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Doc#: 1601250234 Fee: \$46.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Affidavit Fee: \$2.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 01/12/2016 01:22 PM Pg: 1 of 5

RECORDING REQUESTED BY)
)
WHEN RECORDED MAIL TO:)
Victor K. Oraham)
867 Peach Tree Lane)
Glencoe, Illinois 60022)

SPACE ABOVE FOR RECORDER'S USE

TRUSTEE'S DEED

STATE OF ILLINOIS,
COOK COUNTY, ss

PERMANENT REAL ESTATE INDEX
NUMBER(S):

10-27-428-045-0000

ADDRESS OF REAL PROPERTY:

7204 Kedvale

Lincolnwood, Illinois 60645

THIS INDENTURE WITNESSETH, THAT THE GRANTOR(S).

Valentin Mirza, Successor Trustee, under the Badal Living Trust, dated July 26, 2001, and any amendments thereto of the County of Cook and the State of Illinois, and with full powers as Trustees under said Trust Agreement to convey equal interests in the subject real property for valuable consideration conveys and warrants to

Valentin Mirza, a married woman, Najeba Orshan, an unmarried woman, and Ania M. Bakou, a married woman, not as tenants in common, but as joint tenants with right of survivorship

the following described real estate, to wit:

LOTS 15 AND 16 (EXCEPT THE WEST 6 FEET) IN BLOCK 4 IN ENGEL'S KENILWORTH AVENUE HIGHLANDS, BEING A SUBDIVISION OF THE SOUTH HALF OF THE SOUTH EAST QUARTER OF THE SOUTH EAST QUARTER OF SECTION 27, TOWNSHIP 41 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PERMANENT REAL ESTATE INDEX NUMBER: 10-27-428-045-0000

in the County of Cook and State of Illinois, hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois, subject to all easements and restrictions of record.

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STATEMENT BY GRANTOR AND GRANTEE

The grantor or his agent affirms that, to the best of his knowledge, 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 title to real estate under the laws of the State of Illinois.

Dated: June 7, 2015,

Signature: Valentin W. Z...
Grantor or Agent

Subscribed and sworn to before me
on June 7, 2015.

[Signature]
Notary Public



The grantee or his 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: June 7, 2015

Signature: Valentin W. Z...
Grantor or Agent

Subscribed and sworn to before me
on June 7, 2015.

[Signature]
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 for subsequent offenses.

(Attach to deed or ABI to be recorded in Cook County, Illinois, if exempt under the provisions of Section 4 of the Illinois Real Estate Transfer Tax Act.)

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**COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2014 0069474

DATE ISSUED 9/16/2014

DECEDENT'S LEGAL NAME MARIAM BADAL		SEX FEMALE	DATE OF DEATH SEPTEMBER 11, 2014	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 86 YEARS	DATE OF BIRTH DECEMBER 30, 1927		
CITY OR TOWN SKOKIE		HOSPITAL OR OTHER INSTITUTION NAME SKOKIE HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE IRAN	SOCIAL SECURITY NUMBER 335-48-1708	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 7204 N KEDVALE AVENUE		APT. NO.	CITY OR TOWN LINCOLNWOOD	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60712	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MENASHE LACHIN	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION RACHEL SARGIS
INFORMANT'S NAME VALENTINE MIRZA		RELATIONSHIP DAUGHTER	MAILING ADDRESS 5929 N FAIRFIELD AVENUE, CHICAGO, IL, 60659	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION ELM WOOD CEMETERY	LOCATION - CITY OR TOWN AND STATE RIVER GROVE, IL	DATE OF DISPOSITION SEPTEMBER 16, 2014	
FUNERAL HOME SMITH-CORCORAN FUNERAL HOME - CHICAGO 3150 N CICERO AVE, CHICAGO, IL, 60646				
FUNERAL DIRECTOR'S NAME ANGELA D ANELLO			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014347	
LOCAL REGISTRAR'S NAME CATHERINE COUNARD			DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 16, 2014	
CAUSE OF DEATH PART I. CONGESTIVE HEART FAILURE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	MONTHS
Due to (or as a consequence of):		b.		
Due to (or as a consequence of):		c.		
Due to (or as a consequence of):				
PART II: Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I RENAL FAILURE, DEMENTIA			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE			MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE SEPTEMBER 10, 2014	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED:	TIME OF DEATH 03:00 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED: SEPTEMBER 15, 2014	
NAME: ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MICHAEL CHARLES MARSCHKE MD, 2180 PFINGSTEN ROAD, GLENVIEW, ILLINOIS, 60025			PHYSICIAN'S LICENSE NUMBER 036-075838	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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

David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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THIS INSTRUMENT PREPARED BY
AND WHEN RECORDED RETURN TO:

ATTACH TO ALL EXEMPT
AND NON-EXEMPT DEEDS

Village of Lincolnwood
Attention: Water Billing Division
6900 North Lincoln Avenue
Lincolnwood, Illinois 60712

**VILLAGE OF LINCOLNWOOD
CERTIFICATE OF PAYMENT
OF WATER SERVICE CHARGES AND OTHER MONETARY CHARGES
OWED THE VILLAGE**

The undersigned, Director of Finance or his designee for the Village of Lincolnwood, Cook County, Illinois, certifies that the water service charges, plus penalties for delinquent payments, if any, and other monetary charges owed the Village by the property owner for the following described property have been paid in full as of the date of issuance set forth below.

Title Holder's Name: Bafal Living Trust

Mailing Address: 7204 N. Kedvale Avenue

Lincolnwood, IL 60712

Telephone No.: _____

Attorney or Agent: _____

Telephone No.: _____

Property Address: 7204 N. Kedvale Avenue

Lincolnwood, IL 60712

Property Index Number (PIN): 10-27-428-045-0000

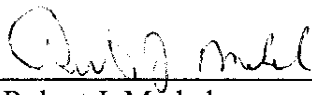
Water Account Number: 008513-000

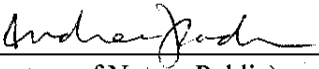
Date of Issuance: 12/14/15

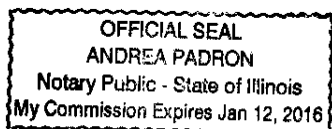
State of Illinois)
County of Cook)

VILLAGE OF LINCOLNWOOD

This instrument was acknowledged before me
on 12/14/15, by Andrea Padron.

By: 
Robert J. Merkel
Finance Director


(Signature of Notary Public)
(SEAL)



THIS CERTIFICATE IS GOOD FOR ONLY 20 DAYS AFTER THE DATE OF ISSUANCE.