

UNOFFICIAL COPY



WARRANTY DEED

Joint Tenancy

Doc#: 1302348021 Fee: \$42.00
Karen A. Yarbrough RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 01/23/2013 02:59 PM Pg: 1 of 3

MAIL TO:
Maurice Sone
Attorney at Law
851 N. Ashland
Chicago, IL 60622

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

1 of 3

P-56-50705

GRANTOR, Marina Popovic, a married woman, of 1030 N. Humphrey, Oak Park, IL 60302 and Angelina Popovic, a widow, of 5555 N. Cumberland, #308, Chicago, IL 60656, 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 and WARRANT to the GRANTEES, Matthew Cushing and Gibel Buena, ~~husband and wife~~, of 460 N. Aberdeen Street, Chicago, IL 60642 as Joint Tenants with right of survivorship not as tenants in common the following described real estate situated in the County of Cook, State of Illinois to-wit:

PARCEL 1:

UNIT 211 BUILDING 2327, IN WOLFRAM TOWERS CONDOMINIUM, AS DELINEATED ON THE SURVEY OF CERTAIN LOTS OR PARTS THEREOF IN CLYBOURNE AVENUE ADDITION TO LAKE VIEW AND CHICAGO SUBDIVISION, BEING A SUBDIVISION IN SECTION 30, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, WHICH SURVEY IS ATTACHED AS EXHIBIT "B" TO THE DECLARATION OF CONDOMINIUM OWNERSHIP RECORDED DECEMBER 14, 2000 AS DOCUMENT 00984625, IN COOK COUNTY ILLINOIS, TOGETHER WITH AN UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS APPURTENANT TO SAID UNIT, AS SET FORTH IN SAID DECLARATION, AS AMENDED FROM TIME TO TIME.

PARCEL 2:

THE EXCLUSIVE USE OF P-56, A LIMITED COMMON ELEMENTS AS DELINEATED ON THE SURVEY ATTACHED TO AFORESAID DECLARATION.

THIS is NOT Homestead property.

Subject to: general real estate taxes not due and payable at the time of Closing; covenants, conditions and restrictions of record; and building lines and easements, terms, provisions, covenants and conditions of the Declaration of Condominium/Covenants, Conditions and Restrictions and all amendments; public and utility easements including any easements established by or implied from the Declaration of Condominium/Covenants, Conditions and Restrictions or amendments thereto; party wall rights and agreements; limitations and conditions imposed by the Condominium Property Act; installments due after the date of Closing of general assessments established pursuant to the Declaration of Condominium/Covenants, Conditions and Restrictions.

TO HAVE AND TO HOLD said premises forever.

Permanent Index Number: 14-30-117-041-1038

Property Address: 2327 W. Wolfram, unit 211, Chicago, Illinois 60618



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DATED this 8 day of January, 2012.

Angelina Popovic
Angelina Popovic

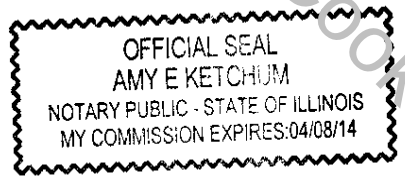
Marina Popovic
Marina Popovic

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

I, the undersigned, a Notary Public in and for said County in the State aforesaid DO HEREBY CERTIFY that Angelina Popovic, Marina Popovic and Brad Jansen 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 they signed 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 seal this 8 day of January, 2013.



[Signature] (SEAL)



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:
Matthew Cushing and Gibel Buena
2327 W. Wolfram unit 211
Chicago, IL 60618

REAL ESTATE TRANSFER		01/17/2013
	CHICAGO:	\$1,597.50
	CTA:	\$639.00
	TOTAL:	\$2,236.50
14-30-117-041-1038 20130101600079 UH8MCF		

REAL ESTATE TRANSFER		01/17/2013
	COOK:	\$106.50
	ILLINOIS:	\$213.00
	TOTAL:	\$319.50
14-30-117-041-1038 20130101600079 JYBXEW		



DECEASED-NAME **Dusan** FIRST **Popovich** LAST **Male** SEX **Male** DATE OF BIRTH (MONTH, DAY, YEAR) **July 30, 2006** 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) **59** 5. UNDER 1 YEAR MOS. DAYS 5c. UNDER 1 DAY HOURS MIN. 5d. **17, 1915** 6. IF HOSP. OR INST. INDICATE D.O.A. OR EMER. RM. INPATIENT (SPECIFY) **Emer Rm/Outpat**

7. YUGOSLAVIA 8a. **MARRIED** 8b. **ANGELINA ANGELOV** 9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. SOCIAL SECURITY NUMBER **3912** 11a. **BROKER** 11b. **REAL ESTATE** 12. **12** 13. RESIDENCE (STREET AND NUMBER) **5555 N. CUMBERLAND #308** 13a. **CHICAGO** 13b. **COOK** 14. OF HISPANIC ORIGIN? (SPECIFY AND OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) **NO** 15. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **College (1-4 or 5-1)** 16. INSIDE CITY (YES/NO) **NO** 17. COUNTY **COOK**

18. DECEASED'S NAME (TYPE OR PRINT) **ANGELINA POPOVIC** 19. RELATIONSHIP **WIFE** 20. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) **17555 N. CUMBERLAND CHGO, IL60656** 21. DECEASED'S NAME (TYPE OR PRINT) **BLAGOJA POPOVIC** 22. MOTHER-NAME FIRST **VASILJKA** MIDDLE **NOI AVAILABLE** LAST **NOI AVAILABLE**

23. IMMEDIATE CAUSE (Final disease or condition suiting in death) **Cardiomyopathy** 24. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) **(a) DUE TO, OR AS A CONSEQUENCE OF** (b) **(b) DUE TO, OR AS A CONSEQUENCE OF** (c) **(c) DUE TO, OR AS A CONSEQUENCE OF**

25. PART II. Other (significant) conditions contributing to death but not resulting in the underlying cause given in PART I. **Metastatic prostate cancer, Renal failure** 26. DATE OF OPERATION, IF ANY **206** 27. MAJOR FINDINGS OF OPERATION **NO** 28. AUTOPSY (YES/NO) **NO** 29. WERE AUTOPSY FINDINGS AVAILABLE BEFORE TO CORONER/PROSECUTOR (YES/NO) **NO** 30. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **X** 31. HOUR OF DEATH **9:42 P.M.** 32. DATE SIGNED (MONTH, DAY, YEAR) **07/31/06** 33. ILLINOIS LICENSE NUMBER **036076905**

34. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **Paul Herman MD 7902 Northwinds Ave N.W.S 60714** 35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) **Paul Herman MD**

36. BIRTHDAY (MONTH, DAY, YEAR) **7/30/06** 37. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **YES** 38. DATE OF DEATH (MONTH, DAY, YEAR) **08/03/2006**

39. CEMETERY OR CREMATORY-NAME **NEW GRACANICA** 40. LOCATION **THIRD LAKE, ILLINOIS** 41. CITY OR TOWN **CHICAGO, IL** 42. STATE **IL** 43. DATE (MONTH, DAY, YEAR) **08/03/2006**

44. NAME **Muzzyka & Son Funeral Home** 45. STREET AND NUMBER OR R.F.D. **5776 W. Lawrence Ave.** 46. CITY OR TOWN **Chicago, IL** 47. STATE **IL** 48. ZIP **60630-3207**

49. LOCAL REGISTRAR'S SIGNATURE **John J. Muzzyka** 50. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **AUG 01 2006** 51. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034-015939** 52. ILLINOIS LICENSE NUMBER **034-015939**

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO
AUG 01 2006
 TERRY MASON M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS FOR THE CITY OF CHICAGO 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.

CITY OF CHICAGO
 DEPARTMENT OF PUBLIC HEALTH