



Doc#: 1118956009 Fee: \$44.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 07/08/2011 11:30 AM Pg: 1 of 5



First American Title Insurance Company

QUIT CLAIM DEED
ILLINOIS STATUTORY
Individual

THE GRANTOR(S) STEPHANIE BOBROWICZ, of the City of CHICAGO, County of COOK, State of IL for and in consideration of Ten and 00/100 Dollars, and other good and valuable consideration in hand paid, CONVEY(S) and QUIT CLAIM(S) to STEPHANIE BOBROWICZ and DONNA BOBROWICZ, Co-Trustees, or to successors in trust under the STEPHANIE BOBROWICZ REVOCABLE TRUST dated 11/22/07, AND ANY AMENDMENTS THERETO, all interest in the following described Real Estate situated in the County of Cook, in the State of Illinois, to wit:

See Exhibit "A" attached hereto and made a part hereof

Permanent Real Estate Index Number(s): 13-30-138-008-0000

Address(es) of Real Estate: 2931 N. Nora Ave., Chicago, IL

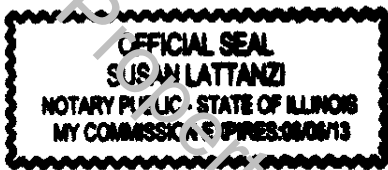
Dated this 30 day of May, 20 11.

Stephanie Bobrowicz
STEPHANIE BOBROWICZ

UNOFFICIAL COPYSTATE OF ILLINOIS, COUNTY OF COOK ss.

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, CERTIFY THAT STEPHANIE BOBROWICZ, personally known to me to be the same person(s) whose name(s) are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that they signed, sealed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal, this 30th day of May, 20 11.



Susan Lattanzi (Notary Public)

This Transfer is exempt under provisions of Paragraph E Section 31-45 Real Estate Transfer Tax Law.

Donna Bobrowicz Date: May 30, 2011
Donna Bobrowicz

Prepared by:

Donna Bobrowicz
Attorney at Law
239 N. Stewart Ave.
Lombard, IL 60148

Mail to:

Stephanie Bobrowicz
2931 N. Nora Ave.
Chicago, IL 60634

Name and Address of Taxpayer:

Stephanie Bobrowicz
2931 N. Nora Ave.
Chicago, IL 60634

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Exhibit "A" – Legal Description

Lot 24 in Mason and E. J. Subdivision being a subdivision of that part of the North $\frac{1}{2}$ of the South $\frac{1}{2}$ of the West $\frac{1}{2}$ of the North West $\frac{1}{4}$ of Section 30, Township 40 North, Range 13 East of the Third Principal Meridian lying East of the West 996 feet (except that part thereof falling in street) in Cook County, Illinois.

Property of Cook County Clerk's Office

UNOFFICIAL COPY

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO.		STATE OF ILLINOIS		STATE FILE NUMBER	
		REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH			
DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR) 1. ADAM BOBROWICZ 2. MALE 3. SEPTEMBER 6, 2001							
COUNTY OF DEATH AGE—LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) 4. DUPAGE 5a. 77 5b. 77 5c. 77 5d. FEBRUARY 25, 1924							
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE D.O.A. OPENER, BY INPATIENT (SPECIFY) 6a. ELMHURST 6b. ELMHURST HOSPITAL 6c. INPATIENT							
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
7. POLAND		8a. MARRIED		8b. STEPHANIE PLONKA		9. YES	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10. 337-26-2547		11a. TOOL & DIE MAKER		11b. MANUFACTURING		12. 2	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
13a. 2931 N. NORA		13b. CHICAGO		13c. YES		13d. COOK	
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
13e. ILLINOIS		13f. 60634		14a. WHITE		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
FATHER—NAME FIRST MIDDLE LAST				MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST			
15. IGNAC BOBROWICZ				16. MICHELLE MALINOWSKI			
INFORMANT'S NAME (TYPE OR PRINT)				RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	
17a. STEPHANIE BOBROWICZ				17b. WIFE		17c. 2931 N. NORA CHICAGO, IL. 60634	
18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.							
Immediate Cause (Final disease or condition resulting in death)		(a) Coronary Artery Disease					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DUE TO, OR AS A CONSEQUENCE OF					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) Cardiomyopathy					
		DUE TO, OR AS A CONSEQUENCE OF					
		(c)					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
20a.		20b.		19a. NO		19b.	
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		20c. <input type="checkbox"/> YES <input type="checkbox"/> NO					
DID (OR DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH	
21a. 9/6/01				21b. NO		21c. 8:55 A M.	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.							
22a. SIGNATURE		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		DATE SIGNED (MONTH, DAY, YEAR)		ILLINOIS LICENSE NUMBER	
22a. <i>Daniel Sullivan MD</i>		22a. DANIEL SULLIVAN, MD 429 N. YORK RD ELMHURST, IL 60126		22b. 9-7-01		22c. 36-69322	
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		23. NOTIFICATION WAS INVOLVED IN THIS DEATH? (TYPE OF AGENT OR MEDICAL EXAMINER MUST BE NOTIFIED)					
22c.		23.					
BURIAL CREATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)	
24a. BURIAL		24b. ST. ADALBERT		24c. NILES, ILLINOIS		24d. SEP 10, 2001	
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP							
25a. MONICLAIR-LUCANIA FUNERAL HOME 6901 W. BELMONT AVE. CHICAGO, IL. 60634							
FUNERAL DIRECTOR'S SIGNATURE				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
25b. <i>Neil A. Paulsen</i>				25c. 034-015558			
LOCAL REGISTRAR'S SIGNATURE				DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
26a. <i>Felaud Lewis</i>				26b. SEP 10 2001			



DuPage County Health Department

111 North County Farm Road
Wheaton, Illinois 60187

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

Felaud Lewis

Local Registrar

Not valid without the embossed seal of DuPage County Health Department

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STATEMENT BY GRANTOR AND GRANTEE

The grantor(s) or their agent affirms that, to the best of their knowledge, the name or 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, 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 May 30, 2011

Signature: Stephanie Bobrowicz

SUBSCRIBED AND SWORN TO BEFOR ME:

This 30th day of May, 2011



(Seal)

Susan Lattanzi
NOTARY PUBLIC

The grantee(s) or their agent affirms that, to the best of their knowledge, the name or 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, 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.

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(Seal)

Susan Lattanzi
NOTARY PUBLIC

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.]