UNOFFICIAL COPY

1211-5066

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:

PLot One Hundred Forty-Two (342) in Sam Brown Jr's
Pennock Subdivision in the North East Quarter (NEt)
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



1233348015 Page: 2 of 3

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DATED this _	day of _	November	_, 2012.
DATED this	day of _	Novemus	, 2012

Angelina Popovic f/k/a/ Angeline Popovich

STATE OF LLINOIS) SS.
COUNTY OF COOK)

I, the undersigned, a 'dotary Public in and for said County in the State aforesaid DO HEREBY CERTIFY that Angelina Popolic the above named person(s) personally known to me to be the same person(s) whose name(s) is/are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that be/she/they signed sealed and delivered said instrument as his/her/their free and voluntary act for the uses and purposes herein set forth.

Given under my hand and official cal this 16 day of Nounder 2010

OFFICIAL SEAL
AMY E KETCHUM
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:04/08/14

REAL ESTATE TRANSFER 11/21/2012

CHICAGO: \$405.00

CTA: \$162.00

TOTAL: \$567.00

13-34-211-023-0000 | 20121101604052 | D1T2RX

This document prepared by: AMY E. KETCHUM Attorney at Law 524 S. KENILWORTH AVE. OAK PARK, IL 60304-1128 708-524-5096 Send future tax bills to: Erica Garcia 2252 N. Ttripp Chicago, IL 60639

REAL ESTATE TRA	11/21/2012			
	соок	\$27.00		
	ILLINOIS:	\$54.00		
	TOTAL:	\$81.00		

13-34-211-023-0000 | 20121101604052 | LW12ZG



(SEAL)

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	LOCAL REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR'S SIGNATURE 25b.	PERMOVAL (SPECIFY) 24a.BURIAL 24b. FUNERAL HOME Muzyka & Son Fun 25a.	OF CERTIN	AND LAST SAW HIM/HER ALIVE ON 2/18. TO THE BEST OF MY KNOWLEDGE, DEATH 223. SIGNATURE 220.	RT II. Other	CONDITIONS, IF ANY WHICH GIVE RISE TO INAMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (c)	Is PART I. Enter the shock, or disease or condition (a) (a)	EL	ier- <i>name</i> first BLAGOJA	TATE ZIPCODE 13:6065	13a, 5555 N - CUMBI	10. 357-26-3912	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Y U G O S L A V I A SOCIAL SECURITY NUMBER	6Chicago	COUNTY OF DEATH	DECEASED- <i>NAME</i> Dusan	REGISTERED NUMBER
linois Department of Public Health—Division	Closed Mine	1 ALASTS	ET AND N	THER (TYPE OR PRINT) NIFOTHER THANCERTIFIER TY SO.	SED (MONTH DAY, YEAR) 130 06 EATH OCCURRED AT THE TIME, DATE AN	significant conditions contributing to death but not resulting in the underlying cause given in PART TO STATE CAN UP RATION, IF ANY MAJOR FINDINGS OF OPERATION 20b.	€ТО,	the diseases, or complications that caused the do not not relieve. List only one cause on each one and the cause on each of the cause of	С	MIDDLE POPOVIC	DE RACE (WHITE BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 0656 14a. WHITE	308		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED USUAL OCCUPATION K			IRST MIDDLE POPO	MEDICAL CEI
faith—Division of Vital Records			THIRI e Ave.	There has been found there	WAS CORONER OR AND LAST SAW HIM/HER ALIVEON 130 C WAS CORONER OR EXAMINER NOTIFIED THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE A. TO DUE TO THE CAUSE(S) STATED STATED THE CAUSE STATED T	e-Renal failure		Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirator, or shock, or heart failure. List only one cause on each line. (a) CACACAMO ATTUM DUE TO, OR AS A CONSEQUENCE OF	RELATIONSHIP MAILING ADDRESS (ST 176, WIFE 175,555 N	MOTHER-NAME FIRST 16. VASILI	OF HISPANIC ORIGIN? (SPECIFYNO ORYES-IF YES 14b. 110 U YES SPECIFY:	13bCHICAGO	REAL ESTATE	NAME OF SURVIVING SPOUSE (MAIDFFINAME, IF WIFE) 8b. ANGELINA ANGELO // KIND OF BUSINESS OF INOUSTRY LEDUCATION	Medical Center	UNDER 1 YEAR UNDER 1 DAY DATE (MOS. DAYS HOURS MIN. 5c. 5d.	Popovich Sex	RTIFICATE OF DE
(BASED C	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25C. 25C.	ILLINOIS 24d. O: N STATE , IL 60630-3207	HILLINOIS LICENSE NUMBER 22d. 03607695 NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORPORER OR MEDICAL EXAMINER MUST BE NOTIFIED. STATE I DATE LONTH DAY YEAR	MEDICAL HOUR D? (YESNO) 21G. DATE 22b.	AUTOPSY (YESNO) NO. 19b. 19		Parchae or respirator, re REFERENCIASE AND EATH	REET AND NO ORREFD. CITYOR (CT. STATE, ZP) CUMBERLAND CHGO, IL60656	MIDDLE MYDEN) LAST	SPECIEY CUBAN,	WESING) (VESING) (VESING) (VESING) (VESING)	2)	ISPECIFY ONLY HIGHEST GRA	STREET AND NUMBER) OPEMER, PM, INPATIENT (SPECIFY) 6Emer Rm/Outpat	ER	DATEOFDEATH (MONTH, DAY, YEAR) 3. July 30, 2006	EATH 6/0533

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED

STATE OF ILLINOIS COUNTY OF COOK

č

DISTRICT NO. 16.10

STATE OF ILLINOIS

STATE FILE

AUG 0 1 2008

TERRY MASON M.D., LOCAL
RESISTRAR 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.

CITY OF CHICAGO THEALTH