UNOFFICIAL C

Doc#. 1805901124 Fee: \$76.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 02/28/2018 11:08 AM Pg: 1 of 15

Dec ID 20180201699413

ST/CO Stamp 0-867-116-576 ST Tax \$280.00 CO Tax \$140.00

City Stamp 1-178-379-808 City Tax: \$2,940.00

WARRANTY DEED ILLINOIS STATUTORY

THE GRANTORS, HEIRS OF THUMAS J. GREEN, by DANIEL GREEN, a married man, of the City of Chicago, County of Cook, State of Illinois, and KEVIN GREEN, a married man, of the City of Rockville, County of Montgomery, State of Maryland, and JOANNE GREEN, an unmarried woman, of the City of Lake Forest, County of Lake, State of Illinois, for and in consideration of ten dollars, and other good and valuable consideration in land paid, CONVEYS and WARRANTS to KIMBERLY FREELAND, of 618 W. FULTON, CHICAGO, Illinois, of the County of Cook, all interest in the following described Real Estate situated in the County of COOK in the State of Illinois, to wit: * ABC, D, E

See Exhibit # 'attached hereto and made a part hereof

SUBJECT TO: covenants, conditions and restrictions of record, public and utility easements, acts done by or suffered through Buyer, all special governmental taxes or assessments confirmed and unconfirmed, condominium declaration and bylaws, if any, and general real estate taxes not due and payable at the time of Closing.

THIS IS NOT HOMESTEAD PROPERTY

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

Permanent Real Estate Index Number(s): 17-04-300-047-1123 & 17-04-300-047-1323 Address(es) of Real Estate: 900 N. KINGSBURY ST. #905 & P085, CHICAGO, IL 60610

Dated this

DANIEL GREEN, HEIR

Sce Attach

JOANNE GEREN.

17-04-300-047-1123

27-Feb-2018 **REAL ESTATE TRANSFER TAX** 140 00 COUNTY: 280.00 ILL INDIS: 420.00 TOTAL: 20180201699413 | 0-867-116-576

REAL ESTATE TRA	27-Feb-2018	
	CHICAGO:	2,100.00
	CTA:	840.00
	TOTAL:	2,940.00 *
17-04-300-047-11	23 20180201699413	1-178-379-808

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

/////.	
Maryland Mon. TATE OF HLINOIS, COUNTY OF COOK	tgomery ss.
REEN personally known to me to be the same	and for said County, in the State aforesaid, CERTIFY THAT Levin the person whose name are subscribed to the foregoing instrument, appeared before me the general general state of the said instrument as its free and voluntary act, for the uses the said waiver of the right of homestead.
Fiven under my hand and official seal, this	19th day of February, 20 18
	COMMISSION A FERV COUNTY COMMISSION A FERV COUNTY COMMISSION COMMISSION
Prepared by: .aw Offices of Jonathan M. Aven, Ltd. 80 N. Michigan Ave., Suite 2105 Chicago, IL 60601	Co of
Mail to: CIMBERLY FREELAND ATTORNEY AT LAW MIS W. FULTON 806 N. PEOF4A CHICAGO, IL 60661 60 6 72	Colhin Colhi
Name and Address of Taxpayer: LIMBERLY FREEL AND 1000 N. KUNGSBURY ST. #905 CHICAGO, IL 60610	C/Option Option

IVADDANISKI DEDIN	
WARRANTY DEED ILLINOIS STATUTORY	
O.	
70_	
Q _a	<i>)</i>
THE CRANTORS HEIRS OF TWO AAS	J. GREEN, by DANIEL GREEN, a married man, of the City of Chicago, County of
	od man, of the City of Rockville, County of Montgomery, State of Maryland, and
·····································	of Lake Forest, County of Lake, State of Illinois, for and in consideration of ten
	hand naid, CONVEYS and WARRANTS to KIMBERLY FREELAND, of 618 W.
	ok, all interest in the following described Real Estate situated in the County of
COOK in the State of Illinois, to wit:	
	Boundary State and
See Exhibit "A'	' attached herete and made a part hereof
SUBJECT TO: covenants, conditions and restrict	tions of record, public and utility easements, acts done by or suffered
through Buyer, all special governmental taxes o	r assessments confirmed and unconfirmed, condominium declaration and
bylaws, if any, and general real estate taxes not	due and payable at the time of Closing.
of the Alberta	
THIS IS NOT HOMESTEAD PROPERTY	0.
are the second of the second o	74,
Hereby releasing and waiving all rights under and b	y virtue of the Homestead Exemption Laws of the State of Illinois.
Permanent Real Estate Index Number(s): 17-04-300	1-047-1123 & 17-04-300-047-1323
Address(es) of Real Estate: 900 N. KINGSBURY S	T. #905 & P085, CHICAGO, IL 60610
,	
Dated this day of	e brugg , 20 18 .
1.14	
Kamer	<u>.</u>
DANIEL GREEN, HEIR	
\cap	
Journe Green	
JOANNE GREEN, HEIR	
•	ì

STATE OF ILLINOIS, COUNTY OF COOK	<u> </u>		ss.		
I, the undersigned, a Notary Public i JOANNE GREEN personally known to me to before me this day in person, and acknowled, for the uses and purposes therein set forth, in	o be the same perso ged that it signed, so	n whose name a ealed and delive and waiver of th	are subscribed to cred the said instr ne right of homes	the foregoing ins ument as its free	strument, appeared
Given under my hand and official seal, this	21	day of 1-6	pina)	, 20 <u>18</u>	·
	OFFICIAL SEAL JONATHAN AVEN ARY PUBLIC - STATE OF COMMISSION EXPIRES	TITTIMOIS \$	/w		_(Notary Public)
Prepared by: Law Offices of Jonathan M. Aven, Ltd. 180 N. Michigan Ave., Suite 2105 Chicago, IL 60601	Dr. Cook	- Jan			
Mail to: KIMBERLY FREELAND AT FORNEY AT LAW 618 W FULTON CHICAGO, IL 60661 Name and Address of Taxpayer: KIMBERLY FREELAND 900 N. CHICSBURY ST. #905 CHICAGO, IL 60610		County	Cont		

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EXHIBIT "A"

Parcel 1:

Unit No. 905 and P-085 in the Domain Condominium as delineated on a survey of the following described real estate: Part of Lots 21 through 26 in Block 96 in Elston's Addition to Chicago, part of Lots 1 through 4 in Elston's Addition to Chicago, and part of Lot 5 in Assessors Plat of Lots 5 and 6 in Block 95 of Elston's Addition to Chicago all located in the West 1/2 of the Southwest 1/4 of section 4, Township 39 north, range 14 east of the Third Principal Meridian, in Cook County, Illinois, more particularly described on the survey attached as Exhibit "A" to the Declaration of Condominium recorded July 2, 2002 as Document No. 0020733519, as amended from time to time. together with its undivided percentage interest in the common elements, all in Cook County, Illinois.

Parcel 2:

The exclusive right to the use of Storage Space Number 229, a limited common element, as delineated on the survey attached to the Declaration aforesaid recorded as Document No. 0020733519.

Parcel 3:

Non-exclusive easements for include benefit of Parcel 1 as created by Amended and Restated Declaration of Covenants, Conditions, Restrictions and Easements and Operating Agreement, dated October 9, 2002 and recorded October 15, 2002 as Documer a 21128849 for the following purpose:

- Α. Ingress and egress and use
- В. Structural support
- Use of facilities in the catalog building and garage building C.
- D. Maintenance of catalog building easement facilities and garage easement facilities
- Ε. Maintenance and use of easement facilities
- Support, enclosure, use and maintenance of catalog building and garage building common walls, ceilings F. and floors
- Water main connection, sanitary sewer main connection, and gas main connection G.
- Η. Utilities
- Permitting existence of encroachments in catalog building and garage building 39, -10/4's Olivinos ١.
- Exterior maintenance J.
- K. Exterior Signage
- **Dumpsters** L.
- Owned facilities Μ.
- Shared facilities, and N.
- O. Overhanging balconies;

PIN(S): 17-04-300-047-1123 + 17-64-300 .. 047-1323

CA REMANDER

CERTIFICATION OF DEATH RECORD

THE CITY OF LAKE FOREST LAKE FOREST, ILLINOIS

EXHIBIT"B

MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 201	2 0029010	N	REDICAL EXAMIN	ier's case numb	ER 12041417	19	DA	TE ISSUED	04/19/2012
DECEDENTS LEGAL NAME THOMAS JOSEPH GR	REEN					SEX MALE	DATE OF DEAT APRIL 14,		· · · · · · · · · · · · · · · · · · ·
COUNTY OF BEATH LAKE			AT LAST BIRTHDAY YEARS		DATE OF E	IRTH BER 05, 1976			
CITY OR TOWN LAKE FOREST				HOSPITAL OR OTH 80 W NORTH		NAME			
PLACE OF DEATH PARENTS HOME									
BIRTHPLACE LAKE FOREST, II	SOCIAL SEC	URITY NUMP		ME OF DEATH EDANEVER IN CIVIL	BURVIVING SPOU	BEICAVE, LINION PARTS	ver a m ajden mame	FORCES?	
RESIDENCE 900 N KINGSBURY	6		APT 90		Y OR TOWN HICAGO			INSIDE CITY L	.IMITS?
COOK	SIL FURIO		uco-parents name LIAM J GREEN	PRIOR TO PIRST MARRIA [RECLVIL UNION	JOANNE CA		FIRST MARRIAGE	CIVIL UNION
INFORMANT'S NAME JOANNE C GREEN		Эx.	RELATIONSHIP MOTHER		MAILING ADDRI 80 W NORT	ESS 1 AVENUE, LAKE	FOREST, IL. 6	0045	
METHOD OF DISPOSITION CREMATION		MOUNT O	SPOSITION LIVET MEMORIAL	L PARK	LOCATION - CIT ZION, IL	Y OR TOWN AND S		F DISPOSITION	I
FUNERAL HOME WENBAN FUNERAL I	OME LTD, 32	0 EAST V	HE AVENUE, L	AKE FOREST, IL	., 60045	······································			
FUNERAL DIRECTOR'S NAME CHAD R REULAND						FUNERAL DIRECT	TOR'S ILLINOIS (ICENSE NUMBE	íR
LOCAL REGISTRAR'S NAME ROBERT R KIELY)/		DATE FILED WIT APRIL 18, 3		RAR	
CAUSE OF DEATH PA MANEDIATE CAUSE (Final Objects or condition resulting in doeth)	PENDING	, avec and	Que to	(or as a consequence of)			SCONTEGUES OF STATE O		
PARTIN Enter other significant	eneditions contri	huting to dea		(or as a consequence of):	nwen id PART I	Lucas	AN AUTOPSY PE	oconena V	ree .
						WER	E AUTOPSY FINE	DINGS USED TO)
FEMALE PREGNANCY STATUS	3					WI IN	NER OF DEATH NORMG INVES		
DATE OF INJURY		TIME OF	NJURY	PLACE OF MUURY			0.	INJURY AT	T WORK?
LOCATION OF INJURY								55.	
DESCRIBE HOW INJURY OCC	URREÓ:			e in the state of	4, 11 (IF TRANSPOR	REAL HOR NAURY	Y SPECIFY
ATTEND THE DECEASED?	DATE LAST SE	EN ALIVE	WAS MEDICAL CORONER CO	L EXAMINER OR INTACTED?		RONOUNCED RIL 14, 2012		TIME OF DE 05:54 P	
CERTIFIER MEDICAL EXAMINER	CORONER						DATE CERTIL		
NAME, ADDRESS AND ZIF CO ARTIS YANCEY, 26				(EGAN, IL, 60085			PHYSICIA	N'S LICENSE N	UMBER

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.

Robert R. Kiely, Jr.

The City of Lake Forest, Local Registrar

eath Of Att



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UNOFFICIAL COPY

EXHIGI-L TEIDAVIT C

I (We), DANIEL GREEN	(Affiant (s)), being duly swo	orn upon oath, state(s) inis	_day of <u>FEB.</u>	_, 20 <u>18</u> :
1. That Affiant (s) resides at 1930 N.	OAKLEY AVE., CHICAGO, II	L 60647) //c	
2. That the Affiant (s) is BROTHER	(relationship to decedent) of	THOMAS J. GREEN	(decedent's i	rame)
3. That the Decedent died on APRIL	14, 2012	(date of death). (Attach cop	by of death certifica	ite.)
4. That the Decedent died owning an	interest in the property common	ly known as		
900 N. KINGSBURY ST. #905 & P-08	5, CHICAGO, IL 60610			·
5. That the Decedent died <u>Testate</u> or	Intestate (circle one). (Attach	copy of will, if the decedent of	lied Testate)	
6. That the Decedent was married to	or partner in a civil union to the	following individuals, and no	others:	
Name	Marriage o	r Civil Union terminated by (d	leath, divorce, etc.	
NONE	NO	NIE.		

1805901124 Page: 8 of 15

7. That the following children and no other	rs were born to or adopted by the Decedent (please in	ndicate if the child is a minor or adult a
whether they are competent): Name	(M-for minor/ A-for adult)	competent (y/n)
NONE	NONE_	NONE NONE
In the event that one or more of the a or regarding the deceased child (children)	presaid children are deceased, we must be provi	ded additional heirship information d for said deceased child (children).

8. That in the event the **Decedent** died without spouse or partner in a civil union or child, or that an heir listed above is deceased, to the Affiants' best information and belief the following represents the Decedent's heirship (include names of all living decedents pursuant to statute) (please indicate if the decedent is a minor or adult and whether they are competent):

Name		(M-for minor	r/ A-for adult)	competent (y/n)
DANIEL GREEN, BROTHER		<u>A</u>		<u>Y</u>
KEVIN GREEN, BROTHER		<u>A</u>		<u>Y</u>
JOANNE GREEN, MOTHER		<u>A</u>		<u>Y</u>
9. That the total value of the estate of \$100,000.00	the Decedent	including taxable	interest in the afor	esaid property is
10. That no cla'm's have been filed agains that the following claims will be paid fro				ral expenses have been paid in full: or,
NONE				
11. That the Federal Estate Tax (has/has- Estate Tax/Illinois Inheritance Tax) is du		, that the Illinois Inl	neritance Tax (has/	has not) been paid; or that no (Federal
12. That the Affiant makes this affidavit insurance-number FD-18-0133 and insure title.				olicy of title I rely on the representations made and
In consideration of the issuance of the tit	le insurance r	olicy without exce	ntion to Possible (laims against the Estate of
THOMAS J. GREEN , deceased, and t	-	· (/ , ·	=	*
hereby acknowledged, the undersigned, je	ointly and seve	erally, for theirsely	es heirs, personal r	representatives and assigns do hereby
covenant and agree with the Company: To				
expenses of every kind and nature in whic policy on account, or in consequence, or	-	· -		
account of the assertion or enforcement of which may at any time be claimed to exist	r attempted as	sertion or enforcem	ent thereof a of an	ny right existing or hereafter arising, or
THOMAS J. GREEN , deceased;			1	-0
				0.
Affiant further sayeth not.				U _S
Sail h_	_ (Affiant)			(Affiant)
DANIEL GREEN	_			_
STATE OF <u>[] ha s</u> COUNTY OF <u>(ock</u>)				
· -				
I, Maria K. Nil Ston, a	Notary Publi	c in and for the Cou	inty and State afor	esaid, do hereby certify that
DANIEL GREEN foregoing instrument, appeared before me				s) whose name(s) are subscribed to the signed, sealed and delivered the same
instrument as a free and voluntary act for the execution of this deed, including the release	he uses and pr	rposes therein set for	orth with full know estead.	
Given under my hand and Notarial Seal t	this <u>2/4/</u> day	of Februay , 20		My Commission Expires 02/25/2019
M		My Comn	nission Expires: 0	27/20/9 (Seal)

Notary Public

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EXHIBIT OF HEIRSHIP

I (1	We), <u>JOANNE GREEN</u>	(Affiant (s)), being c	luly sworn upon oath, states) this	day of FEB.	_, 20 <u>18</u> _:
1.	That Affiant (s) resides at 80 W. NOR	TH AVE., LAKE FO	REST, IL 60045		•
2.	That the Affiant (s) is MOTHER	(relationship	o decedent) of THOMAS J. GRE	EN (decedent's	name)
3.	That the Decedent died on APRIL 14	, 2012	(date of death). (Attacl	i copy of death certific	ate.)
4.	That the Decedent died owning an int	erest in the property c	ommonly known as		
90() N. KINGSBURY ST. #905 & P-085,	CHICAGO, IL 60610			•
5.	That the Decedent died <u>Testate</u> or In	testate (circle one).	(Attach copy of will, if the deced	ent died Testate)	
6.	That the Decedent was married to or p	oartner in a civil unior	to the following individuals, and	no others:	
Nai	me	Ma	rriage or Civil Union terminated	by (death, divorce, etc.	
NC	NE		NONE		

1805901124 Page: 11 of 15

 That the following children and no others were be whether they are competent): 	porn to or adopted by the Decedent (please in	ndicate if the child is a minor or adult and
Name	(M-for minor/ A-for adult)	competent (y/n)
NONE	NONE	NONE
<u> </u>		
7		esperio -
	children are deceased, we must be provin additional affidavit should be complete	

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8. That in the event the **Decedent** died without spouse or partner in a civil union or child, or that an heir listed above is deceased, to the Affiants' best information and belief the following represents the Decedent's heirship (include names of all living decedents pursuant to statute) (please indicate if the decedent is a minor or adult and whether they are competent):

Name

(M-for minor/ A-for adult) competent (y/n)

Name	(M-for minor	A-for adult) competent (y/n)
DANIEL GREEN, BROTHER	<u>A</u>	<u>Y</u>
JOANNE GREEN, BROTHER	<u>A</u>	<u>Y</u>
JOANNE GREEN, MOTHER	<u>A</u>	<u>Y</u>
9. That the total value of the estate of the Deces \$100,000.00	dent including taxable i	nterest in the aforesaid property is
10. That no claims have been filed against Deceden that the following claims will be paid from the pro-	_	illness and/or funeral expenses have been paid in full: or, perty:
NONE		
11. That the Federal Estate Tax (has/has n/d) been- Estate Tax/Illinois Inheritance Tax) is due.	paid, that the Illinois Inh	eritance Tax (has/has not) been paid; or that no (Federal
12. That the Affiant makes this affidavit to induce insurance-number <u>FD-18-0133</u> and with known insure title.		pany) to issue its policy of title Title Company will rely on the representations made and
In consideration of the issuance of the title insurar	nce policy without excer	ation to Possible Claims against the Estate of
THOMAS J. GREEN , deceased, and the paymen	nt of \$1.00 by the vadersi	gned to the Company, the sufficiency and receipt of which is
hereby acknowledged, the undersigned, jointly and	l severally, for themscive	s, heirs, personal representatives and assigns do hereby
		ave the Company harmless from and against all the Claims per, or by reason, or in consequence of the title insurance
policy on account, or in consequence, or growing	out of the Claims agains	st the Estate of THOMAS J. GREEN, deceased, or on
account of the assertion or enforcement or attempted which may at any time be alaimed to exist under o	ed assertion or enforcement	ent thereof or of any right existing or hereafter arising, or uence, or growing out of the Claims Against the Estate of
THOMAS J. GREEN , deceased;	i by reason, or in conseq	uchee, of great 3 but of the Claims rigams are 25 and of
, , , , , , , , , , , , , , , , , , , ,		'S _
Affiant further sayeth not.		0.5
(Affian	nt) Janne	Mun (Affiant)
	JOANNE GREEN	
-		
STATE OF <u>[lihov)</u> COUNTY OF <u>Cod</u>		
I, Manak Nilske , a Notary P	Public in and for the Cou	into and State aforesaid, do hereby certify that
		the same person(s) whose name(s) are subscribed to the
	n person and acknowledg nd purposes therein set fo	ed that he/she/they signed, sealed and delivered the same orth with full knowledge of the ramifications of the
Given under my hand and Notarial Seal this 210	day of <i>Februay</i> , 20	OFFICIAL SEAL. Maria K. Nilsson Notary Public - State of Illin
	Mu Comm	My Complesion Expires 02/2" nission Expires (Seal)
<u></u>		inspirent inchition (each)

Notary Public

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Exhibit E

VIT OF MEDRSH AFFIDAVIT OF HEIRSHIP

I (V	We), <u>KEVIN GREEN</u>	_(Affiant (s)), being duly	sworn upon oath, state(4)	thisday of <u>FEB.</u>	, 20 <u>18</u> :
1.	That Affiant (s) resides at 30 ROCK	CREST CIRCLE, ROCKV	ILLE, MD 20851	<u>v</u>	•
2.	That the Affiant (s) is BROTHER	(relationship to de	cedent) of THOMAS J. C	GREEN (deceder	nt's name)
3.	That the Decedent died on <u>APRIL 1</u>	4, 2012	(date of death). (At	ttach copy of death ver	tificate.)
4.	That the Decedent died owning an in	nterest in the property com	nonly known as		
900	0 N. KINGSBURY ST. #905 & P-085	, CHICAGO, IL 60610			·
5.	That the Decedent died <u>Testate</u> or I	ntestate (circle one). (At	ach copy of will, if the de	ecedent died Testate)	
6.	That the Decedent was married to or	partner in a civil union to t	he following individuals,	and no others:	
Na	me	Marria	ge or Civil Union termina	ted by (death, divorce,	etc.
NO	ME	j	NONE		

1805901124 Page: 14 of 15

7. That the following children and no others were whether they are competent):	e born to or adopted by the Decedent (please in	ndicate if the child is a minor or adult and
Name	(M-for minor/ A-for adult)	competent (y/n)
NONE	<u>NONE</u>	NONE
		
In the event that one or more of the ajores: regarding the deceased child (children) and	d children are deceased, we must be provi an additional affidavit should be complete	ded additional heirship information of for said deceused child (children).
	C/D/L	
	el children are deceased, we must be provi	T'S OFFICE
		C

8. That in the event the **Decedent** died without spouse or partner in a civil union or child, or that an heir listed above is deceased, to the Affiants' best information and belief the following represents the Decedent's heirship (include names of all living decedents pursuant to statute) (please indicate if the decedent is a minor or adult and whether they are competent):

Name	(M-for minor/ A-for adult)	competent (y/n)
DANIEL GREEN, BROTHER	<u>A</u>	Y
KEVIN GREEN, BROTHER	<u>A</u>	<u>Y</u>
JOANNE GREEN, MOTHER	<u>A</u>	Y
9. That the total value of the estate of the Dece \$100,000.00	dent including taxable interest in the afore	esaid property is
10. That no claims have been filed against Deceder that the following claims will be paid from the pro-	nt and that all expenses of illness and/or func- oceeds of the subject property:	ral expenses have been paid in full: or,
NONE		
11. That the Federal Estate Tax (has/no ex.ot) been Estate Tax/Illinois Inheritance Tax) is due.	-paid, that the Illinois Inheritance Tax (has/	has not) been paid; or that no (Federal
12. That the Affiant makes this affidavit to induce	ort Dearborn Title Company) to issue its po	olicy of title
modifico number 12 10 0100	ledge that Fort Dearborn Title Company will	rely on the representations made and
insure title.	0/	
In consideration of the issuance of the title insura		
THOMAS J. GREEN , deceased, and the payme hereby acknowledged, the undersigned, jointly and covenant and agree with the Company: To forever expenses of every kind and nature in which it may policy on account, or in consequence, or growing account of the assertion or enforcement or attempt which may at any time be claimed to exist under, or	I severally, for then selves, heirs, personal refully protect, defend any seve the Company leastfer, expend or incur under or by reason, or out of the Claims against the Estate of The ed assertion or enforcement thereof or of an	epresentatives and assigns do hereby harmless from and against all the Claims or in consequence of the title insurance HOMAS J. GREEN, deceased, or on y right existing or hereafter arising, or
THOMAS J. GREEN , deceased;	of totalous, or in consequence, or german	9.
Affiant further sayeth not. (Affian	m) Ker Dream	_ (Affiant)
	KEVIN GREEN	(Affiant)
STATE OF Mary and COUNTY OF MORE OF MORE		
	nd purposes therein set forth with full know	s) whose name(s) are subscribed to the signed, sealed and delivered the same
Given under my hand and Notarial Seal this $\frac{19}{1}$	day of fehrover, 20 18.	MY CONTRACTOR
Notary Public	My Commission Expires: <u>U</u>	- COMMITTEE I