

UNOFFICIAL COPY



16221450730

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

Doc#: 1622145073 Fee: \$44.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Affidavit Fee: \$2.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 08/08/2016 12:18 PM Pg: 1 of 4

Above Space for Recorder's use only

THE GRANTOR, Patricia Luetkemeyer, a widow,
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,

CONVEY (S) AND QUIT CLAIMS to Patricia Luetkemeyer, as trustee, or her successor, of the Patricia Luetkemeyer Trust
dated July 20, 2016.
of 5041 Kolmar Avenue, Chicago, IL 60630

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

LOT 35 AND THE NORTHWESTERLY 10 FEET OF LOT 34 IN DOTY BROTHERS AND GORDON'S ADDITION
TO MONTROSE, BEING A SUBDIVISION OF BLOCK 4 IN JAMES H. REES SUBDIVISION OF THE
SOUTHWEST ¼ OF SECTION 10, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL
MERIDIAN IN COOK COUNTY, ILLINOIS.

REAL ESTATE TRANSFER TAX 08-Aug-2016



COUNTY: 0.00
ILLINOIS: 0.00
TOTAL: 0.00

13-10-313-004-0000

20160701637156 | 1-723-765-568

REAL ESTATE TRANSFER TAX

08-Aug-2016



CHICAGO: 0.00
CTA: 0.00
TOTAL: 0.00 *

13-10-313-004-0000 | 20160701637156 | 1-421-775-680

* Total does not include any applicable penalty or interest due.

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): 13-10-313-004-0000

Address(es) of Real Estate 5041 N. Kolmar Avenue, Chicago, IL 60630

Dated this 20 day of July, 2016

Patricia Luetkemeyer
Patricia Luetkemeyer

PH

UNOFFICIAL COPY

QUIT CLAIM DEED
Statutory (Illinois)

TO

STATE OF ILLINOIS

COUNTY OF COOKIMPRESS
SEAL
HERE

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that Patricia Luetkemeyer, personally known to me to be the same person, whose names are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that they signed, sealed and delivered the said instrument as their 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 20th day of July, 2016.

Commission expires 10-3-2019

Mollie Whitehead
NOTARY PUBLIC

This instrument prepared by WhiteheadFink Elder Law, LLC

MAIL TO:SEND SUBSEQUENT TAX BILLS TO:WhiteheadFink Elder Law, LLCPatricia Luetkemeyer6232 N. Pulaski Rd., Ste 4045041 N. Kolmar Ave.Chicago, IL 60646Chicago, IL 60630

COUNTY-ILLINOIS TRANSFER STAMPS
EXEMPT UNDER PROVISIONS OF PARAGRAPH
e SECTION 31-45, REAL ESTATE
TRANSFER TAX LAW
Buyer, Seller or Representative Mollie Whitehead

DATE: 7-20-16

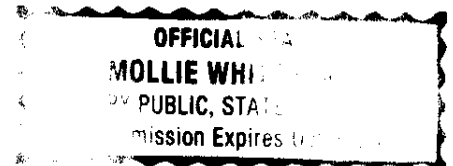
UNOFFICIAL COPY

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 7/20/16, 2016 Signature: Patricia Luetkemeyer
Grantor or Agent

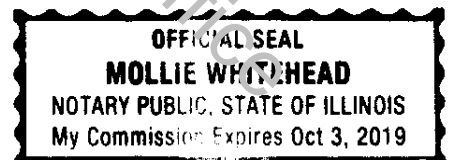
Subscribed and Sworn to before me
by the said Patricia Luetkemeyer
this 20 day of July, 2016
Mollie Whitehead
Notary Public



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 7/20, 2016 Signature: Patricia Luetkemeyer
Grantee or Agent

Subscribed and Sworn to before me
by the said Patricia Luetkemeyer
this 20 day of July, 2016
Mollie Whitehead
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).

UNOFFICIAL COPY

Exhibit A

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

STATE FILE NUMBER 2015 0057536

DATE ISSUED 8/21/2015

| | | | | | |
|---|--------------------------------------|---|---|--|--|
| DECEDENT'S LEGAL NAME GEORGE WILLIAM LUETKEMEYER | | | | SEX MALE | DATE OF DEATH JULY 19, 2015 |
| COUNTY OF DEATH COOK | AGE AT LAST BIRTHDAY 71 YEARS | | DATE OF BIRTH JULY 01, 1944 | | |
| CITY OR TOWN CHICAGO | | HOSPITAL OR OTHER INSTITUTION NAME SWEDISH COVENANT HOSPITAL | | | |
| PLACE OF DEATH INPATIENT | | | | | |
| BIRTHPLACE CHICAGO, IL | SOCIAL SECURITY NUMBER [REDACTED] | STATUS AT TIME OF DEATH MARRIED | SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME PATRICIA REGAN | | EVER IN U.S. ARMED FORCES? YES |
| RESIDENCE 5041 N KOLMAR AVE | | APT. NO. | CITY OR TOWN CHICAGO | | INSIDE CITY LIMITS? YES |
| COUNTY COOK | STATE IL | ZIP CODE 60630 | FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION GEORGE L LUETKEMEYER | | MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CHRISTINE SCHAUWECKER |
| INFORMANT'S NAME PATRICIA LUETKEMEYER | | RELATIONSHIP WIFE | MAILING ADDRESS 5041 N KOLMAR AVE, CHICAGO, IL, 60630 | | |
| METHOD OF DISPOSITION CREMATION | | PLACE OF DISPOSITION FOREST CREMATORY | LOCATION - CITY OR TOWN AND STATE HOMewood, IL | | DATE OF DISPOSITION JULY 22, 2015 |
| FUNERAL HOME CREMATION SOCIETY OF ILLINOIS - LAKEVIEW, 736 WEST ADDISON STREET, CHICAGO, IL, 60613 | | | | | |
| FUNERAL DIRECTOR'S NAME MARY ELIZABETH SULLIVAN | | | | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016111 | |
| LOCAL REGISTRAR'S NAME DAVID ORR | | | | DATE FILED WITH LOCAL REGISTRAR JULY 22, 2015 | |
| CAUSE OF DEATH PART I. ACUTE RESPIRATORY FAILURE | | | | | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) | | a. _____ Due to (or as a consequence of): | | UNKNOWN | |
| | | b. EMPHYSEMA Due to (or as a consequence of): | | UNKNOWN | |
| | | c. LEUKEMIA Due to (or as a consequence of): | | UNKNOWN | |
| PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. | | | | | |
| FEMALE PREGNANCY STATUS NOT APPLICABLE | | | | WAS AN AUTOPSY PERFORMED? NO | |
| | | | | WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A | |
| | | | | 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? NO | | DATE LAST SEEN ALIVE UNKNOWN | | WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES | |
| | | | | DATE PRONOUNCED | |
| | | | | TIME OF DEATH 10:15 PM | |
| CERTIFIER PHYSICIAN | | | | DATE CERTIFIED JULY 21, 2015 | |
| NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH BASHEER FAROOKI, 2740 W FOSTER, SUITE 415, CHICAGO, ILLINOIS, 60625 | | | | PHYSICIAN'S LICENSE NUMBER 036106493 | |

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

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM