



QUIT CLAIM DEED Statutory (ILLINOIS) (General)

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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

THE GRANTOR (NAME AND ADDRESS)

Elizabeth Siciliano 1519 W Grand Chi IL 60642

(The Above Space For Recorder's Use Only)

of the Cook County of IL State of IL

for and in consideration of DOLLARS, in hand paid, CONVEY and QUIT CLAIM to

Elizabeth Siciliano 1519 W Grand Chi IL 60642

(NAME S AND ADDRESS OF GRANTEE(S))

all interest in the following described Real Estate situated in the County of 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): 17-08-130-006-0006

Address(es) of Real Estate: 1519 W. Grand

DATED this 22 day of March 2010

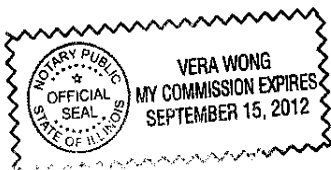
PLEASE PRINT OR TYPE NAME(S) BELOW SIGNATURE(S) ELIZABETH SICILIANO (SEAL)

Elizabeth Siciliano (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

ELIZABETH SICILIANO

personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that she signed, sealed and delivered the said instrument as a free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.



IMPRESS SEAL HERE

Given under my hand and official seal, this 22 day of March 2010

Commission expires Sept. 15 2012 Vera Wong NOTARY PUBLIC

This instrument was prepared by (NAME AND ADDRESS)

UNOFFICIAL COPY

Legal Description

of premises commonly known as _____

Property of Cook County Clerk's Office

SEND SUBSEQUENT TAX BILLS TO:

| | | | |
|----------|---|-----------------------|-----------------------|
| MAIL TO: | } | _____ | _____ |
| | | (Name) | (Name) |
| | | _____ | _____ |
| | | (Address) | (Address) |
| | | _____ | _____ |
| | | (City, State and Zip) | (City, State and Zip) |

OR RECORDER'S OFFICE BOX NO. _____

UNOFFICIAL COPY

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.

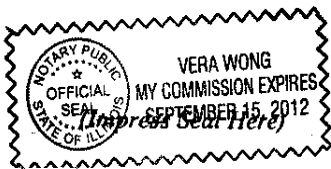
Date:

3/22/10

Signature:

Elizabeth Sullivan
Grantor or Agent

SUBSCRIBED and SWORN to before me on .



Notary Public

Vera Wong

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.

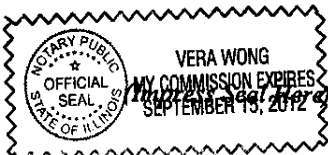
Date:

3/22/10

Signature:

Elizabeth Sullivan
Grantee or Agent

SUBSCRIBED and SWORN to before me on .



Notary Public

Vera Wong

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.]

UNOFFICIAL COPY

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, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN# 17-08-130-006-0000

PROPERTY ADDRESS: 1517 W. GRAND AVE.
CHICAGO, IL 60622

Property of Cook County Clerk's Office

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

6110314

DISTRICT NO. 16.10

REGISTERED NUMBER

DECEASED NAME Philip L. Siciliano FIRST MIDDLE LAST SEX Male DATE OF DEATH Nov 21, 2004

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Cook COUNTY OF DEATH AGE LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO IL MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

SOCIAL SECURITY NUMBER 10340-24-7004 RESIDENCE (STREET AND NUMBER) 1513 W GRAND AVE CHICAGO IL

NAME OF SURVIVING SPOUSE (Maiden Name, if wife) Elizabeth Siciliano RELATIONSHIP WIFE MAILING ADDRESS 176513 W GRAND AVE CHICAGO IL

NAME AND ADDRESS OF CERTIFIER (Type or Print) Joshua H. Houser MD 2598 Hulon Chicago IL

DATE OF OPERATION, IF ANY 7/15/04 MAJOR FINDINGS OF OPERATION

CAUSE OF DEATH (Final disease or condition resulting in death) Congestive Heart Failure

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH months

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STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO NOV 23 2004

I, Philip L. Wilhelm M.D., Local Registrar of Vital Statistics of the City of Chicago, do hereby certify that I am the keeper of the records for the City of Chicago and deaths for the City of Chicago by virtue 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 accordance of said law and ordinances.

Signature of Philip L. Wilhelm, MD, Local Registrar

CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.