UNOFFICIAL COPY

Release



Doc#: 0809947006 Fee: \$40.50 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds

Date: 04/08/2008 09:36 AM Pg: 1 of 3

KNOW ALL MEN BY THESE: PRESENTS, that Bennie H. Williams and Nellie C. Williams (Deceased), an Individuals, whose principal address is 105 Wysteria Drive, Olympia Fields, IL 60461, for and in consideration of the payment of the indebtedness secured by the Mortgage persinafter mentioned, and the cancellation of all the notes thereby secured, and of the sum of cone dollar, the receipt whereof is hereby acknowledged, does hereby REMISSE, RELEASE, CONVEY and QUIT CLAIM unto

Elijah J. King, II and Alessandter Hall-King, his/her heirs, legal representatives and assigns, all the right, title, interess, claim or demand whatsoever it may have acquired in, through or by a certain IMORTGACE, bearing the date of January 10, 2000 and recorded in the Recorder's Officie of Cook Courty, Illinois, on January 18, 2000 as document number 00039008, to the premises therein described as follows, situated in Cook County, Illinois:

LOT 140 IN BROOKWOOD POINT #2, BEING A SUBDIVISION OF PART OF THE NORTHWEST 1/4 OF SECTION 11, TOWNSHIP 35 NORTH, FANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIIAN, IN COOK COUNTY, ILLINOIS.

BENNIE H. WILLIAMS

"OFFICIAL SEAL"
Phyllis Stewart
Notary Public, State of Illinois
My Commission Exp. 08/01/2009

tCH0712-10534

0809947006 Page: 2 of 3

UNOFFICIAL COPY

State of Illinois)
County of Cook)
County of Cook	,

I, THE UNDERSIGNED, a Newtary Public in and for the said County, in the State aforesaid, DO HEREBY CERTIFY that BENNIE H. WILLIAMS, 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 ackrnowledged that as such he/she signed and delivered the said instrument pursuant to his/hear authority, as his/her free and voluntary act, and, for the uses and purposes therein set foorth.

Given under my hand and official seal this _

Prepared By:

Bennie H. Williams 105 Wysteria Drive Olympia Fields, IL 60461

After Recording, Mail To:

d and Ox Cook County Clarks Office Elijah L. King, II and Alessander Hall-King 751 East 194st Place Glenwood, IL 60425

Title Company of America, Inc. 18W100 22nd St, 102C Oakbrook Terrace, IL 60181

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

HARVEY, ILLINOIS DISTRICT 16.34

DECEDENT'S BIRTH NO.	REGISTRATION 16,34

	DISTRICT NO. 16,34					NUA	MBER	
	REGISTERED NUMBER	MEDICAL	CERTIF	CATE O				
Type or Print in PERMANENT INK See Funeral Directors.		MRST MIDDLE LLIE Catherin			EMALE 3.		(MONTH, DAY, YEAR) BER 6, 20	004
Hospital, or Physicians Handbook for INSTRUCTIONS	COUNTY OF DEATH COOK	AGE-LAST BIRTHDAY 5a. 66	(YRS) UNDER 1 YEARS) MOS. DAY		DATE OF BIRTH	(MONTH, DAY, Y	EAR) 1938	
	CITY, TOWN, TWP, OR HOAD DISTRIC	TNUMBER HOSPITAL	GALLS MEN		*:		FHOSP, OR INST, INDICA DP/EMEA. RM, INPATIENT SC. INPATII	
A	BIRTHPLACE (CITYAND STATE OR FOREIGN COUNTRING ISSUED	MARRIED, NEVER MARRIED, MADDWED, DIVORCED (SPE	NAME OF SU	IRVIVING SPOUSE (I	MAIDEN NAME, IF WIFE)		WAS DECEASE ARMED FORCE	DEVERIN
В	7 WESTPOINT SOCIAL SECURITY NUMBER	Ba MARRIED USUAL OCCUPATION	86. KINDOFBU SHERI	BENNIE SINESSORINDUSTR IAN	Elementary/Secon	SPECIFY ONLY H	9. NO IGHEST GRADE COMPLET College (1-4 or 5+)	ED)
G	10.354-32-0765 RESIDENCE (STREET AND NUMBER)	11a. LAB TECH	CITY, TOWN, TWP,		NO. INSID	m l	-00	
E.,	*30 105 WYSTERIA	DE RACE (WHITE, BL	13BOLYMPI7				I <mark>3d. COOK</mark> YCUBAN, MEXICAN, PUER	TO FICAN,
	136. 13f.	14a. BLAC	K st		FIRST MI	CIFY: DDLE	(MAIDEN) L	AST
PARENTS	CHARLES INFORMANTSNALE (TYPEORPRINT)	HARO	LD RELATIONSHIP	16.	JANITA RESS (STREET AND N		SMITH YORTOWN, STATE, ZIP)	
1	17a. BENNIE WI)L		_{17b.} HUSBA	AND 17c.105	 			IELD
3	Immediate Cause (Final	diseases, or complications that or heart failure. List only one cau	ise on each line.		•		BETWEENUNSE	FAND DEATH
		ACUTE etj. jrasaconseguenci METAST	FUL IYLO	05127	0 1-10	25-0	(
CAUSE	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (c)	METO, ORA. A CONSEQUENCE ASTHOM	EOF	KEASI_	CH7V C			
4	PART II. Other significant conditions contrib	uting to death but not resulting in the in	derlying cause given in PART	T.	· · ·	UTOPSY (ES/NO) 9a. YES	WERE AUTOPSY FINDINGS AVA COMPLETION OF GAUSE OF DE 19b.	ULABLE PRIOF ATH7 (YESAK
N	DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERJ	HICH:			THREE MO	WAS THERE A PREGNANC	CYINPAST
	I(DID) (DID NOT) ATTEND THE DECEA AND LAST SAW HIM/HER ALIVE ON				CORONER OR MED MINER NOTIFIED? (Y	ICAL HOUR	OF DEATH	D. V
,	TO THE BEST OF MY KNOWLEDGE, D	EATH OCCURRED AT THE TIM	E, DATE AND PLACE	21b.	•	DATES	3:42 HIGNED (MONTH)	P . M
CERTIFIER	22a. SIGNATURE ► TO NAME AND ADDRESS OF CERTIFIED	(TYPEORPHIM) Inga uddin MD 464	lls Fami:		-	3 ILLINOI	SLICENSE NUMBER	./0
	22c. An jum Hameed NAME OF ATTENDING PHYSICIAN IF	uddin MD 464 otherthancertifier	7 Lincolr	1 Hwy Ma	tteson	NOTE: IF	AM INJURY WASHIVOLVE HE CORONER OR MEDICA	ED IN THIS
l	23. BURIAL CREMATION, CEM REMOVAL (SPECIFY)	ETERY OR CREMATORY-NAN	iE LO	CATION CITY	OR LUWN STA	MUSTB	NOTIFIED.	DAY, YEAR)
		Assumption Cer	netery 24		d, II.) s	24d. 11-13	-04 zip
DISPOSITION	25a. Gatling's	Chapel, Inc.	10133 So.	Halsted	Chicago		60628	
	MINAGE	\rightarrow \mathcal{V}				2.1011		į

CERTIFIED COPY OF VITAL RECORDS

I HEREBY CERTIFY THAT THE FOREGOING is a true and correct copy of the DEATH record for the individual named therein 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 ISSUED

ISSUED AT:

CITY OF HARVEY 15320 SO. BROADWAY AVE. ILLINOIS 60426





NOV 1 2 2004