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Doc#: 0805305040 Fee: \$32.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 02/22/2008 10:00 AM Pg: 1 of 5

NAME: LANIER

FILE#: 7708-1A18

DEED COVER PAGE

Property of Cook County Clerk's Office

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QUIT CLAIM DEED

(Statutory, Illinois)

Individual to Individual

*NOTE:

THE GRANTORS, Valentina Lanier, Michele Thompson, Charles Lanier, Philip Lanier, Warren Lanier, Olivia Williams and Scott Lanier of the City of Chicago, County of Cook and State of Illinois, for the consideration of TEN DOLLARS and other good and in valuable consideration in hand paid, CONVEYS and QUIT CLAIMS to Jason Lanier, all interest in the following described Real Estate Situated in the County of Cook and State of Illinois, to wit

ABOVE SPACE FOR RECORDER'S USE ONLY

LOT 38 IN BLOCK 8 IN MARSTON AND AUGUR'S SUBDIVISION OF THE SW ¼ OF THE SW ¼ OF SECTION 20, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois. TO HAVE AND HOLD said premises forever.

PERMANENT INDEX NUMBER #: 20-20-327-008-0000
PROPERTY ADDRESS: 7021 S. BISHOP, CHICAGO, IL 60636

EXEMPT UNDER THE PROVISIONS OF THE REAL ESTATE TRANSFER TAX LAW, 35 ILCS 200/31-45(E)

DATED THIS 24TH DAY OF January 2008

Valentina Lanier
Valentina Lanier
Michele Thompson
Michele Thompson

Charles Lanier
Charles Lanier

Philip Lanier
Philip Lanier

Warren Lanier
Warren Lanier

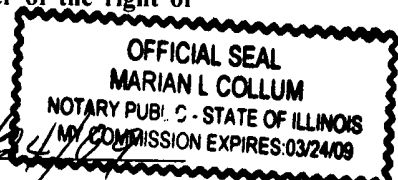
Olivia Williams
Olivia Williams

Scott Lanier
Scott Lanier

I the undersigned, a Notary Public in and for the State of Illinois, DO HEREBY CERTIFY that Valentina Lanier, Michele Thompson, Charles Lanier, Philip Lanier, Warren Lanier, Olivia Williams and Scott Lanier, all personally known to me to be the same persons whose name are subscribed to the foregoing instrument, appeared before me to be the same persons and acknowledged that each signed, sealed and delivered the same 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 25 day of January, 2008

Notary Public *Marian L Collum* My Commission expires 3/24/09



This instrument was prepared by

ATTORNEY NORTON HELTON P.O. BOX 804966, Chicago, Illinois 60680-4111

Mail To:

Send Subsequent Tax Bills To:

JASON LANIER 7021 S. BISHOP, CHICAGO, IL 60636 SAME

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*NOTE: VALENTINA LANIER, AN UNMARRIED PERSON
 MICHELE THOMPSON, MARRIED TO BURNELL THOMPSON, THIS IS NOT
 HOMESTEAD PROPERTY AS TO BURNELL THOMPSON
 CHARLES LANIER, AN UNMARRIED PERSON
 PHILIP LANIER, MARRIED TO RHONDA LANIER, THIS IS NOT HOMESTEAD
 PROPERTY AS TO RHONDA LANIER
 WARREN LANIER, MARRIED TO BONITA LANIER, THIS IS NOT HOMESTEAD
 PROPERTY AS TO BONITA LANIER
 OLIVIA LANIER, MARRIED TO IVORY WILLIAMS, THIS IS NOT HOMESTEAD
 PROPERTY AS TO IVORY WILLIAMS
 SCOTT LANIER, AN UNMARRIED PERSON

City of Chicago

Dept. of Revenue

544394

02/21/2008 09:30 Batch 05317 3



Real Estate

Transfer Stamp

\$517.50

COOK COUNTY
REAL ESTATE TRANSACTION TAX



FEB. 21. 08

REVENUE STAMP

REAL ESTATE
TRANSFER TAX

0003450

FP 103042

0008838350

STATE OF ILLINOIS



FEB. 21. 08

REAL ESTATE TRANSFER TAX
DEPARTMENT OF REVENUE

REAL ESTATE
TRANSFER TAX

0006900

FP 103037

0000026086

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DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David J. Orr
COUNTY CLERK

BIRTH NO.	REGISTRATION DISTRICT NO. 16:33	STATE OF ILLINOIS		STATE FILE NUMBER
	REGISTERED NUMBER 685	MEDICAL CERTIFICATE OF DEATH		92-055212
1. DECEASED-NAME FIRST MIDDLE LAST CHARLES F. LANIER SR.		SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. SEPTEMBER 7, 1992	
4. COUNTY OF DEATH COOK		AGE-LAST BIRTHDAY (YRS) 5a. 66	UNDER 1 YEAR 5b.	UNDER 1 DAY 5c.
6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER EVERGREEN PARK		6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) LITTLE COMPANY OF MARY HOSPITAL		6c. DATE OF BIRTH (MONTH, DAY, YEAR) NOVEMBER 26, 1925 IF HOSP. OR INST. INDICATE: D.O.A., OP/EMER., OR INPATIENT (SPECIFY) INPATIENT
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO, ILL.		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED	8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WILLA KIMBROUGH	
10. SOCIAL SECURITY NUMBER 352-18-1550		11a. USUAL OCCUPATION DYE SETTER	11b. KIND OF BUSINESS OR INDUSTRY GENERAL MOTORS	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12 College (1-4 or 5+) N.A.
13a. RESIDENCE (STREET AND NUMBER) 7021 SOUTH BISHOP		13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO	13c. INSIDE CITY (YES/NO) YES	13d. COUNTY COOK
13e. STATE ILLINOIS		13f. ZIP CODE 60636	14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) BLACK	
14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		15. FATHER-NAME FIRST MIDDLE LAST SHERROD LANIER		
16. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST MARGARET BOOTH		17a. INFORMANT'S NAME (TYPE OR PRINT) JULIE A. HLUZEK/CLERK		
17b. RELATIONS (IF HOSPITAL RECORDS) HOSPITAL RECORDS		17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 2800 WEST 95 STREET EVERGREEN PARK, ILLINOIS 60642		
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.				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death)		(a) Possible Pulmonary Embolism		
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF		
		(c) DUE TO, OR AS A CONSEQUENCE OF		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. Pneumonia; Bradycardia; Renal insufficiency				19a. AUTOPSY (YES/NO) NO
19b. WERE AUTOPSY FINDINGS AVAILABLE FROM TO COMPLETE CAUSE OF DEATH? (YES/NO) NO				
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO
21a. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 9/7/92		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		21c. HOUR OF DEATH 7:45 P. M.
22a. SIGNATURE Pauline Wong-Hugh				22b. DATE SIGNED (MONTH, DAY, YEAR) 9/8/92
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) PAULINE WONG-HUGH 4901 W. 79 ST. BURBANK, IL. 60459				22d. ILLINOIS LICENSE NUMBER 36-55683
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)				NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		24b. CEMETERY OR CREMATORY-NAME EVERGREEN		24c. LOCATION CITY OR TOWN STATE EVERGREEN PARK, ILL.
24d. DATE (MONTH, DAY, YEAR) SEP 10, 1992		25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP GATLING'S CHAPEL INC. 10133 S. HALSTED CHICAGO, ILLINOIS 60628		
25b. FUNERAL DIRECTOR'S SIGNATURE [Signature]		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 014179		
26a. LOCAL REGISTRAR'S SIGNATURE Annette Thauer My		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) SEPTEMBER 10, 1992		

DISTRICT NO. **16.10**

REGISTERED NUMBER

STATE FILE NUMBER **602035**

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

FEB 15 2007

DECEASED-NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
WILLIA			MAE	LANIER	FEMALE	FEB. 8, 2007
COUNTY OF DEATH	AGE - LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		
COOK	74	MOS. DAYS	HOURS MIN	FEB. 22, 1932		
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			IF HOSP. OR INST. INDICATE D.O.A. OR EMER. RM. INPATIENT (SPECIFY)	
CHICAGO		7021 S. BISHOP			HOSPICE	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		
CHICAGO, IL		8A. WIDOWED		NONE		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		
319-30-7000		11A. HOMEMAKER		11B. DOMESTIC		
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		
7021 S. BISHOP		CHICAGO		Elementary Secondary (6-12) 12 College (1-4 or 5+) 0		
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, P. R. OR OTHER)		INSIDE CITY (YES/NO)		
BLACK		NO		YES		
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE LAST		COUNTY		
RALPH KIMBROUGH		MARILO		COOK		
RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)				
17A. MICHELE THOMPSON		17B. DAUGHTER 17C. 1247 W. 73rd Pl. CHICAGO, IL 60636				
18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory, or shock, or heart failure. List only one cause on each line.						
(a) <i>Adrenal carcinoma</i> (b) <i>metastasis</i> (c) <i>primary</i>						
19. AUTOPSY (YES/NO) 19A. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES/NO						
NO YES NO						
20. DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION						
20A. DATE (MONTH, DAY, YEAR) 20B. FINDINGS						
NO 1/23/2007						
21. HOUR OF DEATH						
21C. 10:30 A						
22. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) DATE SIGNED (MONTH, DAY, YEAR)						
22A. JACOB ROTMENSCH 1725 HARRISON CHICAGO, IL 8FL. 2-9-07						
22B. ILLINOIS LICENSE NUMBER						
22C. 038675						
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)						
24. ILLINOIS LICENSE NUMBER						
24A. 038675						
25. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)						
25A. CHICAGO, IL						
26. BIRTH DATE (MONTH, DAY, YEAR)						
26A. FEB 15 2007						

I, TERRY MASON 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.

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		CEMETERY OR CREMATORY-NAME		LOCATION		CITY OR TOWN		STATE	
		24B. Evergreen Cemetery		24C. Evergreen Park		IL		IL	
24A. BURIAL		NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN		STATE	
				10133 S. HALSTED ST CHICAGO IL		60628			
25A. GATLING'S CHAPEL INC.		FUNERAL DIRECTOR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
				FEB 15 2007		034-015437			