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Doc#: 1536449164 Fee: \$44.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Affidavit Fee: \$2.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 12/30/2015 02:30 PM Pg: 1 of 4

QUIT CLAIM DEED

Grantor, Mary B. Tiritilli, of 720 Creekside Drive, Unit 404, Mt. Prospect, IL 60056, a single woman and as survivor of her husband, Julio N. Tiritilli, deceased, whose death certificate is attached hereto and recorded at _____, Cook County Recorder of Deeds, quit claims to Mary B. Tiritilli, co-trustee of the Mary B. Tiritilli Revocable Trust UAD September 2, 2015, of 720 Creekside Drive, Unit 404, Mt. Prospect, IL 60056, all of her interest in the real property located in Cook County, Illinois, (the "Premises") more fully described as follows:

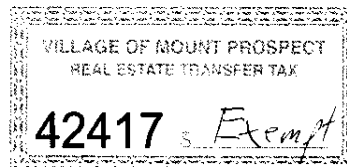
UNIT 404B AND THE EXCLUSIVE RIGHT OF USE OF PARKING SPACE P 11B AND STORAGE SPACE S 11B LIMITED COMMON ELEMENTS IN CREEKSIDE AT OLD ORCHARD CONDOMINIUMS AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED PARCEL OF REAL ESTATE: PARTS OF LOTS 1 AND 2 IN OLD ORCHARD COUNTRY CLUB SUBDIVISION, BEING A SUBDIVISION OF PART OF THE NORTHWEST ¼ OF SECTION 27 AND PART OF THE EAST ½ OF THE NORTHEAST ¼ OF SECTION 28 BOTH IN TOWNSHIP 42 NORTH, RANGE 11 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM RECORDED APRIL 3, 1996 AS DOCUMENT NUMBER 96261584, AS AMENDED FROM TIME TO TIME, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN COOK COUNTY.

PARCEL 2:
EASEMENT FOR INGRESS AND EGRESS IN FAVOR OF PARCEL 1 CREATED BY THE AFORESAID DECLARATION RECORDED AS DOCUMENT NUMBER 96261584.

Also subject to rights of the public and others in and to any portion of the property used or taken for street, road, or highway purposes, and to easements, restrictions, and other reservations of record, including oil, gas and mineral rights previous severed by grant, reservation or lease, if any.

Commonly known as: 720 Creekside Drive, Unit 404, Mt. Prospect, IL 60056-6378

PIN: 03-27-100-092-1084



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There is no consideration for this transfer. This transfer is exempt from state transfer tax pursuant to 35 ILCS 200/31-45(e), and from county transfer tax pursuant to 35 ILCS 200/31-45(e).

Dated: Nov. 26, 2015, 2015

GRANTOR

Mary B. Tiritilli
Mary B. Tiritilli

Acknowledged before me in Cook County, Illinois, on Nov. 26, 2015
by Mary B. Tiritilli.

L. LaSusa

Notary Public, _____ County, IL

Acting in Cook County, IL

My commission expires: 1/20/19

LAWRENCE R. LaSUSA
Notary Public-Grand Traverse County, MI
My Commission Expires January 20, 201

There is no consideration for this transfer. This transfer is exempt from state transfer tax pursuant to 35 ILCS 200/31-45(e), and from county transfer tax pursuant to 35 ILCS 200/31-45(e).

Dated: Nov. 26, 2015

L. LaSusa
Lawrence R. LaSusa
Attorney for Grantor

When recorded return to: Lawrence R. LaSusa, Esq. 415 N. LaSalle St., Ste. 301 Chicago, IL 60654	Send subsequent tax bills to: Mary B. Tiritilli 720 Creekside Dr., Unit 404 Mount Prospect, IL 60056	This instrument drafted by: Lawrence R. LaSusa, Esq. 415 N. LaSalle St., Ste. 301 Chicago, IL 60654
Tax Parcel: 03-27-100-092-1084	Recording Fee: \$	Transfer tax: exempt

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GRANTOR/GRANTEE AFFIDAVIT: STATEMENT BY GRANTOR AND GRANTEE AS REQUIRED BY SECTION 35 ILCS 200/31-47

GRANTOR SECTION

The **GRANTOR** or her/his agent, affirms that, to the best of her/his knowledge, the name of the **GRANTEE** shown on the deed or assignment of beneficial interest (**ABI**) 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 another 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: 12 130 1, 2015

SIGNATURE: Lawrence R. Lasusa
GRANTOR or AGENT

GRANTOR NOTARY SECTION: The below section is to be completed by the NOTARY who witnesses the GRANTOR signature.

Subscribed and sworn to before me, Name of Notary Public:

By the said (Name of Grantor): LAWRENCE R. LASUSA

On this date of: 12 130 1, 2015

NOTARY SIGNATURE: Lisa Painter

AFFIX NOTARY STAMP BELOW

OFFICIAL SEAL
LISA PAINTER
Notary Public - State of Illinois
My Commission Expires Aug 1, 2017

GRANTEE SECTION

The **GRANTEE** or her/his agent affirms and verifies that the name of the **GRANTEE** shown on the deed or assignment of beneficial interest (**ABI**) 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: 12 130 1, 2015

SIGNATURE: Lawrence R. Lasusa
GRANTEE or AGENT

GRANTEE NOTARY SECTION: The below section is to be completed by the NOTARY who witnesses the GRANTEE signature.

Subscribed and sworn to before me, Name of Notary Public:

By the said (Name of Grantee): LAWRENCE R. LASUSA

On this date of: 12 130 1, 2015

NOTARY SIGNATURE: Lisa Painter

AFFIX NOTARY STAMP BELOW

OFFICIAL SEAL
LISA PAINTER
Notary Public - State of Illinois
My Commission Expires Aug 1, 2017

CRIMINAL LIABILITY NOTICE

Pursuant to Section 55 ILCS 5/3-5020(b)(2), 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**, 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 Act: (35 ILCS 200/Art. 31)**

revised on 10.6.2015

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REGISTRATION DISTRICT NO. 16.0		STATE OF ILLINOIS CERTIFICATE OF DEATH		STATE FILE NUMBER	
LOCAL FILE NUMBER		1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) Julio N. Tiritilli		2. SEX Male	
4. COUNTY OF DEATH Cook		5a. AGE AT LAST BIRTHDAY (Years) 79		6. DATE OF BIRTH (Month/Day/Year) November 17, 1929	
7a. CITY OR TOWN Arlington Heights		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) Northwest Community Hospital			
7c. PLACE OF DEATH (Check only one: see instructions) IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify):					
8. BIRTHPLACE (City and State or Foreign Country) Chicago, IL		9. SOCIAL SECURITY NUMBER 322-22-8238		10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) Mary B. La Susa		12. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
13a. RESIDENCE (Street and Number) 720 Creekside Drive		13b. APT. NO. 404		13c. CITY OR TOWN Mt. Prospect	
13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Gelsomina Melone			
13e. COUNTY Cook		13f. STATE IL		13g. ZIP CODE 60056	
14. FATHER'S NAME (First, Middle, Last) John Tiritilli		16. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 720 Creekside Dr. Mt. Prospect, IL 60056			
16a. INFORMANT'S NAME Mary B. Tiritilli		16b. RELATIONSHIP Wife		17. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify):	
18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) All Saints		19. LOCATION - CITY, TOWN AND STATE Des Plaines		20. DATE OF DISPOSITION (Month/Day/Year) February 28, 2009	
21a. FUNERAL HOME NAME SALERNO'S GALEWOOD CHAPELS		21b. STREET AND NUMBER 1857 N. HARLEM AVE.		21c. CITY OR TOWN CHICAGO, IL	
21d. STATE IL		21e. ZIP 60707		21f. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-010202	
22. LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) 26 FEB 2009			
CAUSE OF DEATH (See instructions and examples) 24. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>acute myocardial infarction</u> Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. <u>cardiac dysrhythmia</u> Due to (or as a consequence of): c. <u>coronary artery disease</u> Due to (or as a consequence of): PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. 25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No 27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown 28. IF FEMALE: <input type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months 29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation 30. DATE OF INJURY (Month/Day/Year) 31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. 32. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) 33. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No 34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code 35. DESCRIBE HOW INJURY OCCURRED: 36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) 37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON 2/23/09 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 39. DATE PRONOUNCED (Month/Day/Year) FEBRUARY 24 2009 40. TIME OF DEATH 7:11 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. 41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) KENNETH McQUADE M.D., 3315 ALCONQUIN ROAD, SUITE 100, ROSELAND, ILLINOIS 60442-1693 43. PHYSICIAN'S LICENSE NUMBER 034-074693 44. TITLE OF CERTIFIER M.D. 45. DATE CERTIFIED (Month/Day/Year) 2/25/09 46. SIGNATURE OF CERTIFIER <i>Kenneth McQuade M.D.</i>					

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

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

26 FEB 2009

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

David Orr
COUNTY CLERK