



Doc#: 0920234077 Fee: \$42.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 07/21/2009 01:56 PM Pg: 1 of 4

Quit Claim Deed

ILLINOIS STATUTORY

MAIL TO:

PATRICIA BROWN  
DOUGLAS A. BROWN 3rd  
8332 S. PRAIRIE AVE  
CHICAGO ILL 60619

NAME & ADDRESS OF TAX PAYER:

PATRICIA BROWN  
DOUGLAS A. BROWN 3rd  
8332 S. PRAIRIE AVE 60619

THE GRANTOR(S)

PATRICIA BROWN A WIDOW of the Cook County of the State of Illinois for and in consideration of Ten (\$10.00) DOLLARS and other good and valuable consideration(s) in hand paid,

CONVEY AND QUIT CLAIM to PATRICIA BROWN + DOUGLAS A. BROWN 3rd  
IN JOINT TENANCY

of the County Cook and the State of Illinois, all interest in the following described real estate situated in the County of Cook, in the State of Illinois, to wit:

(LEGAL DESCRIPTION)

Lot 13 (except the north 5 feet thereof) and the north 16 feet of lot 14 in block 3 in Bowen and Thatchers subdivision of the North East 1/4 of the South West 1/4 of Section 34, township 36 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 TO HOLD the above granted premises unto the parties of the second part forever, not as joint tenants or tenants by the entirety, but as tenants in common.

Permanent Index Number(s): 20-34-303-062-0000

Property Address: 8332 S. PRAIRIE AVE

Dated this 16 day of JULY, 2009

Patricia A. Brown

(Seal)

(Print or type name here)

(Print or type name here)

(Seal)

Douglas A. Brown

(Seal)

(Print or type name here)

(Print or type name here)

(Seal)

STATE OF ILLINOIS )

NOTE: PLEASE TYPE OR PRINT NAME BELOW ALL SIGNATURES

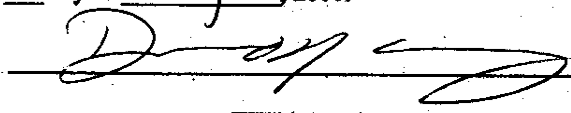
CERTIFIED COPY OF DEATH CERTIFICATE OF DOUGLAS A. BROWN, ATTACHED

# UNOFFICIAL COPY

County of Cook ) SS.

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, CERTIFY THAT, (Print or type name here) PATRICIA A BROWN personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that they signed, sealed and delivered the instrument as 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 notaries seal, this 15 day of July, 2000.



Notary Public

My commission expires on 6/6/2012.



- If Grantor is also Grantee you may want to strike Release & Waiver of Homestead Rights.

NAME AND ADDRESS OF PREPAREP.

DOUGLAS A. BROWN  
8332 S. MARIE AVE  
CHICAGO IL 60619

EXEMPT UNDER PROVISIONS OF PARAGRAP E SECTION 4,  
REAL ESTATE TRANSFER ACT.

DATE: 7-16-09  
[Signature]  
Signature of Buyer, Seller or Representative.

- This conveyance must contain the name and address of the Grantor for tax billing purposes: (55ILCS 5/3-5020) and name and address of the person preparing the instrument: (55 ILCS 5/3-5022).

STATE OF ILLINOIS  
County of Cook

# UNOFFICIAL COPY

DAVID ORR, County Clerk

July 21, 2009

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

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>16.10</b>		STATE OF ILLINOIS		STATE FILE NUMBER <b>608591</b>	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH					
Type or Print in PERMANENT INK See Funeral Director's, Hospital, or Physician's Handbook for INSTRUCTIONS		DECEASED—NAME		FIRST	MIDDLE	LAST	SEX
		<b>DOUGLAS A. BROWN</b>					<b>2. MALE</b>
		DATE OF DEATH		(MONTH, DAY, YEAR)		<b>3. APRIL 14, 1977</b>	
		1. RACE WHITE, NEGRO, AMERICAN INDIAN, (O. S. PEOPLES)		AGE—LAST BIRTHDAY (YRS.)		2. UNDER 1 YEAR UNDER 1 DAY	
		<b>4. BLACK</b>		<b>5a. 45</b>		<b>5b. 5c. 5d.</b>	
		CITY, TWP. OR ROAD DISTRICT NUMBER		INSIDE CITY (YES/NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
		<b>Chicago</b>		<b>Yes</b>		<b>7d. JACKSON PARK HOSPITAL</b>	
		7b. BIRTHPLACE (IF ABT OR FOREIGN COUNTRY)		CITIZEN OF WHAT COUNTRY		8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
		<b>ILLINOIS</b>		<b>U.S.A.</b>		<b>10. SEPARATED</b>	
		8. SOCIAL SECURITY NUMBER		9. USUAL OCCUPATION		11. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
		<b>12. 340-24-4500</b>		<b>13a. MANAGER</b>		<b>11. PATRICIA ALIAN</b>	
		12. RESIDENCE STATE		13b. USUAL OCCUPATION		12. U.S. ARMY VETERAN (YES/NO)	
		<b>ILLINOIS</b>		<b>COOK</b>		<b>13c. YES</b>	
		14a. CITY, TWP. OR ROAD DISTRICT NO.		14b. INSIDE CITY (YES/NO)		13d. WAR OR DATES OF SERVICE	
		<b>CHICAGO</b>		<b>YES</b>		<b>13d. KORAN</b>	
		14c. STREET AND NUMBER		14d. CITY, TWP. OR ROAD DISTRICT NO.		14e. INSIDE CITY (YES/NO)	
		<b>2300 E. 70TH PL</b>		<b>CHICAGO</b>		<b>YES</b>	
		FATHER—NAME		MOTHER—MAIDEN NAME			
		<b>DOUGLAS BROWN</b>		<b>ORA LEE CRAIG</b>			
		15. INFORMANT'S SIGNATURE		16. RELATIONSHIP		17. MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)	
		<i>M. Hall</i>		<b>REGISTRAR</b>		<b>17c. 7531 STONY ISLAND CHGO, ILL 60649</b>	
		17a. DEATH WAS CAUSED BY:		PART I. IMMEDIATE CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		<b>VENTRICULAR FIBRILLATION</b>					
		18. CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(a) DUE TO OR AS A CONSEQUENCE OF:			
				<b>ACUTE PANCREATITIS</b>			
				(b) DUE TO OR AS A CONSEQUENCE OF:			
				<b>DELIRIUM TREMENS</b>			
		PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I OR		AUTOPSY (YES/NO)		19a. YES, WITH FINDINGS CONTRIBUTING TO DETERMINING CAUSE OF DEATH	
		<b>CIRRHOSIS OF LIVER</b>		<b>NO</b>		<b>19b.</b>	
		DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION			
		I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR)		AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)		HOUR OF DEATH	
		<b>4/11/77</b>		<b>4/14/77</b>		<b>04/14/77</b>	
		I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.			
		SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)		ILLINOIS LICENSE NUMBER	
		<i>M. de Zue</i>		<b>4-14-77</b>		<b>36-46693</b>	
		MAILING ADDRESS—CERTIFIER		STREET AND NUMBER OR R. F. D.		CITY OR TOWN	
		<b>DR. UDEZUE</b>		<b>7531 STONY ISLAND</b>		<b>CHICAGO ILLINOIS 60649</b>	
		BURIAL CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION	
		<b>BURIAL</b>		<b>HOLY SEPULCHRE</b>		<b>WORTH ILLINOIS</b>	
		24a. FUNERAL HOME		NAME		CITY OR TOWN	
		<b>A. A. RAYNER &amp; SONS</b>		<b>4141 COTTAGE GROVE AVE - CHICAGO, ILLINOIS</b>		<b>60653</b>	
		FURNERAL DIRECTOR'S SIGNATURE		FURNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
		<i>A. A. Rayner</i>		<b>626</b>			
		LOCAL REGISTRAR'S SIGNATURE		CHICAGO BOARD OF HEALTH		DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
		<i>David C. Brown</i>		<b>Chicago Civic Center, Room 105; Cook County Level, Chicago 60602-265.</b>		<b>APR 17 1977</b>	

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PHYSICIAN'S CERTIFICATION

BURIAL

# UNOFFICIAL COPY

STATEMENT BY GRANTEE 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, 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: 7/16/09

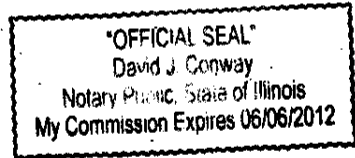
Signature: *Patricia Brown*  
(mom)

SUBSCRIBED AND SWORN TO BEFORE ME BY

THE SAID PATRICIA BROWN

THIS 16 DAY OF July

NOTARY PUBLIC *David J. Conway*



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: \_\_\_\_\_

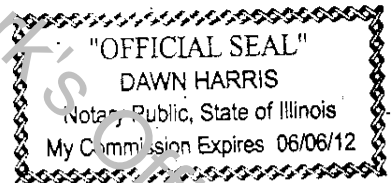
Signature: *Douglas A. Brown*  
(Conor)

SUBSCRIBED AND SWORN TO BEFORE ME BY

THE SAID DOUGLAS A. BROWN

THIS 7 DAY OF JULY 2009

NOTARY PUBLIC *Dawn Harris*



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 AB1 to be recorded in Cook County, Illinois, if exempt under provisions of Section 4 of the Illinois Real Estate Transfer Tax Act.)