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Doc#: 0708050002 Fee: \$32.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 03/21/2007 09:47 AM Pg: 1 of 5

AFTER RECORDING, MAIL TO:

Bozena Arct
2521 Thatcher, #2C
River Grove, IL 60171

This space is for RECORDER'S USE ONLY

QUIT CLAIM DEED
Individual to Individual

BOZENA ARCT f/k/a **Bozena Krol**, a widowed woman, of 2521 Thatcher, #2C, City of River Grove, County of Cook and State of Illinois, and ("Grantor"), for and in consideration of TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable consideration in hand paid, CONVEYS AND QUIT CLAIMS to **BOZENA ARCT**, a single woman, of 2521 Thatcher, #2C, City of River Grove, County of Cook, Illinois, ("Grantee"), all interest in the following described real property ("Property"), situated in Cook County, State of Illinois, to wit:

See attached for legal description.

hereby releasing and waiving all rights under and by virtue of Homestead Exemption Laws of the State of Illinois. To Have and to Hold, the above granted premises unto the said Grantee forever.

Permanent Real Estate Index Number: 12-26-413-072-1011.

Common Address: 2521 Thatcher, #2C, River Grove, IL 60171.

DATED this 8th day of March, 2007.

Bozena Arct
BOZENA ARCT f/k/a Bozena Krol

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STATEMENT BY GRANTOR AND GRANTEE

The grantor or the grantor's agent affirms that, to the best of his or her 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 and hold title to real estate under the laws of the State of Illinois.

Dated: 3/8/07 _____
Signature of Grantor: *[Signature]*

Subscribed and sworn to before me this

8 day of March, 2007.
Day Month

[Signature]
Notary Public

The grantee or the grantee's 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: 3/8/07 _____
Signature of Grantee: *[Signature]*

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 provisions of Section 4 of the Illinois Real Estate Transfer Tax Act)

Subscribed and sworn to before me this

8 day of March, 2007.
Day Month

[Signature]
Notary Public

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Unit 2521-2C as delineated on the survey of the following described parcels of real estate:

Parcel 1: Lot 44 (except the East 191.32 feet thereof and also excepting the South 286.0 feet thereof) in Volk Brothers' Third Addition to Chicago Home Gardens, a Subdivision in the West $\frac{1}{4}$ of the Southeast $\frac{1}{4}$ of Section 26, Township 40 North, Range 12 East of the Third Principal Meridian, in Cook County, Illinois,

and

Parcel 2: The North 86.0 feet of the South 286.0 feet of Lot 44 (excepting therefrom the East 191.32 feet thereof) in Volk Brothers' Third Addition to Chicago Home Gardens, in Section 26, Township 40 North, Range 12 East of the Third Principal Meridian, in Cook County, Illinois,

which survey is attached as Exhibit "A" to Declaration of Condominium Ownership and of Easements, Restrictions and Covenants and By-Laws for Thatcher Woods Condominiums (hereinafter called "Declaration") made by Glenview State Bank, Trustee under Trust Agreement dated April 25, 1970, and known as Trust No. 2041, registered in the Office of the Registrar of Titles of Cook County, Illinois, as Document Number LR3126229 together with an undivided 1/2147 interest in said parcels of real estate, excepting from said parcels the Units defined and set forth in said Declaration and survey.

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Certified Copy of a Death Record

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <u>16.9.2</u>	STATE OF ILLINOIS		STATE FILE NUMBER	
	REGISTERED NUMBER <u>187</u>	MEDICAL CERTIFICATE OF DEATH			
Type or Print in PERMANENT INK. See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS. A DECEASED B C D E PARENTS 1 2 3 CAUSE 4 5 N P CERTIFIER DISPOSITION	DECEASED-NAME FIRST MIDDLE LAST 1. MAREK B. ARCT		SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. FEBRUARY 19, 2007	
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 4. COOK		AGE-LAST BIRTHDAY (YRS) MOS. DAYS 5a. 51	UNDER 1 YEAR UNDER 1 DAY HOURS MIN. 5b. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. OCTOBER 6, 1955
	6a. PROVISO TOWNSHIP		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. FOSTER G. MCGAW HOSPITAL		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) 6c. INPATIENT
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. POLAND		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. BOZENA NEE WOZNIAK	
	SOCIAL SECURITY NUMBER 10. 323-91-6595		USUAL OCCUPATION 11a. CLERK	KIND OF BUSINESS OR INDUSTRY 11b. SAFETY DEPT.	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (1-4 or 5+) 12. 4
	RESIDENCE (STREET AND NUMBER) 13a. 2521 THATCHER # 2 C		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. RIVER GROVE	INSIDE CITY (YES/NO) 13c. YES	COUNTY 13d. COOK
	STATE 13e. ILLINOIS		ZIP CODE 13f. 60171	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. WHITE	
	FATHER-NAME FIRST MIDDLE LAST 15. ZBIGNIEW ARCT		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. MARIA PRZYBYTEK		
	INFORMANT'S NAME (TYPE OR PRINT) 17a. BOZENA ARCT		RELATIONSHIP 17b. WIFE	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 2521 THATCHER-2 C-RIVER GROVE, IL 60171	
	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) → (a) VENTRICULAR FIBRILLATION DUE TO, OR AS A CONSEQUENCE OF CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO) 19a. NO			
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21a. 2/19/2007		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO	HOUR OF DEATH 21c. 9:41 P.M.		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR) 22b. 2/20/07			
SIGNATURE 22a. ARVIND SURENDRAN M.D. MAYWOOD, ILLINOIS 60153		ILLINOIS LICENSE NUMBER 22d. 125-047645			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. ARVIND SURENDRAN M.D. MAYWOOD, ILLINOIS 60153		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.					
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. CREMATION	CEMETERY OR CREMATORY-NAME 24b. MONARCH CREMATORIUM	LOCATION CITY OR TOWN STATE 24c. FRANKLIN PARK, IL	DATE (MONTH, DAY, YEAR) 24d. FEB. 23, 2007		
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. COLONIAL-WOJCIECHOWSKI FUNERAL HOME-6250 N. MILWAUKEE-CHICAGO, ILLINOIS 60646		FUNERAL DIRECTOR'S SIGNATURE EDWARD J. MADURA, JR.			
FUNERAL DIRECTOR'S SIGNATURE 25b.		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-10057			
LOCAL REGISTRAR'S SIGNATURE 25d. Travis Rivers Jr.		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. February 23, 2007			
LOCAL REGISTRAR'S SIGNATURE 26a.		BROADVIEW ILLINOIS 60155			

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE FEB 23 2007 SIGNED Travis Rivers Jr.
 AT BROADVIEW, ILLINOIS, Illinois OFFICIAL TITLE LOCAL REGISTRAR OF VITAL STATISTICS

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts.