UNOFFICIAL COPY



Doc#: 1210944036 Fee: \$42.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 04/18/2012 11:25 AM Pg: 1 of 3

•			
STATE OF ILLINOIS	SS.	i	
COUNTY OF CONK)		
Non Z Terrange	JOINT TENANCY A		
John E. Technanas	•	red to as the affiant, states und	
at 7336 W. Devon		in the City of Chica	90 , Illinois
that the affiant was acquainted with 12116 the decedent was one of the owners of the r	en Trahanas	5 , the deced	ent; that at the time of death
located in COOK	County, Illinois, and legal	ly described as follows:	,
	OZ	go a company de la degra de	
	τ_0		
	0,		•
	45	#1.11 F. 1.4	
That the decedent had no interest in any tremainder interests in property by transfer wi			
sion or enjoyment after death; December That the decedent died on			
That the decedent died on	2 1V, 2000	L, leaving no/a last will an	d testament;
That the total value of decedent's estate, inc			
and that the value of the above property indivi- That the Illinois Inheritance Tax and the Fe			e, has been paid in full:
That the affiant makes this affidavit to indu	ce Attorneys' Title G	uaranty Fund, Inc inis	sue its policy of title insurance
on the above described property. The affiant hereby covenants and agrees, fo	r himself/herself/themselve	es, heirs, personal representative	s or assignees, to forever fully
indemnify, protect, defend and hold Attorne	ys' Title Guaranty I	Fund, Inc. harmless and to re	in the rise the Fund for all loss.
costs, damages, suits, attorney's fees and expe the issuance of said policy free and clear of the		ure which the Fund may suffer,	expend of incut by reason of
1) Claims against the estate of Hell			
2) Illinois State Inheritance Tax and Fe			
3) Legacies, if any, created by the will o	of said decedent;	1 1 000	
4) Rights to contribution.	-7	Heather 11/2	AGENT (Seal
	,	,	(Sea!
Subscribed and Sworn to before me	· ·	- 14 PARTIES	V
this 13th day of July	<u>2011</u>	"OFFICIAL S	EAL"
100		WOMERONS NOTARY POLICE STATE	CT To Annois &
Wishell Les	n	My Commission Expires	Jō-14-2011

1210944036 Page: 2 of 3

UNOFFICIAL C LEGAL DESCRIPTION

Address of Real Estate: 7336 West Devon, Chicago, Illinois 60631

Permanent Real Estate Index Number: 09-36-427-043-0000

LOT SIXTY-TWO (62) AND LOT SIXTY-THREE (63) (EXCEPT WEST HALF (1/2) THEREOF) IN H. ROY BERRY CO'S DEVON HARLEM SUBDIVISION, BEING A SUBDIVISION, OF PARTS OF THE SOUTH HALF (1/2) OF SECTION 36, TOWN 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN AND PART OF THE NORTH EAST QUARTER OF THE NORTH EAST QUARTER OF SECTION 1, TOWN 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

JOHN E. TRAHANAS as Successor Trustee of the

Chicago, Illinois 60631

7336 West Devon

HELEN TRAHANAS TRUST Dated August 7, 2000 JOHN E. TRAHANAS TRUST

Dated: 7/12/2011

Quit Claim Deed

INDIVIDUAL TO TRUST

UNOFFICIAL COPY

STATE OF ILLINOIS

REGISTRATION 16.10		-			ILLING E OF D		İ						
LOCAL FILE 17166								FILE NUI					•
. DECEDENT'S LEGAL NAME (Include AKA	As if any) (First, Middle, I	_ast)					Ţ	2. SEX FEMALE	- 1	B. DATE OF D DECEMB		/Day/Year) (Spell	Month)
HELEN TRAHANAS			. 1			F- (188	DER 1 DAY			OF BIRTH (
L COUNTY OF DEATH	5a. AGE AT LAST B	BIRTHDAY (Years	Month:		Days	Heurs		Minutes	1	RUARY 7	-	4.1	
COOK	1 90		۱	7h HOSI	PITAL OR OTH	IER INSTIT	LITION NA	ME (If not in	1				
a. CITY OR TOWN CHICAGO			1		W. DEVON			HINE (IS HOT HE	omici, giv	5 51,001 and 175	,		
CHICAGO			0,405.0										•
Total Control of the Control					(Check only or OMEWHERE C			TAI					
F DEATH OCCURRED IN A HOSPITAL Inpatient Emergency Room/Outpa	tient Dead on /	;	tospice fac		Nursing Home				dent's hor	ne 🗀 Oth	er (Specify): _		
- · - · · <u>· · · · · · · · · · · · · · ·</u>	CIAL SECURITY NUM		MARITAL	STATUS	AT TIME OF D	EATH		11. SURV	IVING SF	OUSE'S NAM	AE	12. EVER IN ARMED	
(City and State or Foreign Country)			Married		larried but sepa		Widowed	1	i, give tuli	name prior to fi	ist marrage)	1	
	9-01-6326		Divorce		lever Married		Unknown	N/A		104 (10)00"	COTTO L INDEC	☐ Yes	- NO
13a. RESIDENCE (Street and M. nber) 7336 W. DEVON AvEN JE		13b. AP1	T. NO.	1	TY OR TOWN CAGO					13d INSIDE (
13e. COUNTY 1. STATE	13g. ZIP CODE	14. FATHER'S	NAME (F	irst, Middle	, Last)		1	15. MOTHE	R'S NAM	E PRIOR TO	FIRST MARF	RIAGE (First, Mic	die Lasi
COOK	60631	PETER B			•	*	ĺ	URANIA	NAS	PIOPOUL	OS (NAS	SOS)	
16a. INFORMANT'S NAME		16b. RELATION	NSHIP			16c. MAIL	NG ADDR	ESS (Street a	and No., C	ity or Town, Sta	ate, ZIP Code))	
MR. JOHN TRAHANAS	'	SON								HICAGO,			
17. METHOD OF DISPOSITION: B Burial	- T	DISPOSITION (N	ame of ce	metery, cre	matory, other)			TOWN AND		20. D	ATE OF DISF	POSITION (Mon	th/Day/Ye
☐ Cremation ☐ Donation ☐ Entered	E. WMOO	D CEMETE	RY			RIVER	GROVE	E, ILLINO	IS	12/	/20/2008		
21a. FUNERAL HOME NAME	S	TREET AND NUM	ABER			CIT	Y OR TOW	N		STATE		ZIP	
RYAN-PARKE FUNERAL HOM	(E 120	S. NORTHW	VEST H	IIGHW/	AY, F	PARK RI				ILLING		60068	
216; FUNERAL DIRECTOR'S SIGNATURE		X								CTOR'S ILLIN	OIS LICENS	E NUMBER	
melony	an 1		-					034-0150					
22. LOCAL REGISTRAR'S SIGNATURE	(dai	5/1					1	23. DATE FIL		2 3 0		onth/Day/Year)	
	Julio	1	Ben.	140						. <u> </u>	<u>م</u>		
Dementia Complex, indicate in Parl IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. b. Enter the UNDERLYING CAUSE	l or Part II. DO NOT	S Hy	fr Per	te	for as a conseq	uence of):	damenari	mes a nece	asary.		- T	Mor	n+1
(disease or injury that initiated the events resulting in death) LAST				Due to	(or as a conse	uence of):					- -		
PART II. Enter other significant condi	tions contribution to	death but not re-	eulting in				r i		25. WA	S AN AUTOP	SY PERFOR	RMED? ☐ Yes	8 1
PART II. Enter Other Significant Contain	ions commouning to	CEANT OUT HOUSE	solung m	ine under	rying cause ;					RE AUTOPS			
										MPLETE CAL		TH? TYBE	B
CONTRIBUTE TO DEATH?	F FEMALE: Not pregnant within past 1 Not pregnant, but pregnan Not pregnant, but pregna	it within 42 days of	f death	ā	Pregnant at tin Pregnant withir Unknown if pre	one year of			29 MA		Suicide	Could not be	
30. DATE OF INJURY (Month/Day/Year)		E OF INJURY			CE OF INJUR				tion site; r	estaurant; wo	oded area)	33. INJURY A	T WORI
34. LOCATION OF INJURY Street and I	Number		,	Apartment	Number	Cit	y or Town	<u>'S</u>			State	ZIP Code	
35. DESCRIBE HOW INJURY OCCURRE	D:					-			r/O, erator	R ATION INJU Pedes Other	trian	Y:	ت ت
37. (OID) DID NOT) ATTEND THE DEC	EASED (Month/Day/			AL EXAMI	NER OR	Z No	39. DATE 12/16/		CED (Mor	ith' Jay 'Year)		TIME OF DEAT 8:46 🔲 A.I	
41. CERTIFIER (Check only one): Physician in charge of patient's ca Physician in attendance at time of Medical Examiner/Coroner - On the	death only - To the best e basis of examination	st of my knowled and/or investiga	lge, death ation, in m	n occurred ny apinion,	at the time, da death occurre	ate and placed at the time	e, and due e, date an	d place, and	due to th	e cause(s) an	d manner sta		7
45 MANE ARRESTON AND THE CORE O	C OCCOON COME	THE CALLER OF	DEATH	/Itom 24)	ATR	DN 75	00	m.D.			43. PHYSICI	AN'S LICENSE D 5 4 4 0	
7447 W. TAL 44. TITLE OF CERTIFIER M. P.		45. DATE CEN 12/18/08	RTIFIED	(Month/Da	ıy/Year)	46. 5	SIGNATUR	E OF OF PI	FIER				

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.

1

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEAL