

# UNOFFICIAL COPY

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## QUIT CLAIM DEED Statutory (ILLINOIS) (General)

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Doc#: 0935531161 Fee: \$42.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 12/21/2009 03:56 PM Pg: 1 of 4

THE GRANTOR (NAME AND ADDRESS)

Luberta Green and  
Janice Govern of  
1756 E 73rd St  
Chicago, IL 60649

(The Above Space For Recorder's Use Only)

of the City of Chicago County  
of Cook, State of Illinois  
for and in consideration of Ten DOLLARS,  
in hand paid, CONVEY and QUIT CLAIM  to

Janice Govern  
8233 S. Francisco Ave  
Chicago, Illinois 60652

(NAME AND ADDRESS OF GRANTEE)

all interest in the following described Real Estate situated in the County of Cook  
in the State of Illinois, to wit: (See reverse side for legal description.) hereby releasing and waiving all rights under and  
by virtue of the Homestead Exemption Laws of the State of Illinois.

Permanent Index Number (PIN): 20-25-116-019-0000

Address(es) of Real Estate: 1756 E 73rd Street, Chicago, Illinois 60649

DATED this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

PLEASE  
PRINT OR  
TYPE NAME(S)  
BELOW  
SIGNATURE(S)

Janice Govern (SEAL) \_\_\_\_\_ (SEAL)  
Janice Govern (SEAL) \_\_\_\_\_ (SEAL)

State of Illinois, County of Cook ss. I, the undersigned, a Notary Public in and for  
said County, in the State aforesaid, DO HEREBY CERTIFY that



IMPRESS SEAL HERE

personally known to me to be the same person whose name \_\_\_\_\_  
subscribed to the foregoing instrument, appeared before me this day in person,  
and acknowledged that \_\_\_\_\_ h \_\_\_\_\_ signed, sealed and delivered the said  
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 official seal, this 21st day of December 2009

Commission expires 10-31-2009 Rebecca Gray  
NOTARY PUBLIC

This instrument was prepared by Janice Govern, 8233 S. Francisco Ave  
(NAME AND ADDRESS)

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## Legal Description

of premises commonly known as Lot 20 in Smith's Resubdivision of  
Lots 30-31, 37 and 38 (Except the South 4 feet of Lot 31)  
 in J.O. Bryant's Subdivision of Lots 5 and 8 of Conrad  
 Seipp's Subdivision of the West One-Half of the  
 Northwest One-quarter of Section 25, Township 38  
 North, Range 14, East of the Third Principal Meridian,  
 in Cook County, Illinois.

Property of Cook County Clerk's Office

SEND SUBSEQUENT TAX BILLS TO:

MAIL TO: { \_\_\_\_\_  
 (Name)  
 \_\_\_\_\_  
 (Address)  
 \_\_\_\_\_  
 (City, State and Zip)

\_\_\_\_\_ (Name)  
 \_\_\_\_\_ (Address)  
 \_\_\_\_\_ (City, State and Zip)

OR RECORDER'S OFFICE BOX NO. \_\_\_\_\_

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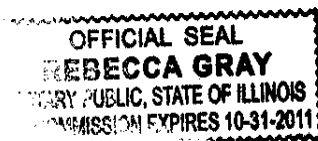
## STATEMENT BY GRANTOR AND GRANTEE

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 12-21-2009

Signature *Janice Lovett*  
Grantor or Agent

SUBSCRIBED AND SWORN TO BEFORE ME  
BY THE SAID \_\_\_\_\_  
THIS 21<sup>st</sup> DAY OF December  
20 09.



NOTARY PUBLIC *Rebecca Gray*

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.

Date 12-21-2009

Signature *Janice Lovett*  
Grantee or Agent

SUBSCRIBED AND SWORN TO BEFORE ME  
BY THE SAID \_\_\_\_\_  
THIS 21<sup>st</sup> DAY OF December  
20 09.



NOTARY PUBLIC *Rebecca Gray*

Note: Any person who knowingly submits a false statement concerning the identify 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.]

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## STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. <b>16.10</b>		STATE FILE NUMBER	
LOCAL FILE NUMBER <b>613002</b>		2. SEX <b>FEMALE</b>	
1. DECEDENT'S LEGAL NAME (include AKAs if any) (First, Middle, Last) <b>LUBERTA GREEN</b>		3. DATE OF DEATH (Month/Day/Year) (Spell Month) <b>SEPTEMBER 21, 2008</b>	
4. COUNTY OF DEATH <b>COOK</b>		5a. AGE AT LAST BIRTHDAY (Years) <b>85</b>	5b. UNDER 1 YEAR Months <b>85</b> Days
7a. CITY OR TOWN <b>CHICAGO</b>		7b. HOSPITAL OR OTHER INSTITUTION NAME (if not in either, give street and number) <b>KINDRED CHICAGO CENTRAL</b>	
7c. PLACE OF DEATH (Check only one: see instructions) <input checked="" type="checkbox"/> IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> IF DEATH OCCURRED SOMEWHERE OTHER THAN A 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) <b>Rolling Fork, MS</b>	9. SOCIAL SECURITY NUMBER <b>26-30-0930</b>	10. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) <b>NONE</b>		12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13a. RESIDENCE (Street and Number) <b>8233 S. Francisco Ave</b>	13b. APT. NO.	13c. CITY OR TOWN <b>Chicago</b>	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13e. COUNTY <b>COOK</b>	13f. STATE <b>IL</b>	13g. ZIP CODE <b>60652</b>	14. FATHER'S NAME (First, Middle, Last) <b>Floyd Pinkins</b>
15a. INFORMANT'S NAME <b>Janice Govern</b>		15b. RELATIONSHIP <b>daughter</b>	15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Josephine Collins</b>
16a. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) <b>8233 S. Francisco Chicago IL 60652</b>	16b. PLACE OF DISPOSITION (Name of cemetery, crematory, other) <b>Mt Hope Cemetery</b>		
17. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input 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) <b>Mt Hope Cemetery</b>	19. LOCATION - CITY, TOWN AND STATE <b>Chicago IL</b>	20. DATE OF DISPOSITION (Month/Day/Year) <b>Sept. 30, 08</b>
21a. FUNERAL HOME NAME <b>Acklin Funeral Home</b>		21b. FUNERAL DIRECTOR'S SIGNATURE <i>Ra Shawn Acquin</i>	
21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034015391</b>		22. LOCAL REGISTRAR'S SIGNATURE <i>Terry Mason MD</i>	
23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) <b>SEP 26 2008</b>		24. CAUSE OF DEATH (See instructions and examples)	
24. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>Sophe Shuck</b> Due to (or as a consequence of): b. <b>Pneumonia</b> Due to (or as a consequence of): c. <b>Respiratory Failure</b> Due to (or as a consequence of):		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>2 week</b> <b>1 week</b>	
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
28. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unclear <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	
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 checked="" 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 ON		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	39. DATE PRONOUNCED (Month/Day/Year) <b>09/21/08</b>
40. TIME OF DEATH <b>01:28</b> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.		41. CERTIFIER (Check only one): <input 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) <b>Ken Arnold</b>		43. PHYSICIAN'S LICENSE NUMBER <b>036077099</b>	
44. I hereby certify that this is a true and correct copy of the death record as shown to me by the Illinois Department of Public Health. <i>Terry Mason MD</i>			

Based on the 2003 U.S. Standard Certificate  
Illinois Department of Public Health - Division of Vital Records  
VR200 (Rev. 1/08)

CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN  
ENDORSED SEAL IS APPLIED OVER  
REGISTRAR'S SIGNATURE.

*Terry Mason MD*

1. TERRY MASON, M.D., LOCAL  
REGISTRAR OF VITAL STATISTICS OF  
COUNTY OF COOK, ILLINOIS,  
HEREBY CERTIFIES THAT THE NUMBER OF  
THE NECESSARY OF BIRTH, STILLBIRTHS  
AND DEATHS FOR THE CITY OF CHICAGO  
AND HEATHS FOR THE CITY OF CHICAGO  
BY WRITE OF THE LAWS OF THE STATE  
OF ILLINOIS AND THE ORDINANCES OF  
THE CITY OF CHICAGO, THAT THE  
ACCOMPANYING CERTIFICATE ON THIS  
SHEET IS A TRUE COPY OF A RECORD  
KEPT BY ME IN OBEYANCE OF SAID  
LAWS AND ORDINANCES.

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO  
SEP 26 2008