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Chicago Title Insurance Company

**QUIT CLAIM DEED
ILLINOIS STATUTORY
JOINT TENANTS**



1004246000

Doc#: 1004246000 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 02/11/2010 09:06 AM Pg: 1 of 4

THE GRANTOR(S), Mario Reyes, a married man, of the City of Chicago, County of Cook, State of Illinois for and in consideration of TEN & 00/100 DOLLARS, and other good and valuable consideration in hand paid, CONVEY(S) and QUIT CLAIM to Guadalupe Reyes and Mario Reyes, not as tenants in common, but as joint tenants, (GRANTEE'S ADDRESS) 4539 South Marshfield Avenue, Chicago, Illinois 60609 of the County of Cook, all interest in the following described Real Estate situated in the County of Cook in the State of Illinois, to wit:

LOT 16 IN BLOCK 2 IN JASSOY'S RESUBDIVISION OF THAT PART OF THE EAST 10 ACRES OF THE NORTH 15 ACRES OF THE SOUTH EAST QUARTER OF THE SOUTH EAST QUARTER OF SECTION 6, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, (LYING EAST OF THE CENTER LINE OF PAULINA STREET) IN COOK COUNTY, ILLINOIS. *LEM*

THIS IS NOT HOMESTEAD PROPERTY *MR*

SUBJECT TO:

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 said premises not as tenants in common, but as joint tenants forever.

Permanent Real Estate Index Number(s): 20-06-417-016-0000 *LEM*
Address(es) of Real Estate: 4539 South Marshfield Avenue, Chicago, Illinois 60609

Dated this 8th day of February, 2010

Mario Reyes
Mario Reyes

Property of Cook County Clerk's Office

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STATE OF ILLINOIS, COUNTY OF Cook ss.

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, CERTIFY THAT Mario Reyes, a married man, personally known to me to be the same person(s) whose name(s) are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that they signed, sealed and delivered the said instrument as their 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 8th day of February, 2010.



S. Herrera (Notary Public)

EXEMPT UNDER PROVISIONS OF PARAGRAPH 2 SECTION 31 - 45, REAL ESTATE TRANSFER TAX LAW

DATE: 2/8/10
Guadalupe Reyes
Signature of Buyer, Seller or Representative

Prepared By: Luis C. Martinez
Attorney At Law
4111 West 63rd Street
Chicago, Illinois 60629

Mail To:
Guadalupe Reyes and Mario Reyes
4539 South Marshfield Avenue
Chicago, Illinois 60609

Name & Address of Taxpayer:
Guadalupe Reyes and Mario Reyes
4539 South Marshfield Avenue
Chicago, Illinois 60609

CLERK'S OFFICE OF COOK COUNTY

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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 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 2/8/10

Signature [Handwritten Signature]
Grantor or Agent

SUBSCRIBED AND SWORN TO BEFORE ME BY THE SAID Grantor THIS 8th DAY OF February, 2010.

NOTARY PUBLIC [Handwritten Signature]



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 2/8/10

Signature [Handwritten Signature]
Grantee or Agent

SUBSCRIBED AND SWORN TO BEFORE ME BY THE SAID Grantee THIS 8th DAY OF February, 2010.

NOTARY PUBLIC [Handwritten Signature]



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.]

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CERTIFICATE OF DEATH RECORD

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2010 0005120

DATE ISSUED 01/26/2010

DECEDENT'S LEGAL NAME MARIA DE LA LUZ SANCHEZ		SEX FEMALE	DATE OF DEATH JANUARY 18, 2010	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 62 YEARS	DATE OF BIRTH NOVEMBER 22, 1947		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME PROVIDENT HOSPITAL OF COOK COUNTY		
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT				
BIRTHPLACE MEXICO	SOCIAL SECURITY NUMBER UNKNOWN	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME JUAN I REYES	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 4539 S MARSHFIELD	APT. NO.	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60609	FATHER'S NAME JOSE PAZ SANCHEZ	MOTHER'S NAME PRIOR TO FIRST MARRIAGE CONCEPCION GUILLEN
INFORMANT'S NAME JUAN REYES		RELATIONSHIP SON	MAILING ADDRESS 8262 JOHNSON ST, MERRILLVILLE, IN, 46410	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION SAINT MARY CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE EVERGREEN PARK, IL	DATE OF DISPOSITION JANUARY 23, 2010	
FUNERAL HOME GAIDAS DAIMID, 4330 S CALIFORNIA, CHICAGO, IL, 60632				
FUNERAL DIRECTOR'S NAME GERALD F DAIMID			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034010456	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JANUARY 19, 2010	
CAUSE OF DEATH PART I: ABDOMINAL OBSTRUCTION IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of) _____ b. UTERINE CANCER Due to (or as a consequence of) _____ c. DIABETES MELLITUS Due to (or as a consequence of) _____ 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.			WAS AN AUTOPSY PERFORMED? NO WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DID TOBACCO USE CONTRIBUTE TO DEATH? NO	FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR		MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE JANUARY 10, 2010	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 10:50 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JANUARY 19, 2010	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH A ANDALDO, 2355 S WESTERN, CHICAGO, ILLINOIS, 60608			PHYSICIAN'S LICENSE NUMBER 036115077	

"THE SIGNATURES OF THE PARTIES EXECUTING THIS DOCUMENT
ARE COPIES AND ARE NOT ORIGINAL SIGNATURES."
This is to certify that this is a true and correct copy from the official death
record filed with Illinois Department of Health.



David Orr
David Orr
Cook County Clerk

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE