

# UNOFFICIAL COPY



## QUITCLAIM DEED

Doc#: 1020448055 Fee: \$42.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 07/23/2010 03:13 PM Pg: 1 of 4

Prepared by and after Recording return  
to: Law Office of William J. Dennis  
18 W 140 Butterfield Road, 15<sup>th</sup> Floor  
Oakbrook Terrace, IL 60181

Requested by and Sent Subsequent Tax  
Bills To: Ms. Julie C. Bartlett  
961 S. Hillcrest Avenue, Elmhurst, IL 60126

*[Signature]*  
CITY CLERK

THE GRANTOR, Alberte P. Bartlett, deceased of the City of Evanston, County of Cook, State of Illinois for and in consideration of Ten and No/100ths Dollars (\$10.00), and other good and valuable consideration in hand paid, CONVEYS and QUIT CLAIMS to GRANTEE, Julie C. Bartlett, a single individual in fee simple, the following described Real Estate situated in the County of Cook, State of Illinois, to wit:

CITY OF EVANSTON  
EXEMPTION

*[Signature]*

### LEGAL DESCRIPTION

See attached Legal Description

Property Index Number: 11-19-405-033-1004  
Commonly known as: 809 Michigan Avenue, Unit 1S, Evanston, Illinois 60202

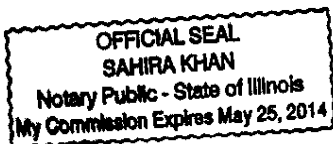
Hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois, TO HAVE AND TO HOLD said premises in Fee Simple.

*[Signature]*  
Julie C. Bartlett

I, the undersigned, a notary public in and for the State and County aforesaid, do hereby certify that Julie C. Bartlett, a single individual, 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 and delivered the said instrument as her free and voluntary act for the uses and purposes therein set forth

Given under my hand and official seal this 6<sup>th</sup> day of July, 2010.

*[Signature]*  
Notary Public



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## LEGAL DESCRIPTION

Parcel 1: 1-South in 809-811 Michigan Avenue Condominium as delineated on a survey of the following described real estate: Lot 10 in Block "B" in White's Addition to Evanston, being a subdivision of parts of the North  $\frac{1}{2}$  of the North  $\frac{1}{2}$  of the Southeast  $\frac{1}{4}$  of Section 19, Township 41 North, Range 14, East of the Third Principal Meridian, (except that part thereof falling within the Following described Boundaries: Beginning at the Northwest Corner of Lot 11 in Block "B" of White's Addition to Evanston aforesaid; thence Easterly on a line drawn at right angles to the Westerly boundary of the said Lot 11 to the Easterly boundary of said Lot 11; thence Northerly a distance of 8 feet 3 and  $\frac{1}{8}$  inches along the Easterly boundary of said Lot 11 projected along the alley line of said Block "B" and thence Westerly in a straight line to the place of beginning, Also: That portion of Lot 9 in Block "B" in White's Addition to Evanston aforesaid, lying within the following described boundaries: Beginning at the Northwest corner of Lot 10 in said Block "B"; thence Easterly on a line drawn at right angles to the Westerly boundary of said Lot 10 to the Easterly boundary of said Lot 10; thence Northerly a distance of 7 feet 2 and  $\frac{3}{8}$  inches along the Easterly boundary of said Lot 10 projected along the alley line of said Block "B"; thence Westerly in a straight line to the place of beginning, in Cook County, Illinois, which survey is attached as Exhibit "A" to the Declaration of Condominium recorded as document 87162462 together with its undivided percentage of interest in the common elements, in Cook County, Illinois.

Parcel 2: The exclusive right to the use of Units P1-S and S1-S, limited common elements, as delineated on the survey attached to the declaration aforesaid, recorded as documents number 87162462.\*\*

Cook County Clerk's Office

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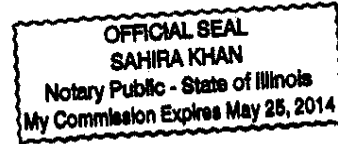
## STATEMENT BY GRANTOR AND GRANTEE

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 7-6, 2010

Signature: *Julie C. Bartlett*  
Grantor or Agent

Subscribed and sworn to before me  
By the said JULIE C. BARTLETT.  
This 6<sup>th</sup> day of July, 2010  
Notary Public Sahira Khan

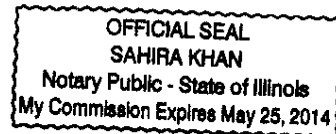


The **grantee** or his agent affirms and verifies that he name of the **grantee** shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, 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 7-6, 2010

Signature: *Julie C. Bartlett*  
Grantee or Agent

Subscribed and sworn to before me  
By the said JULIE C. BARTLETT.  
This 6<sup>th</sup> day of July, 2010  
Notary Public Sahira Khan



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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## STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.36  
LOCAL FILE NUMBER 26203

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) Alberte Marie Catherine Bartlett			2. SEX Female	3. DATE OF DEATH (Month/Day/Year) (Spell Month) July 19, 2008	
4. COUNTY OF DEATH Cook	5a. AGE AT LAST BIRTHDAY (Years) 90	5b. UNDER 1 YEAR Months _____ Days _____	5c. UNDER 1 DAY Hours _____ Minutes _____	6. DATE OF BIRTH (Month/Day/Year) May 6, 1918	
7a. CITY OR TOWN Skokie		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) Midwest Palliative and Hospice Care Center			
7c. PLACE OF DEATH (Check only one: see instructions)					
IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input checked="" 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) Belgium	9. SOCIAL SECURITY NUMBER [REDACTED]-8521	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) None	
12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
13a. RESIDENCE (Street and Number) 809 Michigan Avenue		13b. APT. NO. Unit 1	13c. CITY OR TOWN Evanston	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13e. COUNTY Cook	13f. STATE Illinois	13g. ZIP CODE 60202	14. FATHER'S NAME (First, Middle, Last) Francois Pauquet		
15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Marie Catherine Havenith					
16a. INFORMANT'S NAME Marie Bartlett - Sloan		16b. RELATIONSHIP Daughter		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 707 Lake Point Drive Woodstock, GA 30189	
17. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input checked="" 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) Forest Crematory		19. LOCATION - CITY, TOWN AND STATE Romeoville, Illinois	
20. DATE OF DISPOSITION (Month/Day/Year) July 22, 2008					
21a. FUNERAL HOME NAME Cremation Society of Illinois		STREET AND NUMBER 1030 East Northwest Highway		CITY OR TOWN Mount Prospect	
STATE Illinois		ZIP 60056			
21b. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-011165 ss			
22. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) JUL 22 2008			
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. <u>Esophageal CARCINOMA</u> Due to (or as a consequence of):  Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of):				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
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 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 unknown <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 type="checkbox"/> No	
34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code					
35. DESCRIBE HOW INJURY OCCURRED: <input type="checkbox"/> Motor Vehicle Transportation Injury, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____					
37. (VOID) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER LIVE ON <u>7/8/08</u>		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	39. DATE PRONOUNCED (Month/Day/Year) 07/19/08	40. TIME OF DEATH 05:50 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
41. CERTIFIER (Check only one): <input checked="" 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.				43. PHYSICIAN'S LICENSE NUMBER 0202036-077951	
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) Brenda Sikorski, 800 Austin #166, Evanston, IL 60202					
44. TITLE OF CERTIFIER Physician		45. DATE CERTIFIED (Month/Day/Year) 7/21/08	46. SIGNATURE OF CERTIFIER <i>[Signature]</i>		

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

JUL 22 2008

*Lowell Huckleberry*