

UNOFFICIAL COPY

1211-50661

WARRANTY DEED
INDIVIDUAL TO INDIVIDUAL



Doc#: 1233348015 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 11/28/2012 12:01 PM Pg: 1 of 3

MAIL TO:
John J. Ferrentino
Attorney at Law
4723 N. Belmont
Chicago, IL 60641

GRANTOR, Angelina Popovic, a widow, of 5555 N. Cumberland, #308, Chicago, IL 60656, County of Cook, and State of Illinois, for and in consideration of TEN and 00/100 Dollars (\$10.00), and other good and valuable consideration, the receipt and sufficiency is hereby acknowledged, CONVEY(S) and WARRANT(S) to the GRANTEE,

Erica Garcia, of 2054 N. Keystone, Chicago, IL

the following described real estate situated in the County of Cook, State of Illinois to-wit:

"Lot One Hundred Forty-Two (142) in Sam Brown Jr's
Pennock Subdivision in the North East Quarter (NE $\frac{1}{4}$)
of Section Thirty-Four (34), Township Forty (40)
North, Range Thirteen (13), East (E) of the Third
(3rd) Principal Meridian, in Cook County, Illinois.

SUBJECT TO: General and special real estate taxes which are not yet due and payable; conditions, covenants and restrictions of record; building lines and easements, if any, so long as they do not interfere with the current use and enjoyment of the property.

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

Permanent Index Number: 13-34-211-023-0000
Property Address: 2252 N. Tripp, Chicago, Illinois 60639

PRAIRIE TITLE
6821 W. NORTH AVE.
OAK PARK, IL 60302

PRAIRIE
TITLE 

DECEASED-NAME **Dusan** FIRST **popovich** MIDDLE **popovich** LAST **Male** SEX **Male** DATE OF BIRTH (MONTH, DAY, YEAR) **17, 1915** DATE OF DEATH (MONTH, DAY, YEAR) **July 30, 2006**

1. COUNTY OF DEATH **Cook** 2. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Chicago** 3. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **Resurrection Medical Center** 4. AGE-LAST BIRTHDAY (YRS) **90** 5a. UNDER 1 YEAR MOS. 5b. UNDER 1 DAY HOURS 5c. UNDER 1 MIN. 5d. DATE OF BIRTH (MONTH, DAY, YEAR) **17, 1915** 5e. DATE OF DEATH (MONTH, DAY, YEAR) **July 30, 2006** 6. IF HOSP. OR INST. INPATIENT (SPECIFY) **6emer Rm/Outpat** 7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **YUGOSLAVIA** 8a. MARRIED 8b. ANGELINA ANGELIC 8c. NAME OF SURVIVING SPOUSE (MARRIED, IF WIFE) **ANGELINA ANGELIC** 9. SOCIAL SECURITY NUMBER **357-26-3912** 10a. BROKER 10b. REAL ESTATE 10c. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **12** 10d. INSIDE CITY (YES/NO) **YES** 10e. COLLEGE (1-4 OR 5+) **5+** 11. RESIDENCE (STREET AND NUMBER) **5555 N. CUMBERLAND #308** 12. CITY, TOWN, TWP. OR ROAD DISTRICT NO. **CHICAGO** 13. COUNTY **COOK**

13a. STATE **ILLINOIS** 13b. ZIP CODE **60656** 14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) **WHITE** 14b. OF HISPANIC ORIGIN? (SPECIFY AND OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) **NO** 14c. MOTHER-NAME FIRST **VASILJKA** MIDDLE **NOT AVAILABLE** LAST **NOT AVAILABLE** 15. FATHER-NAME FIRST **BLAGOJA** MIDDLE **NOT AVAILABLE** LAST **NOT AVAILABLE** 16. RELATIONSHIP **WIFE** 17. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) **5555 N. CUMBERLAND CHGO, IL60656**

18. IMMEDIATE CAUSE (Final disease or condition resulting in death) **Cardiomyopathy** 19. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF **myx** (b) DUE TO, OR AS A CONSEQUENCE OF **myx** (c) DUE TO, OR AS A CONSEQUENCE OF **myx**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. **Metastatic Prostate Cancer Renal failure**

20. DATE OF OPERATION, IF ANY **20b. 7/30/06** 21. MAJOR FINDINGS OF OPERATION **NO** 22. AUTOPSY (YES/NO) **NO** 23. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO) **NO** 24. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **X** 25. HOUR OF DEATH **9:42 P.M.** 26. DATE SIGNED (MONTH, DAY, YEAR) **07/31/06**

27. SIGNATURE OF CERTIFIER **[Signature]** 28. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **22c. Gail Herman MD 7900 N. Princeton Ave. Chicago, IL 60614** 29. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) **22d. 036076405**

30. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **YUGOSLAVIA** 31. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **8a. MARRIED** 32. NAME OF SURVIVING SPOUSE (MARRIED, IF WIFE) **ANGELINA ANGELIC** 33. SOCIAL SECURITY NUMBER **357-26-3912** 34. RESIDENCE (STREET AND NUMBER) **5555 N. CUMBERLAND #308** 35. CITY, TOWN, TWP. OR ROAD DISTRICT NO. **CHICAGO** 36. COUNTY **COOK**

37. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **YUGOSLAVIA** 38. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **8a. MARRIED** 39. NAME OF SURVIVING SPOUSE (MARRIED, IF WIFE) **ANGELINA ANGELIC** 40. SOCIAL SECURITY NUMBER **357-26-3912** 41. RESIDENCE (STREET AND NUMBER) **5555 N. CUMBERLAND #308** 42. CITY, TOWN, TWP. OR ROAD DISTRICT NO. **CHICAGO** 43. COUNTY **COOK**

44. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **YUGOSLAVIA** 45. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **8a. MARRIED** 46. NAME OF SURVIVING SPOUSE (MARRIED, IF WIFE) **ANGELINA ANGELIC** 47. SOCIAL SECURITY NUMBER **357-26-3912** 48. RESIDENCE (STREET AND NUMBER) **5555 N. CUMBERLAND #308** 49. CITY, TOWN, TWP. OR ROAD DISTRICT NO. **CHICAGO** 50. COUNTY **COOK**

51. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **YUGOSLAVIA** 52. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **8a. MARRIED** 53. NAME OF SURVIVING SPOUSE (MARRIED, IF WIFE) **ANGELINA ANGELIC** 54. SOCIAL SECURITY NUMBER **357-26-3912** 55. RESIDENCE (STREET AND NUMBER) **5555 N. CUMBERLAND #308** 56. CITY, TOWN, TWP. OR ROAD DISTRICT NO. **CHICAGO** 57. COUNTY **COOK**

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

AUG 01 2006

FERRY MASON M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.