



Doc#: 1025329116 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 09/10/2010 05:05 PM Pg: 1 of 3

Quit Claim Deed
ILLINOIS STATUTORY

NAME & ADDRESS OF TAX PAYER:

Paul Peterson
1638 N. Bissell St.
Chicago, IL 60614

THE GRANTOR

Kristine Peterson, Trustee, of the Kristine Peterson Revocable Living Trust, of the Cook County of the State of Illinois for and in consideration of Ten (\$10.00) DOLLARS and other good and valuable consideration(s) in hand paid, CONVEY AND QUIT CLAIM to Eric Peterson, Paul Peterson, Matt Peterson, of the County Cook and the State of Illinois,

all interest in the following described real estate situated in the County of Cook, in the State of Illinois, to wit:

LOT 6 IN BLOCK 14 IN NORWOOD PARK SECTION 6, TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS

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 forever.

Permanent Index Number(s): 13-06-308-006-0000

Property Address: 5730 N. East Circle Avenue, Chicago, IL 60631

Dated this 10 day of September, 2010

Paul Peterson

Paul Peterson - Power of Attorney for the Kristine Peterson Revocable Living Trust

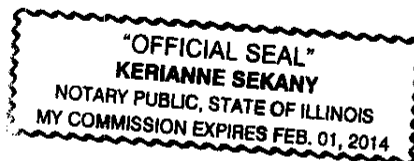
STATE OF ILLINOIS, County of County ss.

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, CERTIFY THAT:

personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that they signed, sealed and delivered the instrument as 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 notaries seal, this 10th day of SEPTEMBER 2010.

Kerianne Sekany
Notary Public

My commission expires on 02/01/2014.



Mail to: and Prepared by:

Paul Peterson
1638 N. Bissell St.
Chicago, IL 60614

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 September 10, 2010

Signature: Paul Peterson

Grantor or Agent
Paul Peterson - POA For the Kristine Peterson Revocable Living Trust

Subscribed and sworn to before me
By the said PAUL PETERSON
This 10th day of SEPTEMBER, 2010
Notary Public [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 title to real estate under the laws of the State of Illinois.

Date September 10, 2010

Signature: Paul Peterson

Grantee or Agent
Paul Peterson

Subscribed and sworn to before me
By the said PAUL PETERSON
This 10th day of SEPTEMBER, 2010
Notary Public [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.)

UNOFFICIAL COPY**SKOKIE HEALTH DEPARTMENT
SKOKIE, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2010 0045238

DATE ISSUED 06/28/2010

DECEDENT'S LEGAL NAME KRISTINE LOUISE PETERSON		SEX FEMALE	DATE OF DEATH JUNE 21, 2010
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 61 YEARS	DATE OF BIRTH MAY 25, 1949	
CITY OR TOWN SKOKIE	HOSPITAL OR OTHER INSTITUTION NAME MIDWEST PALLIATIVE & HOSPICE CARECENTER		
PLACE OF DEATH HOSPICE FACILITY			
BIRTHPLACE BERWYN, IL	SOCIAL SECURITY NUMBER 345-44-9536	MARITAL STATUS AT TIME OF DEATH DIVORCED	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 5730 NORTH EAST CIRCLE AVENUE	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60631	FATHER'S NAME JOSEPH SCHULTZ
INFORMANT'S NAME PAUL PETERSON		RELATIONSHIP SON	MOTHER'S NAME PRIOR TO FIRST MARRIAGE MARY LOUISE DERRING
METHODOF DISPOSITION DONATION		PLACE OF DISPOSITION ANATOMY GIFTS REGISTRY	LOCATION - CITY OR TOWN AND STATE HANOVER, MD
DATE OF DISPOSITION JUNE 25, 2010			
FUNERAL HOME DURANTE FUNERAL SERVICES, PO BOX 1007, ESTATES PLAINES, IL, 60017			
FUNERAL DIRECTOR'S NAME GARY ANTHONY DURANTE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012098	
LOCAL REGISTRAR'S NAME CATHERINE COUNARD		DATE FILED WITH LOCAL REGISTRAR JUNE 23, 2010	
CAUSE OF DEATH PART I. OVARIAN CANCER			
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4 YEARS
Due to (or as a consequence of):		b.	
Due to (or as a consequence of):		c.	
Due to (or as a consequence of):			
PART II. Enter other <i>significant conditions contributing to death</i> 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?	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 JUNE 21, 2010	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED
		TIME OF DEATH 04:40 PM	
CERTIFIER PHYSICIAN		DATE CERTIFIED JUNE 22, 2010	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ALAN SMOOKLER, 2050 CLAIRE COURT, GLENVIEW, IL, 60025		PHYSICIAN'S LICENSE NUMBER 036070513	

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

Catherine A. Counard, MD, MPH
Catherine A. Counard, M.D., M.P.H.
Local Registrar/Director of Health
Skokie, Illinois

