



Doc#: 0812247014 Fee: \$40.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 05/01/2008 01:29 PM Pg: 1 of 3

STATE OF ILLINOIS]

COUNTY OF]

BARBARA A ARANDIA

being duly

sworn states that

resides at

11969 Bulger Ave

HAZEL CREST

in the City of

HAZEL CREST

That I

was acquainted

RAQUEL

SANTANA

deceased who, at the time of

HER

death, was one of the owners of the land in

COOK

County, Illinois, described as:

P.I.N. 29-30-122-017-0000

That the deceased died

12-29-2005

as evidenced by a certified copy of death certificate of the
deceased attached hereto.

Subscribed and sworn to before me by the said

X Barbara A ARANDIA

this

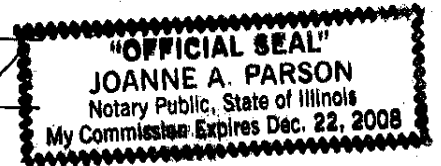
1

day of

May

A.D. 19

2008



Notary Public

(affiant signature)

UNOFFICIAL COPY**Instruction****GENERAL POWER OF ATTORNEY**

(With Durable Provision)

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

TO ALL PERSONS, be it known that I, 1. RAQUEL SANTANA
of 2. 16969 BOLSER HAZEL CREST IL 60429
the undersigned Grantor, do hereby make and grant a general power of attorney to 3. BARBARA W. D'RI
of 4. PO BOX 49335 CHICAGO IL 60640
and do thereupon constitute and appoint said individual as my attorney-in-fact/agent.

My attorney-in-fact/agent shall act in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters, to the extent that I am permitted by law to act through an agent:

NOTICE: The grantor must write his or her initials in the corresponding blank space of a box below with respect to each of the subdivisions (A) through (O) below for which the Grantor wants to give the agent authority. If the blank space within a box for any particular subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision. Cross out each power withheld.)

- | | |
|--------|---|
| [RS] | (A) Real estate transactions |
| [KS] | (B) Tangible personal property transactions |
| [RS] | (C) Bond, share and commodity transactions |
| [] | (D) Banking transactions |
| [] | (E) Business operating transactions |
| [RS] | (F) Insurance transactions |
| [RS] | (G) Gifts to charities and individuals other than Attorney-in-Fact/Agent
(If trust distributions are involved or tax consequences are anticipated, consult an attorney.) |
| [] | (H) Claims and litigation |
| [RS] | (I) Personal relationships and affairs |
| [RS] | (J) Benefits from military services |
| [RS] | (K) Records, reports and statements |

UNOFFICIAL COPY

STATE OF ILLINOIS)
County of Cook)

DAVID ORR, County Clerk

DEC 29 2005

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 a 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 Orr
- COUNTY CLERK

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.0	STATE OF ILLINOIS	STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH		
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS DECEASED B C D E PARENTS 1 2 3 CAUSE 4 5 N P CERTIFIER 22a 22b 22c 23 DISPOSITION	1. DECEASED-NAME FIRST MIDDLE LAST <i>Hazel A Santana</i>		2. SEX <i>Female</i>	
	3. DATE OF DEATH (MONTH, DAY, YEAR) <i>December 29 2005</i>		4. COUNTY OF DEATH <i>Cook</i>	
	5a. AGE—LAST BIRTHDAY (YRS) <i>76</i>		5b. UNDER 1 YEAR MOS. DAYS HOURS MIN.	5c. UNDER 1 DAY HOURS MIN.
	6a. RESIDENCE (STREET AND NUMBER) <i>Hazel Crest</i>		6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <i>South Suburban Hospital</i>	
	7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <i>Guatamala</i>		8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <i>Widowed</i>	
	9. SOCIAL SECURITY NUMBER <i>333-54-0888</i>		10. USUAL OCCUPATION <i>Homemaker</i>	
	11. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <i>Not applicable</i>		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) <i>6</i> College (1-4 or 5+)	
	13a. RESIDENCE (STREET AND NUMBER) <i>16969 Bulger Ave.</i>		13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO. <i>Hazel Crest</i>	
	13c. STATE <i>Illinois</i>		13d. COUNTY <i>Cook</i>	
	13e. ZIP CODE <i>60429</i>		14. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <i>Hispanic</i>	
15. FATHER-NAME FIRST MIDDLE LAST <i>Not available</i>		16. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST <i>Julia Arandia</i>		
17a. INFORMANT'S NAME (TYPE OR PRINT) <i>Barbara Duran</i>		17b. RELATIONSHIP <i>Daughter</i>		
17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <i>16969 Bulger Ave., Hazel Crest, IL</i>		18. PART I. Enter the disease, 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. (a) <i>Advanced</i> (b) <i>LYMPHOMA</i> (c)		
19a. DATE OF OPERATION, IF ANY		19b. MAJOR FINDINGS OF OPERATION		
20a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) <i>12/26/05</i>		20b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <i>NO</i>		
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		21b. HOUR OF DEATH <i>3:10 P.M.</i>		
22a. SIGNATURE <i>[Signature]</i>		22b. DATE SIGNED (MONTH, DAY, YEAR) <i>12/27/05</i>		
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <i>DR. NAZZER SHAKH 3330 W 177th St Hazel Crest, IL 60639</i>		22d. ILLINOIS LICENSE NUMBER <i>026-852501</i>		
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Cremation</i>		23a. CEMETERY OR CREMATORY-NAME <i>Cremation Services</i>		
23b. LOCATION CITY OR TOWN STATE <i>Schiller park, IL</i>		23c. DATE (MONTH, DAY, YEAR) <i>12-29-05</i>		
24a. FUNERAL HOME NAME <i>Ridgemoor Chapels 6453 W. Irving Park Rd., Chicago, IL 60634-2437</i>		24b. FUNERAL DIRECTOR'S SIGNATURE <i>Steven T. Zenaty</i>		
24c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <i>034-011599</i>		24d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <i>DEC 29 2005</i>		