

This instrument prepared by:

Ross M. Rosenberg, Esq.

Eugene "Ge
Cook County
Date: 05/15/

Attorney Registration Number: 6279710

Rosenberg LPA
Attorneys At Law
7367A E. Kemper Road
Cincinnati, Ohio 45249
(513) 247-9605

After Recording, keturn to:

June Rogers 18750 Sherman St Lansing, IL 60438 Doc#: 0913515002 Fee: \$42.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 05/15/2009 08:35 AM Pg: 1 of 4

## PROPERTY APPRAISAL (TAX/APN) PARCEL IDENTIFICATION NUMBER 33-05-105-045

#### CUITCLAIM DEED

June Mora N/K/A June Rogers, unmarried persons, hereinafter grantors, of Cook County, Illinois, for \$10.00 (ten dollars and no cents) in consideration paid, grant and quitclaim to June Rogers, hereinafter grantees, whose tax mailing address is 12.750 Sherman St, Lansing, IL 60438, without covenants of any kind, all right, title, interest and claim to the following land in the following real property:

The following described real estate located in Cook County, Illinois: Lot 22 (except the South 12 ½ feet thereof) and Lot 23 (except the North 12 ½ feet thereof) in Block 2 in Lansing Lake Gardens, a Subdivision of the Northeast ¼ of the Northwest ¼ of Section 5, Township 35 North, Range 15 East of the Third Principal Meridian (except 1 ½ acres thereof as designated as Homestead on the Surveyors Plat of said Northeast ½ of the Northwest ½ of said section) in

Cook County, Illinois. Parcel No: 33-05-105-045 - 0000

The real property described above is conveyed subject to and with the benefit of All easements, covenants, conditions and restrictions of record; in so far as in force applicable.

The real property described above is conveyed subject to, and excepted from the following: All easements, covenants, conditions and restrictions of record; All legal highways; Zoning, building and other laws, ordinances and regulations; Real estate taxes and assessments not yet due and payable; Rights of tenants in possession.

51-35mb 52-10ml 4pgpe

0913515002 Page: 2 of 4

# **UNOFFICIAL COPY**

TO HAVE AND TO HOLD the same together with all and singular the appurtenances thereunto belonging or in anywise appertaining, and all the estate, right, title interest, lien equity and claim whatsoever of the said grantors, either in law or equity, to the only proper use, benefit and behalf of the grantees forever.

| Prior instrument reference: #24621304  |
|--|
| Executed by the undersigned on   |
| June Mora  STATE OF  |
| The foregoing instrument was acknowledged before me on 2 April 2009, 2019 by June Mora N/K/A June Rogers, who are personally known to me or have produced proved License as identification, and furthermore, the                   |
| known to me or have produced proved Liverse as identification, and furthermore, the aforementioned persons have acknowledged the their signatures were their free and voluntary act for the purposes set forth in this instrument. |
| FOFFIGIAL STAL"  OREGONY D. GOLVIS  Notary Find a close of minicis  Nay Commission Lagraes 19/19/10  |
| MUNICIPAL TRANSFER STAMP (If Required)  COUNTY/ILLING(STRANSFER STAMP (If Required)  |
| EXEMPT under provisions of Paragraph Section 31-45, Property Tax Code  |
| Date: 4309  Buyer, Selver or Representative  |
| Grantees' Names and Address:   |
| June Rogers  |
| 18750 Sherman St, Lansing, IL 60438  |

0913515002 Page: 3 of 4

## **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  |   |
|--|---|
| O. C.  | Signature: Catheren  Grantor or Agent   |
| Subscribed and sworn to before me  | Pat Lerow, Agent Dawn Conely  |
| By the said Part Levow, agent This 2, day of NVAM Notary Public Dawn Conery  | Notary Public Kent County, MI  My Commission Expires March 11, 2014  Signing inCounty, MI   |
| The grantee or his agent affirms and verifies assignment of beneficial interest in a land trust foreign corporation authorized to do business partnership authorized to do business or acquire | that the name of the grantee shown on the deed or<br>is either a natural person, an Illinois corporation or<br>or acquire and hold title to real estate in Illinois, a<br>and hold title to real estate in Illinois or other entity<br>ness or acquire title to real estate under the laws of the |
| Date   | Signature: Cal rum  |
|  | Grantee or Agent  |
| Subscribed and sworn to before me  By the said Pat Jerow, Agent  This 2, day of May, 20 of  Notary Public Dawn Conclusion  | Dawn Conely  Notary Public Kent County, in  My Commission Expires March 17, 2014  Signing in  |
| Note: Any person who knowingly submits a fals  | e statement concerning the identity of a <b>Grantee s</b> hall offense and of a Class A misdemeanor for subsequent  |

(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.)

### LINOEFICIAL COPY

### CERTIFICATION OF VITAL RECORD

"VERIFICATION BOX" (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT. COLOR WILL CHANGE TO BLUE AND THEN RETURN.)

### STATE OF ARIZONA

| ORIGINAL   |  |             |                              |  | OF ARIZONA                             |  |  |   |                              | ()-<br>()-     |                                    |                             |                         |  |
|--|--|-------------|------------------------------|--|--|--|--|---|------------------------------|----------------|------------------------------------|-----------------------------|-------------------------|--|
| STATE  | DEF  | PARTM       |                              |  |  |  |  |   |                              | DEATH NO.      |                                    |                             |                         |  |
| COPY   | CERTIFICATE OF DEATH D-102 2005 022189   |             |                              |  |  |  |  |   |                              |                |                                    |                             |                         |  |
| NAME OF<br>DECEASED  | A. FIRST   |             | B, MIDDLE                    |  | SEX                                    |  | DATE OF  | MOI                                       | VTH DAY                      | YEAR           |                                    |                             |                         |  |
| -  | FONSE  |             |                              |  | MORA                                   |  | 2.   | MALE                                      | 4                            | NE 23,         | 2005                               |                             |                         |  |
| RACE (e.g., white, black, Americ<br>SPECIFY:   | (e.g., white, black, American Indian, (specify tribe)etc. WAS DECEDENT OF HISPANIC ORIGIN: (SPECIFY YES OR NO) |             |                              |  |  |  | IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) |   |                              |                |                                    |                             |                         |  |
| White  | 4B. Yes  |             |                              |  |  | 4C.  | Vo.  |   |                              |                |                                    |                             |                         |  |
|  | SA. COUNTY   |             | 6B. TOWN OR CITY             | 1  |  | 6C. HOSPITAL OR (IF RESIDENCE, GIVE STREET ADDRESS) INSTITUTION          |  |   |                              |                | 6D.<br>□ DOA                       |                             |                         |  |
| 6. MARICOPA  | SCOTTSDALE   |             |                              |  |  | SCOTTSDALE HEALTHCARE-SHEA DIN PATIENT                                   |  |   |                              |                |                                    |                             | IR.<br>ENT              |  |
| DATE OF MONTH<br>BIRTH   | DAY  | YEAR        | AGE (YEARS<br>LAST BIRTHDAY) | MARRIED, NEVER MARRIED, SURVIVING WIDOWED, DIVORCED (SPECIFY) SPOUSE |  |  |  |   | (IF WIFE, GIVE MAIDEN NAME)  |                |                                    |                             |                         |  |
| 7 August 15,   | 192°   |             | 8A. 75                       | IF UNDER 1 YE<br>MOS. DAY<br>8B.                                     | 8C.                                    | 9. Divorced 10.  |  |   |                              |                |                                    |                             |                         |  |
| STATE AND (If not it   | n USA, name r 👊  | DLV)        | CITIZEN OF WHAT              | USUAL OCCUPATION (Give<br>done most of working life, e               |  |  | PATION (Give kind<br>vorking life, even i  | kind of work KIND OF BUSINESS OR INDUSTRY |                              |                |                                    |                             |                         |  |
|  | 11 Chicago, Illinois   |             |                              | 12. U.S.A. 13  |  |  |  |   |                              |                | worker 148. Trade                  |                             |                         |  |
| USUAL 15A, ST/   |  |             |                              | 15C. TOWN C  | DR CITY                                | 15D. ZIP CODE HOW LONG IN A  |  |   | ARIZONA? E                   |                |                                    | DUCATION<br>GRADE COMPLETED |                         |  |
| RESIDENCE<br>15. Arizona   |  | Mar:        | i ora Scottsdale             |  |  | 85255 <sub>16.</sub> 9 Y   |  |   | ears                         |                |                                    |                             |                         |  |
| STREET ADDRESS OF R.F.D.   | 1  |             | INS DEC TYLIMIT              | S? ON  | RESERVATIONS<br>ECIFY Yes or No)       | PREVIOUS STA   | VTE<br>E   |   | - Litari - T                 | ELEMENTAR      | Y SECONDARY                        |                             | COLLEGE<br>1-4 or 5+)   |  |
| 9031 E. Para   | aiso Dr  | •           | 15F. Yes                     | 150  | NΛ                                     | 18.  |  | inois                                     | 3 6                          | 18A.           | 2                                  | 189.                        |                         |  |
| FATHERS A. FIRST   |  | B. MID      |                              | C. LA  | ST                                     | MOTHERS MA   | IDEN   | A. FIRS                                   | त ्                          | B. MIDDLE      |                                    | C. LAST                     |                         |  |
| NAME<br>19. Faus   | stino  | В           | • ¥**                        | N. M.  | ra                                     | 20.  |  | Del                                       | ores.                        | Lola           |                                    | Mendo                       | oza                     |  |
| INFORMANT'S SIGNATURE [  | 3y : <b>/ 100</b>  | 20          | efol                         | TREL DS  | A JONSHIP TO                           | ADDRESS  | ii. F  | STREET                                    | iso Dr                       | CITY AND S     | STATE                              | ZIP C                       | ODE                     |  |
| 21 Erin Quer   | ız¶er  |             |                              |  | Drughter                               | g Ść   | ott:   | dale,                                     | Arizon                       | ā 852          | 255                                |                             |                         |  |
| BURIAL, CREMATION,<br>REMOVAL, OTHER (Specify)   | DATE   |             |                              | Y OR CREMATO   | DRY NAME COCATION                      | Cremat   | Onv  | EMBA                                      | LMER'S SIGNATU               | RE             | 1.5                                | • •                         | CERT. NO.               |  |
| "Cremation   | 25   | 25-0        | 26                           | Scotts   | dale // Ar:                            | izona  | 20.00  | 27A.                                      | Not                          | Emba,lr        | ned                                | ļ                           | 279.                    |  |
| FUNERAL HOME   | NAME<br>DOOR Pi  | nnac        | STREET AD                    | DRESS<br>Mortua  | TV                                     | ANL STATE  | Section (  | FUNE                                      | <i>(</i>                     |                | THE PARTY                          | RE)                         | CERT. NO.               |  |
| FUNERAL HOME NAME Messinger Pinnacle Peak Mortuary, // 8555 E. Pinnacle Peak Rd., Scottsdale, A72, 85255 284 Joseph K. Ashford 762   |  |             |                              |  |  |  |  |   |                              |                |                                    |                             |                         |  |
| TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLASE AND  |  |             |                              |  |  |  |  |   |                              |                |                                    |                             |                         |  |
| TO BE TO THE SIGN THE | URE D  |             |                              | 2,400  |  | 2  |  | SIGNATURE N                               | : SE (                       | en O           | 2000                               | . NO:                       | 1                       |  |
| DATE SIGN  | ED (Mo., Day, Yes  | ar\         |                              | HOUR OF  | DEATH                                  | To be complished by MEDICAL EXAMINE OR TRIBBAL LAW ENFORCEL TO AUTHORITY |  | AND TITLE                                 |                              | <del>4</del> 4 | THE                                | DUR OF DEA                  | лн                      |  |
| 25日 シー 31.   | CD (1.10., DD), 10.  | ,           | ,                            | 32.  |  | S S S S S S S S S S S S S S S S S S S                                    |  | 医化邻甲基 盡一                                  | 24 20                        |                | <sub>36.</sub> 0304                |                             |                         |  |
| .  | TTENDING PHYS  | ICIAN OF C  | THER THAN CERT               | FIER (Type or p  | fint)                                  | ĢĀ "   | PF   | ONC NULT DE                               | EAD (Mo., Day, Ye<br>E 23, 2 | ear)<br>OOS    | PRONOUNCED DEAD (Hour) 38. AT 0304 |                             |                         |  |
| 33. NAME AND ADDRESS OF CER  | TIFIER, PHYSICI  | AN, MEDIC   | AL EXAMINER OR TI            | RIBAL LAW ENF  | ORCEMENT AUTHORIT                      |  | JTHÓŘÍŽE   | D FOH UNF A                               |                              |                | 138<br>I'S SIGNATURE               | 40                          |                         |  |
| Type or Print LESLEY W   | ALLIS, DO  | , 701       | W. JEFÉERSC                  | N ST., P   | HOENIX AZ 85                           | 0075 S   | PECIFY)  | Yes □to                                   | 41.                          | Lesk           | er wo                              | elle                        | SDD                     |  |
| DATE DAGISTERS 2005  | REG. FILE NO. 1325   | 5.2         | REGISTRAR'S SIGN             | ATOM BY  | ned Vac                                | Dani   | 1  | _   | HE DIST JICT                 | 16             | DATE RECTO IN S                    | TATE OFFIC                  | εΊ                      |  |
| 42.  |  |             | NAL DISEASE OR               | CONDITION RES  | SULTING IN DEATH) (EN                  | TER ONLY ONE O   | CAUSEO   | Z- I<br>NEACH LINE)                       | 48 20                        | <u>v</u>       | 46.                                | <del></del>                 |                         |  |
| ተ ተ ጠ አንደ  |  |             | U                            |  | RCE TRAUMA                             | /  | U  |   | ! ()                         | , ,            |                                    | •                           |                         |  |
| JENNALY LIST. MICORI, IF ANY, JG TO IMMEDIATE PLYING CAUSE PROBLED EVENTS CHEMICON LIST. CITING IN DEATH LAST. PART. PART.   | 47B, DUE TO O  |             | NSEQUENCE OF:                |  | *                                      | · Andrews  |  |   | 2                            |                | <del></del>                        |                             | APPROXIMATE<br>INTERVAL |  |
| ENTIALLY IN<br>TIONS, IF A<br>BITO INMED<br>SECENTAL<br>SECONING CAL<br>SECONING SE<br>TING IN DEF   |  |             |                              |  |  | ****   |  |   |                              |                | XC.                                | •                           | BETWEEN<br>ONSET        |  |
| SEQUES CONCITION LEADING 1 CAUS UNDERLUNG HESULTH L  |  | R AS A COI  | NSEQUENCE OF:                |  |  |  |  |   |                              |                | <u>/</u>                           |                             | AND<br>DEATH            |  |
| ណ្ស⊈ ⊋ក្¥្ស  |  |             |                              |  |  |  |  |   |                              |                | C <sub>2</sub>                     |                             |                         |  |
| PART II. Other significant co  | nditions contributi  | na to death | but not resulting in         | the underlying o   | ause given in Part I                   |  |  |   | AUTOPSY                      |                | SE REFER                           | O MEDICAL I                 | EXAMINER                |  |
| rear in perenagament co  | CONTRACTOR STORES  | y to boatri | . Dar not reputating the     |  | v g                                    |  |  |   | (Specify Yes or N            | lo) (Specify   | Yes or No)                         |                             |                         |  |
| 48.<br>MANNER OF DEATH   |  | DATE OF     | MO                           | DAY YR   | HOUR                                   | INJURY AT WO   |  | ESCRIBE HOW                               | INJURY OCCURE                | 30.            |                                    |                             |                         |  |
| □ NATIRAY □  | -OMOICE  | INJURY      |                              |  | Inte                                   | (Specify Yes or  | No)  | -   |                              |                | ORY BUI                            | DING                        |                         |  |
| X ACCIDENT   | MENUNG L   | 52. UNI     |                              | arm, street, facto   | 53. UNK M  ory, office building, etc.) | 54. TES  |  |   | TREET ADDRESS                |                | CITY OR TOWN                       |                             | STATE                   |  |
| <u> </u>   | ACCIENTAGE   | SPECIFY     |                              |  | . •                                    | T.AK   | E ST   | REET /                                    | FRANKIJ                      | N STRE         | EET, CHI                           | CAGO -                      | IL                      |  |
| 51.  |  | 56. STI     | Cops -                       |  |  | 15/. *** ***   |  | /   |                              |                |                                    |                             | -                       |  |

G2325012

SUPPLEMENTARY ENTRIES

Jul 18,2005

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

RICHARD S. PORTER ASSISTANT STATE REGISTRAR

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency

Arizona

Department of

Health Services