Form No. 22R AMERICAN LEGAL FORMS, CHICAGO, IL

QUIT CLAIM DEED Statutory (ILLINOIS) (General)

CAUTION: Consult a lawyer before using or acting under this form. Neither the publisher nor the seller of this form makes any warranty with respect thereto, including any warranty of merchantability or fitness for a particular purpose.

THE GRANTOR (NAME AND ADDRESS) Elizabeth Similario 1510 W Grand Chi of 60642



Doc#: 1008134046 Fee: \$44.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds

Date: 03/22/2010 10:25 AM Pg: 1 of 5

	(Tl	ne Above Space For	Recorder's Use Only)	
of the		Cook		a .
	01	O V O C	of IL	_ County
of for and in consideration of	_ DOLLAR	, State	OI	
in hand noid CONVEY and OUIT CLAIM to	_ DOLLAR	.J,		
in hand paid, CONVEY_ and QUIT CLAIM _ to Cligal the Single Stand of the Stand of t	DRESS OF GRAF	NTEES)		
all interest in the following described Real Estate situate				
in the State of Illinois, to wit: (See reverse side for legal	uescription.)	hereby releasing	g and waiving all rights i	under and
by virtue of the Homestead Exemption Laws of the Sta	e of Illinois	•		
	40	×		
		7_		
Permanent Index Number (PIN): 77-08-	130-0	06-0006		····
Address(es) of Real Estate: 15/1 W. Crean d		0		
D	ATED this	2ν	day of Morch	_20 <u>/o</u> _
PLEASE ELIZABETH SICILIANO	_(SEAL)		<u>v</u>	_(SEAL)
PRINT OR TYPE NAME(S)	(SEAL)		The second	(SEAL)
, ,	ss. State afor		igned, a Notary Public i EBY CERTIFY that	n and for
F	LIZARETI	4 SICILIA	n/i)	
VERA WONG OFFICIAL MY COMMISSION EXPIRES SEPTEMBER 15, 2012 SIENT OF THE PROPERTY OF THE PROPE	to me to foregoing in thatfree	be the same p strument, appea h signed e and voluntary	person whose name_ red before me this day i d, sealed and delivered act, for the uses and aiver of the right of hom	n person, the said purposes
Given under my hand and official seal, this22		day of	March	20 <u>/o</u>
Commission expires $\frac{\text{Sept. } (5)}{20/2}$		Ve-S	ABP PUBLIC	
This instrument was prepared by		NAME AND ADDRESS)	•	
DACE 1			SEE REVERS	SE SIDE ►

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Legal Description				
of premises c	commonly known as			
		ENT TAX BILLS TO:		
MAIL TO:	(Name)	(Name)		
WALL TO:	(Address)	(Address)		
·	(City, State and Zip)	ity, State and Zip)		
OR	RECORDER'S OFFICE BOX NO.			
PAGE 2				

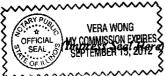
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STATEMENT BY GRANTOR AND GRANTEE

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

SUBSCRIBED and SWORN to before the on VERA WONG MY COMMISSION EXPIRES Notary Public 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. SUBSCRIBED and SWORN to before me on .



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 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 Act.]

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LEGAL DESCRIPTION:

LOT 7 IN WALLER'S SUBDIVISION OF BLOCK 16 IN BICKERDIKE'S ADDITION TO CHICAGO BEING OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 8, TOWNSHIP 39 NORTH, RANFE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN# 17-08-130-006-0000

PROPERTY ADDRESS: 1517 W. GRAND AVE.

RESS:

Ch.

Cook County Clark's Office

1008134046 Page: 5 of 5 /R200 (Rev. 5/89) 25b. NAME OF ATTENDING PHYSICIAN IF OTHER THANCER THERE LOCAL REGISTRAPIS FUNER BURIAL, CREMATION, REMOVAL (SPECIFY) 24a CREMATION NAME AND ADDRESS OF CERT DA TE OF OPERATION, IF ANY PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART. CALISE LAS SOCIAL SECURITY NUMBER CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER HESIDENCE (STREET AND NUMBER) FOREIGN COUNTRY) 69 COUNTY OF DEATH THE BEST OF MY KNOWLEDGE, DECEASED NUMBER HICH GIVE RISE TO IMBURIE CAUSE (a) REGISTERED Jithing in death) se or condition AST SAW HIM/HER ALIVE ON SIGNATURE > idiate Cause (Final , K MANT'S NAME (T) PEORPRINT) LACE POTENTIAL CARGO 2ABETH w. (samo U Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory (Treshock, or heart failure. List only one cause on each line. 240 MONAREN CREMETORY CEMETERY OR CREMATORY-NAME ZIP CODE 360632 DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DEATH OF CURRED AT THE TIME, DATE AND PLACE AND THE CAUSE(S) STATED. ਭ (a) MIDDLE MAJOR FINDINGS OF OPERATION RAGOBRATHERY) 624 N WESTERN AV FIRST Sici w Ano "ACKECKOR 8a. USUAL OCCUPATION MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) (TYPE OF PRINT 2455 MARRIED Illinois Department of Public Health—Division of Vital Records MEDICAL CERTIFICATE OF DEATH PUR Willeam 40/51/1 (C) (PNO INDIAN, etc.) (SPECIFY) RACE (WHITE, BLACK, AMERICAN 14a CE PT-170 SOH 明人といす BIRTHDAY (YAS) いつこ MIDDLE STREET AND NUMB PITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) (TYPEO: PK. YT 13b. CARGO 1 1987 1 198 CITY, TOWN, TWP, OR HOAD DISTRICT NO. 12/16 A と の MI.E SOW SID CLIZA BETH MESPETER AND ST. LUKE H ROHRED 124 FRANKLINPKJILINOIS LOCATION LAST PHULONUL MOTHER-NAME 14b. MAILING ADDRESS 1513 w EXAMINER CITY OF TOWN Š MALE CAT CABO HA FIRST ☐ YES | DATE OF BIRTH (MONTH, DAY, YEAR) 20AGOWSK (STREET AND NO. OR R.F.D., CITY) DATE FILED BY NOW PEGISTING (MONTH PAY, YEAR) FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER CORAND A 119 90 (YESNO) 034-011893 SPECIFY: STATE A SO (YES/NO) 19a DATE OF DEATH (MONTH, DAY (SPECIFY ONLY HIGHEST GRADE COMPLETED)
College (1-4 or 5+) 200 22d. THREE MONTHS? - FEMALE, WAS THERE A PREGNANCY IN PAST 22b. (BASEDON 1989 U.S. STANDARD CERTIFICATE) ILLINOIS LICENSE NUMBER DATE SIGNED HOUT OF DEATH STATE YES | NO | : 0)10 60 COUNTY IF HOSP, OR INST, INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY) の王の名のけん 56--22-04 19b. WEFE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YESINO) 606/2 THER ルノジタ 2004 IER OR MEDICAL EXAMINER Routy APPROXIMATE INTERVAL (MONTH, DAY, YEAR) (MONTH, day, YEAR) SA 3004 AFFIXED. MULTICOLOR SIGNATURE SEAL IS THIS CERTIFICATE COPY VALID WHEN BY VIRTUE OF THE LAWS OF THE STATE SHEET IS A TRUE COPY OF A RECORD **ACCOMPANYING CERTIFICATE ON THIS** OF ILLINOIS AND THE ORDINANCES OF AND DEATHS FOR THE CITY OF CHICAGO CERTIFY THAT I AM THE KEEPER OF PERSTRAR OF VITAL STATISTICS OF LAW AND ORDINANCES KEPT BY ME IN ORDINANCE OF SAID THE CITY OF CHICAGO; THAT THE THE RECORDS OF BIRTHS, STILLBIRTHS CITY OF CHICAGO COUNTY OF GOOK STATE OF ILLINOIS CITY OF CHICAGO, DO HEREBY

DISTRICT NO.

16.10

STATE OF ILLINOIS

STATE FILE

N L. WILHELM M.D., LOCAL

Relm, LOCAL REGISTRAR

Z

DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO