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Doc# 2421918018 Fee \$88.00

ILRHSP FEE:\$18.00 RPRF FEE:\$1.00

CEDRIC GILES

COOK COUNTY CLERK'S OFFICE

DATE: 8/6/2024 10:13 AM

PAGE: 1 OF 4

The Above Area Is Reserved for the Recorder's Stamp

DISCLAIMER OF INTEREST IN PROPERTY PURSUANT TO § 755 ILCS 5/2-7

I Diane Turner the statutory heir of Pearl Divens, who died intestate (without a will)

on 06/27/2004 and was the owner in fee simple of the property/ies located at:

1 6944 S. Bishop

2 _____

3 _____

Chicago, IL 60636

in COOK COUNTY

in COOK COUNTY

in COOK COUNTY

with the Property Identification Number(s) of:

1	<input type="text" value="2"/>	<input type="text" value="0"/>	-	<input type="text" value="2"/>	<input type="text" value="0"/>	-	<input type="text" value="3"/>	<input type="text" value="1"/>	<input type="text" value="8"/>	-	<input type="text" value="0"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	-	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
2	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

~~3 1/4~~
~~2 1/4~~
~~3~~
~~CO~~
~~INT~~

and Legal Description(s) of:

1 See attached

2 _____

3 _____

do hereby invoke my right to disclaim interest in property, pursuant to §755 ILCS 5/2-7, and am now

disclaiming any property interest (in its entirety) to the above referenced property/ties. Furthermore,

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CONTINUED FROM FIRST PAGE

I seek to disclaim any interest which would have passed to any of my heirs by virtue of my interest.

This disclaimer is done so irrevocably and without further qualification of the disclaimed right to any and all of the aforementioned and referenced property/ies (with respective PIN's & Legal Descriptions), and no interest whatsoever in the property/ies listed above is sought concerning any portion of the intestate succession according to Illinois law.

This "Disclaimer of Interest" was completed by Diane Turner under sound mind and with the full understanding that it eliminates any and all interest in the property/ies listed above which belonged to the now deceased, Pearl Divens.

signed & sworn to by,

Diane Turner



Signature of the Heir Seeking to Disclaim an Interest in Property

NOTARY PUBLIC SECTION

This Disclaimer of Interest in Property was completed and presented to me by: Diane Turner
Print Name of Presenter Above

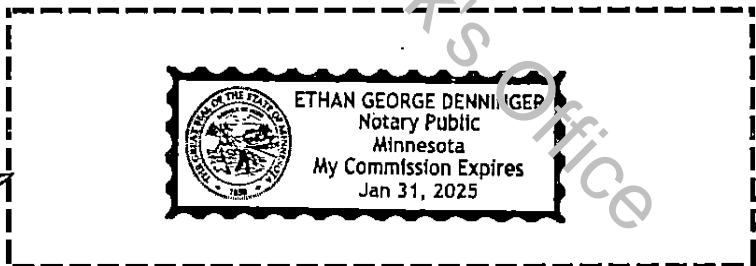
on this: 19 day of: FEBRUARY in the year of: 2024

ETHAN GEORGE DENNINGER

Print Name of Notary Public



Signature of Notary Public



Place Notary Public Stamp Information Above

PREPARER'S INFORMATION

MAIL TO:

Prepared By: Matthew R. Wildermuth \ Law Offices of M. Baysinger

1900 75th St., Woodridge, IL 60517 Phone: 630 324 9928

mrw@baysingerlawoffices.com

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Exhibit *A*

PIN #20-20-318-033-0000

Legal Description:

Lot 34 in Block 2 in Marston & Augur's Subdivision of the Southwest quarter of the Southwest quarter of Section 20, Township 38 North, Range 14, East of the Third Principal Meridian.

Commonly known as: 6944 S Bishop Chicago, IL 60636

Property of Cook County Clerk's Office

CERTIFICATE OF DEATH RECORD

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DECEASED'S BIRTH YR.	REGISTRATION DISTRICT NO. 16.0	STATE OF ILLINOIS			STATE FILE NUMBER
MEDICAL CERTIFICATE OF DEATH					
Type of Field to PERMANENT USE See General Certificate Handbook for RESTRICTIONS	DECLASED NAME	FIRST	MIDDLE	LAST	SEX
	Pearl Divans Last			Female	
	COUNTY OF DEATH	AGE - LAST BIRTHDAY (MM/DD)	DESCRIPTION	LENGTH DAY	DATE OF DEATH (MONTH DAY YEAR)
	Cook	85/3	Heart	12	December 18, 1930
A	CITY, TOWN, TRIP OR ROAD DISTRICT AND LOCALITY	HOSPITAL OR OTHER INSTITUTION WHERE DEATH OCCURRED (GIVE STREET AND NUMBER)			IF DEATH OCCURRED IN A PLACE OTHER THAN HOME (GIVE STREET AND NUMBER)
	OAK LAWN	Christ Hospital			
B	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED	NAME OF SURVIVING SPOUSE, SINGLE NAME, IF WIDOWED			DATE DECEASED (MONTH DAY YEAR)
	Widowed	None			
C	EDUCATION	USUAL OCCUPATION	INDUSTRY OR BUSINESS	EDUCATION (MONTH DAY YEAR)	INDUSTRY OR BUSINESS (MONTH DAY YEAR)
	11th	Clerk	Retail Store	12, 1918	
D	RESIDENCE (STREET ADDRESS)	CITY, TOWN, TRIP OR ROAD DISTRICT NO.	STATE	COUNTY	
	6944 S Bishop	Chicago	Ill.	Cook	
E	RACE	EP CODE	PLACE (WHITE, BLACK, AMERICAN INDIAN, OR OTHER)	IF FROM ANOTHER COUNTRY (SPECIFY)	IF YES, DATE OF ARRIVAL IN U.S.
	White	60636	White	NO	
F	FATHER'S NAME	FIRST	MIDDLE	LAST	MOTHER'S NAME
	Wesley Mc Craken				Pearl Washington
G	PREVIOUS COUNTY (IF A DEATH RECORD)	RELATIONSHIP	MAILING ADDRESS (STREET AND HOUSE NO., CITY OR TOWN, STATE, ZIP CODE)		
	Andrew Laak	Records	7838 S. Cottage Grove Chgo. IL 60619		
H	18. PART I - Cause of Death (Use appropriate code from the ICD-10 manual, and only one code on each line)				
	(a) <i>Cor. Dio Pulmonary embolism</i> DUE TO CHAS A CONSEQUENCE OF (b) <i>S/S of Congestive heart failure</i> DUE TO CHAS A CONSEQUENCE OF (c) <i>Dissecting aortic aneurysm</i>				
I	CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (I) STATING THE UNDERLYING CAUSE LAST.				
J	PART II - Cause of Death (Use appropriate code from the ICD-10 manual, and only one code on each line)			AUTOPSY (Y/N)	DATE OF AUTOPSY (MONTH DAY YEAR)
				NO	
K	DATE OF OPERATION IF ANY	NATURE AND RESULTS OF OPERATION			IF FEMALE, HAS THERE BEEN CONTACT IN PAST THREE MONTHS?
					NO - YES/NO
L	DO YOU KNOW THE TIME OF DEATH AND LAST SAW HIM ALIVE ON	MONTH DAY YEAR	WAS CORPSE IN THE CARE OF A MEDICAL EXAMINER AT THE TIME OF DEATH?	DATE OF DEATH	MONTH DAY YEAR
	Yes	6-26-04	Yes	7/1/2004	
M	TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE STATED AND TO THE CAUSE(S) STATED				
N	SIGNATURE OF CERTIFIER			ILLINOIS LICENSE NUMBER	
	Marnita Baybutt			036-104010	
O	NAME OF ATTENDING PHYSICIAN OR OTHER HEALTH CARE PROVIDER (TYPE OF PROVIDER)			NOTE: IF AN ALIAS HAS BEEN USED IN THE DATE OF THE OCCURRENCE OF DEATH, LIST ALL ALIASES IN THIS SPACE.	
	R. J. ...				
P	FINAL CREMATION	CEMETERY OR CREMATORY NAME	LOCATION	CITY OR TOWN	STATE
	Burial	Burr Oak	Chicago	Ill.	
Q	FUNERAL HOME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	DATE (MONTH DAY YEAR)
	Leak and Sons Funeral Home	7838 S. Cottage Grove	Chicago, Illinois	Ill.	7/1/2004
R	FUNERAL DIRECTOR'S SIGNATURE			FUNERAL OFFICE - ILL. LICENSE NUMBER	
	[Signature]			C 11-00-7459	
S	LOCAL HEALTH OFFICER'S SIGNATURE			DATE FILED (LOCAL HEALTH OFFICE) (MONTH DAY YEAR)	
	[Signature]			JUL 03 2004	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOT REPRODUCED IN ANY MANNER WITHOUT THE WRITTEN PERMISSION OF THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH

May 17, 2022

2088152

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.

Karen A. Yarbrough
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE