEASTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE 31.25 FEET; THENCE NORTHEASTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE OF 1.50 FEET; THENCE SOUTHEASTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A

DISTANCE OF 3.00 FEET; THENCE NORTHEASTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE OF 9.00 FEET; THENCE NORTHWESTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE OF 3.00 FEET; THENCE NORTHEASTERLY AT RIGHT ANGLES TO THE LAST DESCRIBED LINE A DISTANCE OF 35.00 FEET TO THE POINT OF BEGINNING.

PARCEL 2: EASEMENTS FOR INGRESS AND EGRESS APPURTEMENT TO AND FOR THE BENEFIT OF PARCEL 1 AS SET FORTH IN THE DECLARATION OF COVENANTS AND RESTRICTIONS AND EASEMENTS FOR THE TRUIMVERA HOMEOWNERS ASSOCIATION FILED AS DOCUMENT NUMBER LR 2754081 AS AMENDED FROM TIME TO TIME IN COOK COUNTY, ILLINOIS.

# UNOFFICIAL COPY

## CITY OF AUSTIN

STATE OF TEXAS		CERTIFICATE OF DEATH		STATE FILE NUMBER	
1. LEGAL NAME OF DECEASED (Include AKA's if any) (First, Middle, Last) <b>Hassanali Charania</b>			2. DATE OF DEATH - ACTUAL OR PRESUMED <b>May 25, 2006</b>		
3. SEX <b>Male</b>	4. DATE OF BIRTH <b>June 18, 1966</b>	5. AGE-Last Birthday (Years) <b>39</b>	IF UNDER 1 YR NO. DAYS	IF UNDER 1 DAY HOURS MIN.	6. BIRTHPLACE (City & State or Foreign Country) <b>Pakistan</b>
7. SOCIAL SECURITY NUMBER <b>353-84-9918</b>		8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE (If wife, give name prior to first marriage) <b>Rozmeen Shivji</b>	
10a. RESIDENCE STREET ADDRESS <b>3722 Capri Court</b>			10b. APT NO.	10c. CITY OR TOWN <b>Glenview</b>	
10d. COUNTY <b>Cook</b>	10e. STATE <b>Illinois</b>	10f. ZIP CODE <b>60025</b>		10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11. FATHER'S NAME <b>Hyderali Charania</b>			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE <b>Shakerkhanu Gillani</b>		
13. PLACE OF DEATH (CHECK ONLY ONE) IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
14. COUNTY OF DEATH <b>Travis</b>		15. CITY/TOWN, ZIP (If outside city limits, give precinct no) <b>Austin 78701</b>		16. FACILITY NAME (If not institution, give street address) <b>Brackenridge Hospital</b>	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED <b>Rozmeen Shivji -Wife</b>			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) <b>3722 Capri Court Glenview, Illinois 60025</b>		
19. MANNER OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify)		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>JH Copeland #11019</b>		21. Section <b>T</b> Block Lot <b>188-D</b> Space <b>2</b>	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <b>Cook-Walden Capital Parks</b>		23. LOCATION (City/Town, and State) <b>Pflugerville, Texas</b>		24. NAME OF FUNERAL FACILITY <b>Cook-Walden Capital Parks</b>	
		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) <b>14501 North IH 35 Pflugerville, Texas 78660</b>			
26. CERTIFIER (Check only one): <input type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Medical Examiner/Judge of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.					
27. SIGNATURE OF CERTIFIER <i>Elizabeth Peacock</i>		28. DATE CERTIFIED (Mo/Day/Yr) <b>06/02/06</b>	29. LICENSE NUMBER <b>H4607</b>	30. TIME OF DEATH (Actual or presumed) <b>2:55 a.m.</b>	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) <b>Elizabeth Peacock P.O. Box 1748 Austin, Tx. 78767</b>			32. TITLE OF CERTIFIER <b>Deputy M.E.</b>		
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASE, INJURY, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE OF DEATH PER LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>a. Fresh water drowning</b> <span style="float: right;">Approximate Interval: <b>5 days</b></span> Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____					
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.			34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
35. MANNER OF DEATH <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined			37. DID TOBACCO CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		39. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year
38. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			36. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
40a. DATE OF INJURY (Mo/Day/Yr) <b>05/20/06</b>	40b. TIME OF INJURY <b>1:00 p.m.</b>	40c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	40d. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area) <b>Lake Travis</b>		
40e. LOCATION (Street and Number, City, State, Zip Code) <b>6500 Bob Wentz Park Road at Windy Point Austin, Tx 78732</b>			40f. COUNTY OF INJURY <b>Travis</b>		
41. DESCRIBE HOW INJURY OCCURRED <b>Recreational swimming</b>					
42a. REGISTRAR FILE NO. <b>02-02045</b>		42b. DATE RECEIVED BY LOCAL REGISTRAR <b>JUN 05 2006</b>		42c. REGISTRAR <i>Raguuel Moreno</i>	

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT  
WARNING: The penalty for knowingly making a false statement in this form can be 3-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 192.186)

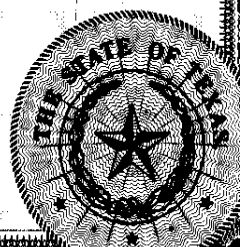
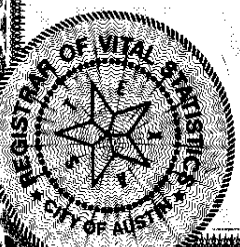
INFORMATION ON BACK OF THE FORM MUST BE COMPLETED IF APPLICABLE



S374587

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health & Safety Code.

ISSUED JUN 06 2006 *Raguuel Moreno* Local Registrar



WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

# 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.

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: 1/23/07  
Signature: [Signature]  
Grantor or Agent

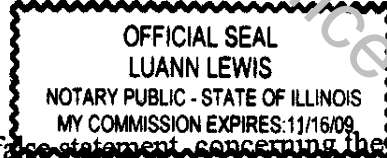
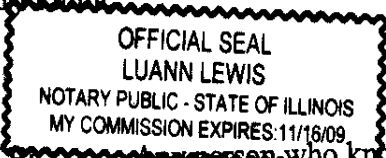
Date: 1/23/07  
Signature: [Signature]  
Grantee or Agent

Subscribed and Sworn to before me this 23<sup>rd</sup> day of January, 2007.

Subscribed and Sworn to before me this 23<sup>rd</sup> day of January, 2007.

[Signature]  
Notary Public

[Signature]  
Notary Public



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.

(Attach 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.)