

UNOFFICIAL COPY

ILLINOIS STATUTORY
WARRANTY DEED
INDIVIDUAL TO INDIVIDUAL



Doc#: 1009955144 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 04/09/2010 04:42 PM Pg: 1 of 4

RECORDER'S STAMP

THE GRANTOR(S), **KARLEEN A. JOHNSON**, of the Village of Hoffman Estates, County of Cook, and State of Illinois, for and in consideration of Ten Dollars (\$10.00) and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Convey(s) and Warrant(s) to

KARLEEN A. JOHNSON, widowed and not remarried, JULIE K. SCHROEDER, married but taking by herself and STEVEN R. JOHNSON, unmarried.

of the Village of Hoffman Estates, County of Cook, and State of Illinois, as joint tenants, the following described Real Estate, to wit:

Lot 36 in Block 206 in the Highlands West at Hoffman Estates XXIII being a subdivision of part of the East Half of Fractional Section 5 and part of the Northeast quarter of Section 8, and part of the West Half of the Northwest quarter of Section 9, all in Township 41 North, Range 10 East of the Third Principal Meridian in the Village of Hoffman Estates, Schaumburg Township, Cook County, Illinois according to the plat thereof recorded May 24, 1966 as Document Number 19836547 in the office of the Recorder of Dees, Cook County, Illinois

situated in the Village of Hoffman Estates, County of Cook, in the State of Illinois, hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois.

This deed is exempt pursuant to section 4(e) of the Illinois Real Transfer Tax Act.

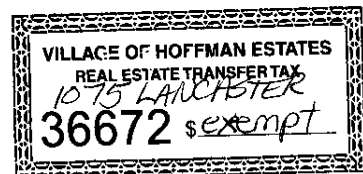
Permanent Tax Identification No: 07-09-103-036-0000

Property Address: 1075 Lancaster Court, Hoffman Estates, Illinois 60195

Dated this 2ND day of APRIL, 2010.

Karleen A. Johnson SEAL

SEAL



SEE EXHIBIT A

UNOFFICIAL COPY

STATE OF ILLINOIS
05594
STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 160	DECEASED - NAME ROBERT W. JOHNSON	FIRST ROBERT	MIDDLE W.	LAST JOHNSON	SEX MALE	DATE OF BIRTH (MO., DAY, YEAR) 1-9-1922	COUNTY OF DEATH Cook	MONTH, DAY, YEAR 8/10/79
REGISTERED NUMBER	AGE (WHITE, BLACK, AMERICAN, etc.) White	ORIGIN OR DESCENT American	CITIZENSHIP Citizen	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Northwest Community Hospital	DATE OF BIRTH (MO., DAY, YEAR)	DATE OF DEATH (MO., DAY, YEAR)	COUNTY OF DEATH	MONTH, DAY, YEAR
1. AGE (WHITE, BLACK, AMERICAN, etc.) White	4b. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Arlington Heights	5a. LAST BIRTHDAY (YRS.) 57	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MIN.	6. DATE OF BIRTH (MO., DAY, YEAR)	7a. COOK	7b. COOK	7c. COOK
7b. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) Illinois	9. USUAL OCCUPATION draftsman	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, OR SINGLE married	11. U.S. WAR VETERAN (YES/NO) yes	12. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Kathleen Kings	13a. U.S. WAR VETERAN (YES/NO) yes	13b. WAR OR DATES OF SERVICE	13c. STATE Illinois	13d. STATE Illinois
8. SOCIAL SECURITY NUMBER 0554	12. RESIDENCE STREET AND NUMBER 1075 Lancaster Court	13a. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Arlington Heights	13b. KIND OF BUSINESS OR INDUSTRY electrical	14. COUNTY Cook	14a. COUNTY Cook	14b. COUNTY Cook	14c. COUNTY Cook	14d. COUNTY Cook
14a. FATHER - NAME Julius Johnson	14b. MOTHER - NAME Edna Hoffman Satates	14c. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Arlington Heights	14d. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Arlington Heights	14e. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Arlington Heights	14f. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Arlington Heights	14g. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Arlington Heights	14h. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Arlington Heights	14i. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Arlington Heights
15. INFORMANT'S SIGNATURE Robert W. Johnson	16. RELATIONSHIP wife	17a. DEATH WAS CAUSED BY: IMMEDIATE CAUSE ASTROCYTOMA	17b. DUE TO, OR AS A CONSEQUENCE OF (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF	17c. MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE) 1075 Lancaster Ct Hoffman Satates, IL	17d. MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE) 1075 Lancaster Ct Hoffman Satates, IL	17e. MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE) 1075 Lancaster Ct Hoffman Satates, IL	17f. MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE) 1075 Lancaster Ct Hoffman Satates, IL	17g. MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE) 1075 Lancaster Ct Hoffman Satates, IL
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)								
20a. DATE OF OPERATION (MO., DAY, YEAR) 6/5/78	20b. MAJOR FINDINGS OF OPERATION Left Frontal Parietal Glioma	20c. DATE OF OPERATION (MO., DAY, YEAR) 6/5/78	20d. MAJOR FINDINGS OF OPERATION Left Frontal Parietal Glioma	20e. DATE OF OPERATION (MO., DAY, YEAR) 6/5/78	20f. MAJOR FINDINGS OF OPERATION Left Frontal Parietal Glioma	20g. DATE OF OPERATION (MO., DAY, YEAR) 6/5/78	20h. MAJOR FINDINGS OF OPERATION Left Frontal Parietal Glioma	20i. DATE OF OPERATION (MO., DAY, YEAR) 6/5/78
21a. DATE OF DEATH (MO., DAY, YEAR) June 12, 1978	21b. DATE OF DEATH (MO., DAY, YEAR) August 10, 1979	21c. DATE OF DEATH (MO., DAY, YEAR) July 12, 1979	21d. DATE OF DEATH (MO., DAY, YEAR) August 11, 1979	21e. DATE OF DEATH (MO., DAY, YEAR) August 11, 1979	21f. DATE OF DEATH (MO., DAY, YEAR) August 11, 1979	21g. DATE OF DEATH (MO., DAY, YEAR) August 11, 1979	21h. DATE OF DEATH (MO., DAY, YEAR) August 11, 1979	21i. DATE OF DEATH (MO., DAY, YEAR) August 11, 1979
22a. SIGNATURE M. J. Hall	22b. NAME AND ADDRESS OF CERTIFIER Northwest Community Hospital 800 W. Central Rd. Arlington Hts. Ill.	22c. SIGNATURE M. J. Hall	22d. NAME AND ADDRESS OF CERTIFIER Northwest Community Hospital 800 W. Central Rd. Arlington Hts. Ill.	22e. SIGNATURE M. J. Hall	22f. NAME AND ADDRESS OF CERTIFIER Northwest Community Hospital 800 W. Central Rd. Arlington Hts. Ill.	22g. SIGNATURE M. J. Hall	22h. NAME AND ADDRESS OF CERTIFIER Northwest Community Hospital 800 W. Central Rd. Arlington Hts. Ill.	22i. SIGNATURE M. J. Hall
23. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)	23a. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)	23b. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)	23c. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)	23d. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)	23e. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)	23f. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)	23g. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)	23h. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)
24. CEMETERY OR CREMATORY NAME Arlington	24a. CEMETERY OR CREMATORY NAME Arlington	24b. CEMETERY OR CREMATORY NAME Arlington	24c. CEMETERY OR CREMATORY NAME Arlington	24d. CEMETERY OR CREMATORY NAME Arlington	24e. CEMETERY OR CREMATORY NAME Arlington	24f. CEMETERY OR CREMATORY NAME Arlington	24g. CEMETERY OR CREMATORY NAME Arlington	24h. CEMETERY OR CREMATORY NAME Arlington
25a. FUNERAL HOME Arlington	25a. FUNERAL HOME Arlington	25b. FUNERAL HOME Arlington	25c. FUNERAL HOME Arlington	25d. FUNERAL HOME Arlington	25e. FUNERAL HOME Arlington	25f. FUNERAL HOME Arlington	25g. FUNERAL HOME Arlington	25h. FUNERAL HOME Arlington
25b. FUNERAL DIRECTOR'S SIGNATURE John B. Hall	25b. FUNERAL DIRECTOR'S SIGNATURE John B. Hall	25c. FUNERAL DIRECTOR'S SIGNATURE John B. Hall	25d. FUNERAL DIRECTOR'S SIGNATURE John B. Hall	25e. FUNERAL DIRECTOR'S SIGNATURE John B. Hall	25f. FUNERAL DIRECTOR'S SIGNATURE John B. Hall	25g. FUNERAL DIRECTOR'S SIGNATURE John B. Hall	25h. FUNERAL DIRECTOR'S SIGNATURE John B. Hall	25i. FUNERAL DIRECTOR'S SIGNATURE John B. Hall
25d. LOCAL REGISTRAR'S SIGNATURE John B. Hall	25d. LOCAL REGISTRAR'S SIGNATURE John B. Hall	25e. LOCAL REGISTRAR'S SIGNATURE John B. Hall	25f. LOCAL REGISTRAR'S SIGNATURE John B. Hall	25g. LOCAL REGISTRAR'S SIGNATURE John B. Hall	25h. LOCAL REGISTRAR'S SIGNATURE John B. Hall	25i. LOCAL REGISTRAR'S SIGNATURE John B. Hall	25j. LOCAL REGISTRAR'S SIGNATURE John B. Hall	25k. LOCAL REGISTRAR'S SIGNATURE John B. Hall
25e. DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) August 13, 1979	25e. DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) August 13, 1979	25f. DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) August 13, 1979	25g. DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) August 13, 1979	25h. DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) August 13, 1979	25i. DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) August 13, 1979	25j. DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) August 13, 1979	25k. DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) August 13, 1979	25l. DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) August 13, 1979

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of fetal deaths, births and deaths.

SIGNED _____
 Official Title _____
 Chief Deputy Registrar

At Cook County Department of Public Health
 1500 S. Maybrook Drive
 Maywood, Illinois 60153

DATE: AUG 13 1979

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

Dated 2ND APRIL, 2010 Signature: Karleen A. Johnson
Grantor or Agent

Subscribed and sworn to before me and by the said
KARLEEN A. JOHNSON
This 2nd day of APRIL, 2010



Notary Public: Jerome A. Zienty

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 2ND APRIL, 2010 Signature: Karleen A. Johnson
Grantee or Agent

Subscribed and sworn to before me by the said
KARLEEN A. JOHNSON
This 2nd day of APRIL, 2010.



Notary Public: Jerome A. Zienty

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 to be recorded in Cook County, Illinois, if exempt under provisions of Section 4 of the Illinois Real Estate Transfer Tax Act).