



QUIT CLAIM DEED

Doc#: 0835755002 Fee: \$66.00
Eugene "Gene" Moore RHSP Fee:\$10.0
Cook County Recorder of Deeds
Date: 12/22/2008 12:17 PM Pg: 1 of 4

THE GRANTOR CHARLES W. KUCERA, a widower, 1325 West Illinois Street, Palatine, Illinois 60067 as sole legatee and beneficiary under the Last Will and Testament of Joan G. Kucera dated August 23, 2006 who died a resident of Cook County, Illinois on September 26, 2008 for and in consideration of TEN DOLLARS, in hand paid, CONVEYS and QUIT CLAIMS to CATHERINE LYNN KUCERA, CHARLES W. KUCERA, JR., and RICHARD M. KUCERA, as tenants in common, 4342 South Wenonah, Stickney, Illinois 60402 all of his rights title and interest in the following described Real Estate situated in the County of Cook, in the State of Illinois, to wit:

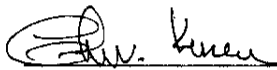
The South 37 feet of Lot 14 in Block 1 in Walter G. McIntosh's Forest View Gardens, a Subdivision of Lots 14, 15, 20 to 23 and 28 in Circuit Court Partition of part of Section 6. Township 38 North, Range 13, East of the Third Principal Meridian, according to Plat of said Forest View Gardens, recorded June 7, 1922, as Document 7532229, in Cook County, Illinois.

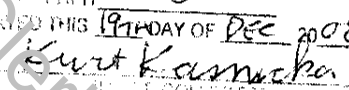
Grantor hereby releases and waives all rights under and by virtue of the Homestead Laws of the State of Illinois.

Permanent Real Estate Index Numbers: 19-06-301-021-0000

Address: 4342 South Wenonah, Stickney, Illinois 60402

DATED: October 30, 2008.

 (SEAL)
CHARLES W. KUCERA

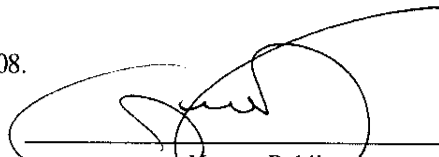
VILLAGE OF STICKNEY
EXEMPTION EXEMPT FROM REAL
ESTATE TRANSFER TAX ACCORDING TO
PARAGRAPH 5
DATED THIS 19TH DAY OF DEC 2008

KURT KAMUCHA
CLERK OF COOK COUNTY

State of Illinois, County of Cook) SS

I, the undersigned, a Notary Public in and for the County, in the State aforesaid, DOES HEREBY CERTIFY that CHARLES W. KUCERA, a widower, personally known to me to be the person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered the said instrument as his 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 October 30, 2008.

Commission expires _____


Notary Public

This instrument was prepared by Pinderski & Pinderski, Ltd., 115 West Cofax, Palatine, IL 60067

Mail To and Send Tax Bills to: Richard M. Kucera
4342 South Wenonah
Stickney, IL 60402

This Transaction is Exempt under
Paragraph 5 of the Real Estate
Transfer Act.
Agent 10-30-08

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.

Dated: 12-22, 2008

Signature: _____

Grantor or Agent

Subscribed and Sworn to before me by said _____ on this 22 day of Dec, 2008

Colette M. Pinderski
Notary Public



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 and hold title to real estate under the laws of the State of Illinois.

Dated: 12-22, 2008

Signature: _____

Grantee or Agent

Subscribed and Sworn to before me by said _____ on this 22 day of Dec, 2008

Colette M. Pinderski
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.)



EUGENE "GENE" MOORE

County of Cook

DAVID ORR, County Clerk

UNOFFICIAL COPY

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 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.

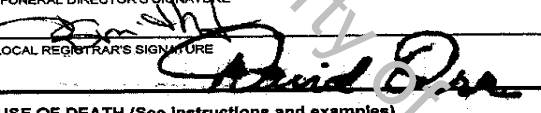
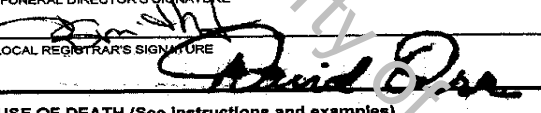

David Orr

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-NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)		
	1. Josephine H. Stipek		2. Female		3. October 30, 2006		
	CITY OF DEATH		AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR MOS.	UNDER 1 DAY HOURS	DATE OF BIRTH (MONTH, DAY, YEAR)	
	4. Cook		5a. 93	5b.	5c.	5d. April 15, 1913	
	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. OP/EMER. RM. INPATIENT (SPECIFY)	
	6a. Stickney		6b. 4342 So. Wenonah Ave.			6c.	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN ARMED FORCES? (YES/NO)
	7. Chicago, IL		8a. Widowed		8b.		9. NO
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
	10. 324 07 2089		11a. Secretary		11b. Car Dealer	12. 10	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY		
13a. 4342 So. Wenonah Ave.		13b. Stickney		13c. Yes	13d. Cook		
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN)		
13e. Illinois		13f. 60402	14a. White		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST		16. Anna Tabor			
15. Matej Svehla		17. Daughter		17c. 1325 W. Illinois Ave. Palatine, Illinois 60067			
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. Joan Kucera		17b. Daughter		17c. 1325 W. Illinois Ave. Palatine, Illinois 60067			
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) <i>pulmonary embolism - multiple</i>		1 year -			
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.							
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)		
20a.		20b.		19a. No	19b.		
I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. <i>10/14/06</i>		21b. Yes		21c. 8:37 P M.			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		22a. SIGNATURE <i>Robert Vacek</i>		DATE SIGNED (MONTH, DAY, YEAR)			
22a. Robert Vacek MD		22b. <i>10/31/06</i>		ILLINOIS LICENSE NUMBER			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		22c. 7222 W. Cermak Rd. No. Riverside		22d. <i>60546</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION	CITY OR TOWN	STATE	
24a. Burial		24b. Bohemian National		24c. Chicago, Illinois	DATE (MONTH, DAY, YEAR)		
FUNERAL HOME		NAME		CITY OR TOWN		STATE	
25a. Svec & Sons		6227 W. Cermak Rd.		Berwyn, Illinois 60402			
FUNERAL DIRECTOR'S SIGNATURE		25b. <i>James J. Svec</i>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
25b. James J. Svec		25c. 034 011620		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
LOCAL REGISTRAR'S SIGNATURE		26a. <i>David Orr</i>		26b. NOV 01 2006			

UNOFFICIAL COPY

STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0		LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) Joan G. Kucera			2. SEX Female	3. DATE OF DEATH (Month/Day/Year) (Spell Month) September 26, 2008	
4. COUNTY OF DEATH Cook		5a. AGE AT LAST BIRTHDAY (Years) 70	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Month/Day/Year) November 2, 1937
7a. CITY OR TOWN Elk Grove Village			7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) Alexian Brothers Medical Center		
7c. PLACE OF DEATH (Check only one; see instructions)					
IF DEATH OCCURRED IN A HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival			IF DEATH OCCURRED SOMEWHERE OTHER THAN HOSPITAL <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long-Term care facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify): _____		
8. BIRTHPLACE (City and State or Foreign Country) Chicago, IL		9. SOCIAL SECURITY NUMBER 349-30-6149		10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	11. SURVIVING SPOUSES NAME (If wife, give full name prior to first marriage) Charles Kucera
12. EVER IN THE US ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13a. RESIDENCE (Street and Number) 1325 W. Illinois		13b. APT. NO.	13c. CITY OR TOWN Palatine	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13e. COUNTY Cook	13f. STATE IL	13g. ZIP CODE 60067	14. FATHER'S NAME (First, Middle, Last) George Stipek		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Josephine Svehla
16a. INFORMANT'S NAME Charles Kucera			16b. RELATIONSHIP Husband	16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 1325 W. Illinois, Palatine, IL 60067	
17. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) Trison Crematory		19. LOCATION - CITY, TOWN AND STATE Lombard, IL	20. DATE OF DISPOSITION (Month/Day/Year) September 30, 2008
21a. FUNERAL HOME NAME STREET NUMBER CITY OR TOWN STATE ZIP Smith-Corcoran Funeral Home, 185 E. Northwest Hwy., Palatine, IL 60067					
21b. FUNERAL DIRECTOR'S SIGNATURE 				21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-012032	
22. LOCAL REGISTRAR'S SIGNATURE 				23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) SEP 30 2008	
24. PART I. Enter the chain of events - diseases, injuries or complications - that directly cause the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. Metastatic breast and lung cancer					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. _____ Due to (or as a consequence of):					_____
Sequitantly list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury initiated the events resulting in death) LAST b. _____ Due to (or as a consequence of):					_____
c. _____ Due to (or as a consequence of):					_____
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. pulmonary embolism, malignant pleural effusion					25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown					28. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within the past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant within 42 days of death <input type="checkbox"/> Pregnant within 42 days of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death. <input type="checkbox"/> Unknown if pregnant within the past 12 months
29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation					26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
30. DATE OF INJURY (Month/Day/Year)		31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	32. PLACE OF INJURY (e.g. Decedent's home; construction site, restaurant, wooded area)		33. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code					
35. DESCRIBE HOW INJURY OCCURRED:					
36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____					
37. I (DID)/DID NOT ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE 9/26/08		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	39. DATE PRONOUNCED (Month/Day/Year) September 26, 2008	40. TIME OF DEATH 12:49 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	
41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - 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.					
42. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) Richard Cash MD, 800 Biesterfeld, Elk Grove Village, IL				43. PHYSICIAN'S LICENSE NUMBER 036-066808	
44. TITLE OF CERTIFIER MD		45. DATE CERTIFIED (Month/Day/Year) 9/29/08	46. SIGNATURE OF CERTIFIER 		

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

STATE OF ILLINOIS
(County of Cook)

DAVID ORR, County Clerk

SEP 30 2008

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.


COUNTY CLERK