

UNOFFICIAL COPY



Doc#: 1220948004 Fee: \$46.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 07/27/2012 02:27 PM Pg: 1 of 5

Recording requested by: _____

Space above reserved for use by Recorder's Office

When recorded, mail to:

Document prepared by: and Tax Payer

Name: Ethel M. Bell

Name Renee E. Bell

Address: 4728 N. Grace St.

Address 307 Shay Ct.

City/State/Zip: Schiller Park, IL 60176

City/State/Zip Wheeling, IL 60090

Property Tax Parcel/Account Number: 12-15-108-014-0000

Quitclaim Deed

This Quitclaim Deed is made on July 24th 2012, between

Ethel M. Bell, Grantor, of 4728 N. Grace St

, City of Schiller Park, State of Illinois,

and Renee E. Bell & Ethel Bell, Grantee, of 307 Shay Ct

, City of Wheeling, State of Illinois.

Grantee: Ethel M. Bell & Renee E. Bell

For valuable consideration, the Grantor hereby quitclaims and transfers all right, title, and interest held by

the Grantor in the following described real estate and improvements to the Grantee, and his or her heirs

and assigns, to have and hold forever, located at 4728 N. Grace St

, City of Schiller Park, State of Illinois:

Subject to all easements, rights of way, protective covenants, and mineral reservations of record, if any.

Taxes for the tax year of _____ shall be prorated between the Grantor and Grantee as of the date of recording of this deed.

UNOFFICIAL COPY

~~Subject~~ under Real Estate Transfer Tax Law 35 ILCS 200/31-45
sub par. E and Cook County Ord. 93-0-27 per. E

Date 7/27/12 Sign. Rene E. Bell

Dated: July 24 - 2012

Ethel M. Bell
Signature of Grantor

Ethel M. Bell
Name of Grantor

Bessie M. Reaves
Signature of Witness #1

BESSIE M. REAVES
Printed Name of Witness #1

Dennis Fullerton
Signature of Witness #2

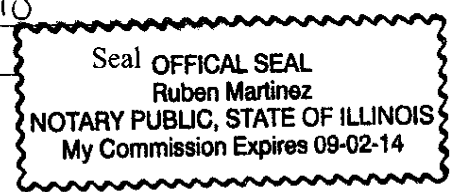
Dennis Fullerton
Printed Name of Witness #2

State of ILLINOIS County of COOK

On JULY, 24, 2012, the Grantor, ETHEL M. BELL,
personally came before me and, being duly sworn, did state and prove that he/she is the person described
in the above document and that he/she signed the above document in my presence.

[Signature]
Notary Signature

Notary Public,
In and for the County of COOK State of ILLINOIS
My commission expires: 09-02-14



Send all tax statements to Grantee.

UNOFFICIAL COPY

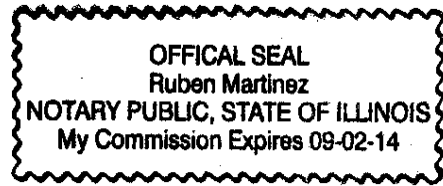
STATEMENT BY GRANTOR AND GRANTEE

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 7-24-2012

Signature Ethel M. Bell
Grantor or Agent

SUBSCRIBED AND SWORN TO BEFORE ME
BY THE SAID ETHEL M. BELL
THIS 24TH DAY OF JULY
20 12.



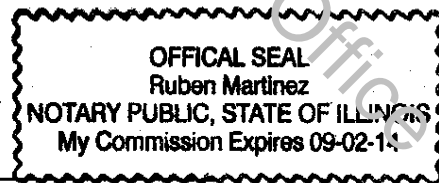
NOTARY PUBLIC [Signature]

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 and hold title to real estate under the laws of the State of Illinois.

Date 7/24/12

Signature Renée E. Bell
Grantee or Agent

SUBSCRIBED AND SWORN TO BEFORE ME
BY THE SAID RENEE E. BELL
THIS 24TH DAY OF JULY
20 12.



NOTARY PUBLIC [Signature]

Note: Any person who knowingly submits a false statement concerning the identify 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

CERTIFICATION OF DEATH RECORD

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2010-0009974

DATE ISSUED 02/10/2010

DECEDENT'S LEGAL NAME JOHN T BELL		SEX MALE	DATE OF DEATH FEBRUARY 06, 2010	
CITY OR TOWN CHICAGO	AGE AT LAST BIRTHDAY 74 YEARS	DATE OF BIRTH DECEMBER 05, 1935		
PLACE OF DEATH INPATIENT		HOSPITAL OR OTHER INSTITUTION NAME SWEDISH COVENANT HOSPITAL		
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 339-28-6578	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME ETHEL ROSECRANTS	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 4728 N GRACE	APT. NO.	CITY OR TOWN SCHILLER PARK	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60176	FATHER'S NAME BELL	MOTHER'S NAME PRIOR TO FIRST MARRIAGE ANNA HENEGHAN
INFORMANT'S NAME ETHEL BELL		RELATIONSHIP WIFE	MAILING ADDRESS 4728 N GRACE, SCHILLER PARK, IL, 60176	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION MONARCH CREMATORIUM	LOCATION - CITY OR TOWN AND STATE FRANKLIN PARK, IL	DATE OF DISPOSITION FEBRUARY 12, 2010	
FUNERAL HOME SAX-TIEDEMANN FUNERAL HOME AND CREMATORIUM, 9568 BELMONT AVE., FRANKLIN PARK, IL, 60131				
FUNERAL DIRECTOR'S NAME BETH ANN STOLTE			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016387	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR FEBRUARY 10, 2010	
CAUSE OF DEATH PART I. ASPIRATION PNEUMONIA				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Due to (or as a consequence of):		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		b. COMPLICATIONS OF GASTRIC SURGERY		UNKNOWN UNKNOWN
		c. DIASTOLIC CONGESTIVE HEART FAILURE		UNKNOWN UNKNOWN
		Due to (or as a consequence of):		UNKNOWN UNKNOWN
PART II. Enter other significant conditions contributing to death 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? NO	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 FEBRUARY 05, 2010	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 11:48 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED FEBRUARY 09, 2010	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH TONY J NAHHAS, 6444 NORTH CENTRAL, CHICAGO, ILLINOIS, 60646			PHYSICIAN'S LICENSE NUMBER 036088623	



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

David Orr
David Orr
Cook County Clerk

