



Doc#: 0931029037 Fee: \$44.25
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 11/06/2009 03:05 PM Pg: 1 of 4

QUIT CLAIM DEED

THIS DEED, Made and entered into this 18th day of October, 2009, by and between JOYCE MOORE, an unmarried person, Grantor, Cook County, State of Illinois, and to JOYCE E. MOORE and HILLIARD L. MOORE, III, trustees of the JOYCE MOORE TRUST DATED AUGUST 15, 2008, Grantee, of Cook County, State of Illinois.

WITNESSETH, Grantor herein states that HILLIARD MOORE died on February 13, 2007, in Cook County, Illinois. At the time of his death, JOYCE MOORE remained married to HILLIARD MOORE, the two of them never having been divorced.

Grantee's mailing address: 1020 N. Harlem, Unit 2D, River Forest, Illinois 60305.

WITNESSETH, That the Grantor, for and in consideration of the sum of One Dollar (\$1.00) and other valuable considerations paid by the Grantee, the receipt of which is hereby acknowledged, does by these presents CONVEY AND QUIT CLAIM unto the Grantee, the following described Real Estate, situated in the County of Cook, State of Illinois, to-wit:

Parcel 1:

Unit D-2, in Landers House Condominium, as delineated on a Survey of the following described real estate:

All of Lot 10 and the North 1/2 of Lot 11, together with all of the vacated alley lying West of and adjoining Lot 10 and the North 1/2 of Lot 11, all in Block 8 in the Subdivision of Blocks 1, 8, 9, 10, 11, 14, 15, and 16 in Bogues Addition to Oak Park, being a Subdivision in the Southeast 1/4 of Section 1, Township 39 North, Range 12, East of the Third Principal Meridian, which survey is attached as Exhibit "A" to the Declaration of Condominium recorded as Document 25646856, together with its undivided percentage interest in common elements, in Cook County, Illinois.

Sye
D. J. [Signature]
S
M. [Signature]
R
E

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Parcel 2:

The exclusive right to the use of the parking space numbers 39 and 40 limited common elements, as delineated on the Survey attached to the Declaration aforesaid recorded as Document 25646856.

PIN: 15-01-406-032-1010 Common Address: 1020 Harlem #2D, River Forest, IL 60305.

SUBJECT TO EASEMENTS, RESTRICTIONS, RESERVATIONS AND ENCUMBRANCES OF RECORD, IF ANY.

IN WITNESS WHEREOF, the Grantor have hereunto set his/her/their hands the day and year first above written.

Joyce E Moore
JOYCE E. MOORE

STATE OF ILLINOIS)

) SS:

COUNTY OF COOK)

On this 18th day of October, 2009, before me personally appeared JOYCE MOORE, to me known to be the persons who executed the foregoing instrument and acknowledged the execution of the same as his/her/their free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.

Randall S. Parker
Notary Public

RANDALL S. PARKER
Notary Public - Notary Seal
State of Missouri
Commissioned for Taney County
My Commission Expires: April 28, 2013
Commission Number: 09777900

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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 Oct 18, 2009

RANDALL S. PARKER
Notary Public - Notary Seal
State of Missouri
Commissioned for Taney County
My Commission Expires: April 28, 2013
Commission Number: 09777900

Signature: Joyce E Moore
Grantor or Agent

Subscribed and sworn to before me

By the said Joyce E Moore
This 18th day of October, 2009
Notary Public Randall S. Parker

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

Signature #1 Joyce E Moore
Date 10-18-2009, 2009 Signature #1 Joyce E Moore

Signature #2 [Signature]
Date 10-18-2009 Signature #2 [Signature]
Grantor or Agent

Subscribed and sworn to before me

By the said Joyce E Moore
This 18th day of October, 2009
Notary Public Randall S. Parker

Subscribed and sworn to before me
By the said Joyce E Moore
This 18th day of October, 2009
Notary Public Randall S. Parker

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 provisions of Section 4 of the Illinois Real Estate Transfer Tax Act.)

RANDALL S. PARKER
Notary Public - Notary Seal
State of Missouri
Commissioned for Taney County
My Commission Expires: April 28, 2013
Commission Number: 09777900

UNOFFICIAL COPY

OAK PARK, ILLINOIS

OAK PARK HEALTH DEPARTMENT - OFFICE OF VITAL RECORDS

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.24	STATE OF ILLINOIS		STATE FILE NUMBER	
		REGISTERED NUMBER 76	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. HILLARD LEE MOORE JR		2 MALE	3 FEBRUARY 13, 2007		
	COUNTY OF DEATH		AGE - LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)
	4. COOK		5a. 68	5b. 68	5c. 1	5d. APRIL 7 1938
	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. OR OTHER FINAL TREATMENT (SPECIFY)	
	6a. OAK PARK		6b. RUSH - OAK PARK		6c. EVER REJ	
	BIRTHPLACE (CITY AND STATE OR COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)		7. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
	8. BIRMINGHAM AL		8a. MARRIED	8b. JOYCE ELEANOR HOUSTON		9. YES
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ON Y HIGHEST GRADE COMPLETED)	
	10. 96-6665		11a. PHARMACIST	11b. MEDICAL	12. 5+	
RESIDENT STREET AND NUMBER		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY	
13a. 772 S EBERHART		13b. CHICAGO		13c. YES	13d. COOK	
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN OR SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc)		
13e. Illinois		13f. 60619	14a. BLACK	14b. NO <input type="checkbox"/> YES SPECIFY:		
FATHER-NAME FIRST MIDDLE LAST			MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST			
15. HILLARD LEE MOORE			16. ALBERTA PITILLIPS			
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. JOYCE E MOORE		17b. WIFE	17c. 1020 N HANCOCK FOREST ILL 60305			
18. PART I. Enter the disease or conditions 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.						
Immediate Cause (Final disease or condition resulting in death)		(a) Chronic Lymphocytic Leukemia			APPROXIMATE INTERVAL BETWEEN DEATH AND DEATH	
		(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 of death (e.g., AsT).						
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		19a. NO	19b. NO	
20a. 2-8-07		20b.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>		
1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)		21a. 2-8-07		
21a.		21b. YES		21c. 11:45A		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.						
22a. SIGNATURE		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		DATE SIGNED (MONTH, DAY, YEAR)		
22a. [Signature]		22b. ISOKEN KOKO MD		22c. 2/16/07		
22c. 7420 W-CENTRAL AVE, RIVER FOREST, IL 60305		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER		
22c.		22d. [Signature]		22e. 036-100278		
NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORNER OR MEDICAL EXAMINER MUST BE NOTIFIED.						
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION	CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)	
24a. BURIAL		24b. MT HOPE		24c. WORTH	24d. ILLINOIS FEB 19 2007	
FUNERAL HOME		NAME STREET AND NUMBER OR R.F.D.		CITY OR TOWN	STATE ZIP	
25a. TAYLOR FUNERAL HOME LTD		25b. 63E 79th St		25c. Chicago	25d. Illinois 60619	
FUNERAL DIRECTOR'S SIGNATURE		LOCAL REGISTRAR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
25b. [Signature]		25c. [Signature]		25e. 034-210610		
26a. [Signature]		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		26b. FEB 16 2007		

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

Georgus Polynk, MD
LOCAL REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE