**UNOFFICIAL COPY** 

After recording return to:

Nancy A. Summers 117 W. Slade, Suite 200 Palatine, Illinois 60067

Mail tax bill to:

Joseph A. Koory 55 S. Hale Street, Unit 409 Palatine, Illinois 60067

# **Quit Claim Deed**

The Grantor, JOSEPH A. KOORY, a single person, of the Village of Palatine, County of Cook, State of Illinois, and CAROLYN KOOKY, deceased, for and in consideration of Ten and no/100 (\$100.00) Dollars, and other good and valuable consideration in hand paid, conveys and quit claims unto JOSEPH A. KOORY, a single



Doc#: 1118129078 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds
Date: 06/30/2011 03:44 PM Pg: 1 of 3

Above Space for Recorder's Use Only

person, of Palatine, Illinois, the rellowing described real estate in the County of Cook and State of Illinois, to wit:

PARCEL 1: UNIT NUMBER 409 IN THE MIRAMONTE COINTE CONDOMINIUMS BUILDING NO. 2, AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED TRACT OF LAND: PARTS OF THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 23, TOWNSHIP 42 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM RECORDED OCTOBER 1, 1998 AS DOCUMENT 98882904; AS AMENDED FROM TIME TO TIME TOGETHER WITH ITS UND VID TO PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN COOK COUNTY, ILLINOIS.

PARCEL 2: EASEMENT FOR INGRESS AND EGRESS AS DESCRIPED IN DECLARATION OF EASEMENTS, COVENANTS AND RESTRICTIONS RELATING TO MIRAMONTE POINTE CONDOMIN'UM MASTER ASSOCIATION RECORDED AS DOCUMENT 97733206 AS AMENDED FROM TIME TO TIME.

Permanent Real Estate Index Number: 02-23-100-051-1037

Address of Real Estate: 55 South Hale Street, Unit 409, Palatice, illinois 60067

hereby releasing and waiving all rights under and by the virtue of the Romestead Exemption Laws of the State of Illinois. **TO HAVE AND TO HOLD** said premises forever.

| Dated this _/D    | day of <u>MAY</u> , 2011. | Joseph a. Vsous JOSEPH A. KUCRY |
|-------------------|---------------------------|---------------------------------|
| State of Illinois | )                         | JOSEPH A. KUCRY                 |
| County of Cook    | ) SS<br>)                 |                                 |

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that **Joseph A. Koory** 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 he signed, sealed and delivered the said instrument as his 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 drange afficial seals this day of NANCY A SUMMERS

NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:11/14/13

Notary Public

Real Estate

2011.

Exempt under provisions of Paragraph 'e', Section 4, Transfer Tax Act. 35 ILCS 200/31-45

THIS INSTRUMENT PREPARED BY: Nancy A. Summers, 117 W. Slade St., Suite 200, Palatine, Illinois 60067

1118129078 Page: 2 of 3

# UNDEFICIAL COPY CLERKVITAL RECORDS CHICAGO, ILLINOIS

### CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

| STATE FILE NUMBER 2009 ( | 0095550 |
|--------------------------|---------|
|--------------------------|---------|

DATE ISSUED 01/04/2010

| DECEDENT'S LEGAL NAME  CAROLYN KOORY  FEMAL  |   |   |                     |                     |   |                          |  | DATE OF DEATH                        |                                  |                         |  |  |
|--|---|---|---------------------|---------------------|---|--------------------------|--|--------------------------------------|----------------------------------|-------------------------|--|--|
| COUNTY OF DEATH  | AGE AT L                                      | AST BIRTHDAY  |                     |                     | DATE OF E   | FEMALE                   | ALE DECEMBER 26, 2009                                |                                      |                                  |                         |  |  |
| соок   |   | 95 YE   | ARS                 |                     |   |                          | 28, 1914   |                                      |                                  |                         |  |  |
| CITY OR TOWN  ARLINGTON HEIGHTS  HOSPITAL OR OTHER INSTITUTION NAME  NORTHWEST COMMUNITY HOSPITAL  |   |   |                     |                     |   |                          |  |                                      |                                  |                         |  |  |
| PLACE OF DEATH INPATIENT   |   |   |                     |                     |   |                          |  |                                      |                                  |                         |  |  |
| BIRTHPLACE   | 1   | OCIAL SECURITY NUMBER   MARITAL STATUS AT TIME OF DEATH   SURVIVING SPOUSE'S NAME   EVER IN U.S. AL |                     |                     |   |                          |  |                                      |                                  | EVER IN U.S. ARMED      |  |  |
| BATH COUNTY, KY  | 324-34-37                                     | 324-34-3786 WIDOWED   |                     |                     |   |                          |  |                                      |                                  | FORCES? NO              |  |  |
| RESIDENCE<br>55 SOUTH HALE STREE   | T   |   |                     |                     |   | ry or town<br>PALATINE   |  |                                      |                                  | INSIDE CITY LIMITS? YES |  |  |
|  | ATE ZIP COD<br>L 60067                        |   |                     |                     |   | MOTHER'S                 | MARRIAGE   |                                      |                                  |                         |  |  |
| INFORMANT'S NAME  JOSEPHA KOORY /3   | INFORMANT'S NAME RELATIONSHIP MAILING ADDRESS |   |                     |                     |   |                          |  | §7                                   |                                  |                         |  |  |
| METHOD OF DISPOSITION  | PLAC  |   |                     |                     |   |                          |  |                                      |                                  | DISPOSITION             |  |  |
| CREMATION  | FO  | REST CR   | ST CREMATORY ROMEOV |                     |   | ROMEOVIL                 | LE, IL .   |                                      | DECE                             | MBER 31, 2009           |  |  |
| FUNERAL HOME  CREMATION SOCIETY C  | FILLINOIS - M                                 | IOUNT PR  | ROSPECT, 1          | 030 EAST N          | ORTHW   | EST HIGH                 | fWAY; MT   | PROSPEC                              | T, IL, 60                        | 0056                    |  |  |
| FUNERAL DIRECTOR'S NAME<br>GERALD F SULLIVAN   | C   | )x  |                     |                     |   |                          | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011165 |                                      |                                  |                         |  |  |
| LOCAL REGISTRAR'S NAME DAVID ORR   |   |   |                     |                     | DATE FILED WITH LOCAL REGISTRAR DECEMBER 31, 2009 |                          |  |                                      |                                  |                         |  |  |
| CAUSE OF DEATH PART I MYOCARDIAL INFARCT ON  |   |   |                     |                     |   |                          |  |                                      |                                  |                         |  |  |
| IMMEDIATE CAUSE  | I.  |   | 0/                  |                     |   |                          |  | Y YE                                 | 7                                | 1 DAYS                  |  |  |
| (Final disease or condition resulting in death)  | b.  |   |                     |                     |   |                          |  |                                      |                                  |                         |  |  |
|  |   | FPRO ERVAL  |                     |                     |   |                          |  |                                      |                                  |                         |  |  |
|  |   |   | Oue to (c           | or as consequence   | : of):  |                          |  |                                      | ő                                |                         |  |  |
|  |   |   |                     | 4/                  | 5.  | •                        |  |                                      | 1.0                              |                         |  |  |
| PART II. Enter other significant cond  | ditiona appleibutine                          |   |                     | ri as a consequence |   | - DADT I                 |  |                                      |                                  |                         |  |  |
| PART II. Enter direc significant cond  | nuons contributing                            | ito death but   | t not resulting in  | the underlying ca   | iuse river  | IN PARTI.                | · _  | :                                    | <u> </u>                         | ORMED? NO               |  |  |
|  |   |   |                     |                     |   | <u>()</u>                |  | WERE AUTOP<br>COMPLETE CA            | AUSE OF D                        |                         |  |  |
| DID TOBACCO USE CONTRIBUTE T   | O DEATH?                                      | FEMALE PREGNANCY STATUS  NOT APPLICABLE   |                     |                     |   | MANNER OF DEATH  NATURAL |  |                                      |                                  |                         |  |  |
| DATE OF INJURY   |   | TIME OF INJURY PLACE OF INJURY  |                     |                     |   | 4                        |  |                                      | INJURY AT WORK?                  |                         |  |  |
| LOCATION OF INJURY   |   |   |                     |                     |   |                          |  |                                      |                                  |                         |  |  |
| DESCRIBE HOW INJURY OCCURRED: C 12ANSPORTATION INJURY SPECIFY:   |   |   |                     |                     |   |                          |  |                                      |                                  |                         |  |  |
| ATTEND THE DECEASED?  DATE LAST SEEN ALIVE  WAS MEDICAL EXAMINER OR  DECEMBER 26, 2009 CORONER CONTACTED? YES                                    |   |   |                     |                     |   | ONOUNCED                 |  |                                      | TIME OF DEATH                    |                         |  |  |
|  |   |   |                     |                     |   |                          |  |                                      | DATE CERTIFIED DECEMBER 30, 2009 |                         |  |  |
| NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MICHAEL GLICKMAN, 1538 N ARLINGTON HEIGHTS RD, ARLINGTON HEIGHTS, ILLINOIS, 60005 |   |   |                     |                     |   |                          |  | PHYSICIAN'S LICENSE NUMBER 036009864 |                                  |                         |  |  |
| U30009804  |   |   |                     |                     |   |                          |  |                                      |                                  |                         |  |  |



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

Abund One David Orr Gook County Clerk



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# **UNOFFICIAL COPY**

#### STATEMENT BY GRANTOR AND GRANTEE

The grantor or her agent affirms that, to the best of her 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 to acquire and hold title to real estate in Illinois, a partnership authorized to do business or to acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or to acquire title to real estate under the laws of the State of Illinois.

Dated WOLL

Signature:

Grantor or Agent

Subscribed and sworn to before me

by the said

2011.

Notary Public

OFFICIAL SEAL KYLE KRZEWINA

Notary Public - State of Iffinois
My Commission Expires Nov 22, 2014

The grantee or his agent affirms that, to the best of his knowledge, the name of the grantee shown on the deed or assignment or beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or to acquire and hold title to real estate in Illinois, a partnership authorized to do business or to acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or to acquire title to real estate under the laws of the state of Illinois.

Dated

0/(

2011.

Signature:

Grantee or /

Subscribed and sworn to before me

by the said

466V4

OFFICIAL STAL KYLE KRZEVINA

Notary Public - State of Jahrus

Commission Expires Nov 22 And

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 the provisions of Section 4 of the Illinois Real Estate Transfer Tax Act.)

NOTE: LAND TRUSTEE IS NEITHER "GRANTEE OR AGENT" OF ASSIGNMENT OF BENEFICIAL INTEREST