

UNOFFICIAL COPY



**QUIT CLAIM DEED
Statutory (Illinois)
(Individual to Individual)**

Doc#: 1501656173 Fee: \$44.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Affidavit Fee: \$2.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 01/16/2015 02:41 PM Pg: 1 of 4

Above Space for Recorder's use only

THE GRANTOR(S), **GERALDINE STEEVE OTA**, also known as **GERALDINE OTA**, a widow and not since remarried,
of the City of Chicago, County of Cook, State of Illinois,
for and in consideration of TEN & 00/100 DOLLARS,
and other good and valuable consideration in hand paid,

CONVEYS AND QUIT CLAIMS to **GERALDINE OTA**, as trustee, or her successor, of the
GERALDINE OTA DECLARATION OF TRUST dated DECEMBER 17, 2014

5925 North Nina, Chicago, IL 60631
Grantee's Address

all interest in the following described Real Estate situated in the County of Cook in the State of Illinois, to wit:

Lot 34 in Block 13 in Norwood Park, being a Subdivision in the East Half of the Southwest Quarter of Section 6,
Township 42 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

SUBJECT TO:

hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois.

Permanent Index Number(s): 13-06-305-008

Address(es) of Real Estate: 5925 North Nina Avenue, Chicago, IL 60631

Dated this 17 day of December, 2014

_____(SEAL) Geraldine Ota _____(SEAL)

GERALDINE OTA

_____(SEAL) _____(SEAL)

UNOFFICIAL COPY

QUIT CLAIM DEED
Statutory (Illinois)

TO

Property of Cook County Clerk's Office

STATE OF ILLINOIS

COUNTY OF LAKE

IMPRESS
SEAL
HERE



I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that GERALDINE OTA, a widow and not since remarried, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and official seal this 17 day of October, 2014.

Commission expires 8/8/2016

Michael H. Erde
NOTARY PUBLIC

This instrument prepared by Michael H Erde, 4801 West Peterson-Suite 412, Chicago, IL 60646

MAIL TO:

SEND SUBSEQUENT TAX BILLS TO:

Michael H. Erde

Mrs. Geraldine Ota

4801 West Peterson- Suite 412

5925 N. Nina Avenue

Chicago, IL 60646

Chicago, IL 60631

COUNTY-ILLINOIS TRANSFER STAMPS
EXEMPT UNDER PROVISIONS OF PARAGRAPH
e SECTION 31-45, REAL ESTATE
TRANSFER TAX LAW
Buyer, Seller or Representative: [Signature]

DATE: 12-17-14

UNOFFICIAL COPY

STATEMENT BY GRANTOR AND GRANTEE

The grantor or his or her agent affirms that, to the best of his or her knowledge, the name of the grantor 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 December 17, 2014 Signature: *Terrence Thomas Otonari*
Grantor or Agent

Subscribed and Sworn to before me
by the said Geraldine S. OTA
this 17 day of December, 2014
Michael H. Erde
Notary Public



The grantee or his or her 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.

Dated December 17, 2014 Signature: *Terrence Thomas Otonari*
Grantee or Agent

Subscribed and Sworn to before me
by the said Geraldine S. OTA
this 17 day of December, 2014
Michael H. Erde
Notary Public



NOTE: Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor or 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).

REGISTRATION DISTRICT NO. **16.10**

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
617463

DECEASED-NAME **ALVIN** FIRST **ASA** MIDDLE **OTA** LAST
COUNTY OF DEATH **Cook** AGE-LAST BIRTHDAY (YRS) **54** UNDER 1 YEAR MON. DAYS **5d** UNDER 1 DAY HOURS MIN. **5d** DATE OF BIRTH (MONTH, DAY, YEAR) **June 3, 1940**
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Chicago** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **5925 N. Nina Ave.** IF HOSP. OR INST. INDICATE D.O.A. OR FEMER. RM. INPATIENT (SPECIFY) **n/a**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Chicago, Ill.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **married** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **Geraldine Steeve** WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) **no**
SOCIAL SECURITY NUMBER **4470** USUAL OCCUPATION **Architect** KIND OF BUSINESS OR INDUSTRY **Chicago Park District** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **College (1-4 or 5+)**

RESIDENCE (STREET AND NUMBER) **5925 N. Nina Ave.** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **Chicago** INSIDE CITY (YES/NO) **yes** COUNTY **Cook**
STATE **Illinois** ZIP CODE **60631** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) **14a. Oriental** OR HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
FATHER-NAME FIRST **Robert K.** MIDDLE **Ota** LAST **Shelly** MOTHER-NAME FIRST **A.** MIDDLE **Nashimura** LAST **A. Nashimura**

INFORMANT'S NAME (TYPE OR PRINT) **Geraldine Ota** RELATIONSHIP **17b. wife** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) **5925 N. Nina Ave. Chicago, Illinois 60631**
PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or resp. failure, arrest, shock, or heart failure. List only one cause on each line.
18. Metastatic Pancreatic Cancer 4 months

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) **(a) Metastatic Pancreatic Cancer 4 months**
STATE THE UNDERLYING CAUSE LAST **(b) Liver metastasis**
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

DATE OF OPERATION, IF ANY **20a.** MAJOR FINDINGS OF OPERATION **20b.**
WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **21b. NO** AUTOPSY (YES/NO) **19a. NO** WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) **19b.**
HOUR OF DEATH **21c. 12:25 P.** DATE SIGNED (MONTH, DAY, YEAR) **22b. 9/19/94**

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **22a. Mary Hashimi, MD**
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) **22c. Davis, Evenson, 160301**
NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

BURIAL, CREMATION, REMOVAL (SPECIFY) **23.** CEMETERY OR CREMATORY-NAME **24c. Rosemont, Illinois** LOCATION **24d. Sept. 23, 1994**
FUNERAL HOME **24a. Cremation Service, Inc.** NAME **24b. 2118 W. Lawrence Ave. Chicago, Illinois 60625** CITY OR TOWN **24d. Sept. 23, 1994** STATE **24e. Illinois** ZIP
FUNERAL DIRECTOR'S SIGNATURE **25a. Ryan-Parke Funeral Home** STREET AND NUMBER OR R.F.D. **2118 W. Lawrence Ave. Chicago, Illinois 60625** CITY OR TOWN **24d. Sept. 23, 1994** STATE **24e. Illinois** ZIP
FUNERAL DIRECTOR'S SIGNATURE **25b. J. Ryan** CITY OR TOWN **24d. Sept. 23, 1994** STATE **24e. Illinois** ZIP

LOCAL REGISTRAR'S SIGNATURE **26a. [Signature]** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **26b. SEP 22 1994**
VR200 (Rev. 6/89) Illinois Department of Public Health - Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

SEP 22 1994

I, SHEILA LYNE, RSW, 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 PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

