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Doc#: 1033654054 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 12/02/2010 12:50 PM Pg: 1 of 4

Quit Claim Deed

ILLINOIS STATUTORY

MAIL TO:

LORRAINE LOREK
977 GINGER LANE
GENEVA, IL 60134

NAME & ADDRESS OF TAX PAYER:

LORRAINE LOREK
977 GINGER LANE
GENEVA, IL 60134

THE GRANTOR(S)

LORRAINE LOREK AND HENRY J. LOREK (DECEASED) 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 LORRAINE LOREK AND JANICE E. JADIN (DAUGHTER)

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 18 IN HULBERT FULLERTON AVENUE HIGHLANDS SUBDIVISION OF (LEGAL DESCRIPTION) NUMBER 20, BEING A SUBDIVISION IN THE EAST 1/2 OF THE SOUTH WEST 1/4 OF SECTION 23, 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 Law of the State of Illinois.~~

TO HAVE AND TO HOLD the above granted premises unto the parties of the second part forever, not as ~~joint tenants or tenants by the entirety,~~ ^{OR} ~~but~~ as tenants in common, **BUT AS JOINT TENANCY WITH RIGHT OF SURVIVORSHIP.**

Permanent Index Number(s): 13-28-311-034

Property Address: 2648 NORTH LARAMIE, CHICAGO, ILLINOIS 60639-1614

Dated this 1st day of DEC., ~~2000~~ 2010

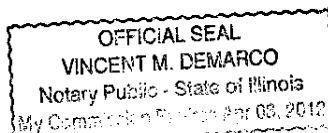
Dennis Jadin POA FOR (Seal)
SIGNATURE

DENNIS JADIN POA (Seal)
(Print or type name here)
FOR LORRAINE LOREK

SEE ATTACHED CERTIFICATE OF DEATH RECORD (Seal)
SIGNATURE

HENRY J. LOREK (Seal)
(Print or type name here)

STATE OF ILLINOIS)



NOTE: PLEASE TYPE OR PRINT NAME BELOW ALL SIGNATURES

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) SS.
County of KANE)

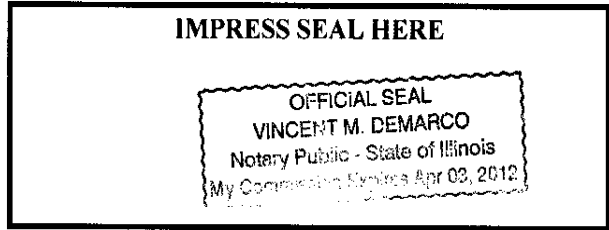
I, the undersigned, a Notary Public in and for said County, in the State aforesaid, CERTIFY THAT, (Print or type name here) DENNIS JADIN POA FOR LORRAINE LOBEK personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person, 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 1ST day of DEC., ~~2000.~~ 2010

W M

Notary Public

My commission expires on 04/03/2012.



If Grantor is also Grantee you may want to strike Release & Waiver of Homestead Rights.

NAME AND ADDRESS OF PREPARER:

DENNIS JADIN
515 SOUTH RAMMER AVENUE
ARLINGTON HEIGHTS, IL 60004

EXEMPT UNDER PROVISIONS OF PARAGRAPH E SECTION 4,

REAL ESTATE TRANSFER ACT.

DATE: 12/1/2010

Dennis Jadin
Signature of Buyer, Seller or Representative.

This conveyance must contain the name and address of the Grantee for tax billing purposes: (55 ILCS 5/3-5020) and name and address of the person preparing the instrument: (55 ILCS 5/3-5022).

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STATEMENT BY GRANTOR AND GRANTEE

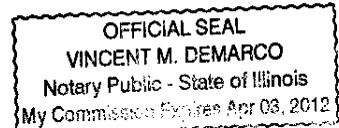
The grantor or his agent affirms that, to the best of his knowledge, the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate 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 DECEMBER 1ST, 2010

Signature: _____

Lorraine Lorek
Dennis Jadin
POA FOR
Grantor or Agent
**DENNIS JADIN POA FOR
LORRAINE LOREK**

Subscribed and sworn to before me
By the said _____
This 1ST day of DECEMBER, 2010
Notary Public *Wm*



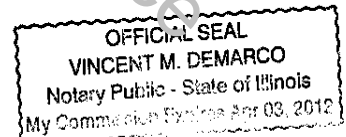
The grantee or his agent affirms and verifies that the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, 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 DECEMBER 1ST, 2010

Signature: _____

Janice E. Jadin
Grantee or Agent
JANICE E. JADIN

Subscribed and sworn to before me
By the said _____
This 1ST day of DECEMBER, 2010
Notary Public *Wm*



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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PROVISO TOWNSHIP REGISTRAR

HILLSIDE, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2010 0043255

DATE ISSUED 06/16/2010

DECEDENT'S LEGAL NAME HENRY J LOREK		SEX MALE	DATE OF DEATH JUNE 11, 2010	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 82 YEARS		DATE OF BIRTH OCTOBER 17, 1927	
CITY OR TOWN PROVISO TWP		HOSPITAL OR OTHER INSTITUTION NAME HINES VETERAN ADMINISTRATION FACILITY		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 339-20-5291	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME LORRAINE E CYBULSKI	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 977 GINGER LANE		APT. NO.	CITY OR TOWN GENEVA	INSIDE CITY LIMITS? YES
COUNTY KANE	STATE IL	ZIP CODE 60134	FATHER'S NAME JOHN LOREK	MOTHER'S NAME PRIOR TO FIRST MARRIAGE ANNA HABES
INFORMANT'S NAME EVE A BURLAK		RELATIONSHIP HOSPITAL RECORDS	MAILING ADDRESS 5000 SOUTH 5TH AVENUE, HINES, IL, 60141	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION SAINT JOSEPH CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE RIVER GROVE, IL	DATE OF DISPOSITION JUNE 15, 2010
FUNERAL HOME SHELDON-GOGLIN-KAMINSKI FUNERAL HOME, 5935 W BELMONT, CHICAGO, IL, 60634				
FUNERAL DIRECTOR'S NAME MARK A KAMINSKI SR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014496	
LOCAL REGISTRAR'S NAME WILLIAM J DAUGHERTY JR			DATE FILED WITH LOCAL REGISTRAR JUNE 15, 2010	
CAUSE OF DEATH PART I. CARDIOMYOPATHY				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	Due to (or as a consequence of):	
		b.	Due to (or as a consequence of):	
		c.	Due to (or as a consequence of):	
		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 APPLICABLE		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 11, 2010	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 11:35 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JUNE 11, 2010	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR PAYAL PATEL, 5000 SOUTH 5TH AVENUE, HINES, ILLINOIS, 60141			PHYSICIAN'S LICENSE NUMBER 036-120449	

20707

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.

JUN 16 2010

William J. Daugherty Jr. TOWNSHIP CLERK

