

UNOFFICIAL COPY

WARRANTY DEED
Joint Tenancy
Statutory (ILLINOIS)
(Individual to Individual)

CAUTION: Consult a lawyer before using or acting under this form. Neither the publisher nor the seller of this form makes any warranty with respect thereto, including any warranty of merchantability or fitness for a particular purpose.

THE GRANTOR Tammy J. Waldo
2159 W Fletcher, Chicago, Il. 60618

of the City of Chicago County of Cook
State of Ill. for and in consideration of
Ten even DOLLARS,
in hand paid,

CONVEY s and WARRANT s to

Sharon L. Waldo - Not Married:

(NAMES AND ADDRESS OF GRANTEE(S))

not in Tenancy in Common, but in JOINT TENANCY, the following described Real Estate situated in the County of Cook in the State of Illinois, to wit:

Lot 72 in the West Half of Block 17 in snow estate subdivision by superior court in the west half of section 30, township 40 north, range 14 east of the third principal meridian and north east quarter of section 25, township 40 north, range 13 east of the third principal meridian in cook county, Illinois

(The Above Space For Recorder's Use Only)

87482854

13.00

318 - V 15828478

46094

SEP-2-87

87482854

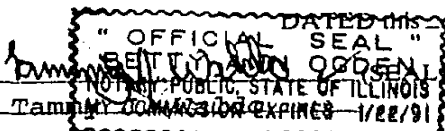
This is not nor has it ever constituted homestead property

hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois. TO HAVE AND TO HOLD said premises not in tenancy in common, but in joint tenancy forever.

Permanent Real Estate Index Number(s): 14-30-105-001-^{PBO}DDDD

Address(es) of Real Estate: 2159 E. Fletcher, Chicago, Ill. 60618

DATED this 31 day of July 1987



PLEASE PRINT OR TYPE NAME(S) _____ (SEAL)

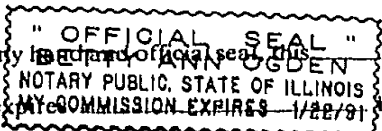
BELOW SIGNATURE(S) _____ (SEAL)

State of Illinois, County of Lake ss. I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that

IMPRESS
SEAL
HERE

personally known to me to be the same person whose name subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered the said instrument as his 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 31 day of July 1987



Commission expires 1/22/91

Betty Ann Ogden
NOTARY PUBLIC

This instrument was prepared by Betty Ann Ogden 444 S. Greenbay Rd., Waukegan, Ill.

MAIL TO: { Tammy J. Waldo
(Name)
2159 W. Fletcher
(Address)
Chicago, Il. 60618
(City, State and Zip)

SEND SUBSEQUENT TAX BILLS TO:

Sharon L. Waldo
(Name)
2159 W. Fletcher
(Address)
Chicago, Il. 60618
(City, State and Zip)

OR

RECORDER'S OFFICE BOX NO. _____

Exempt under Real Estate Tax Act, Public Act 240, 1979, Par. 1 & Cook County Ord. 25794 Par. 1

Date 26 August 1987 Sign. Tammy J. Waldo

13.00
87-482854

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Warranty Deed
JOINT TENANCY
INDIVIDUAL TO INDIVIDUAL

TO

GEORGE E. COLE®
LEGAL FORMS

Property of Cook County Clerk's Office

87482854

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STATE OF ILLINOIS

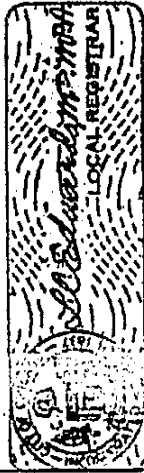
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

STATE FILE NUMBER 621050

OCT 21 1986

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

LONNIE C. EDWARDS M.D. M.P.A.,
LOCAL REGISTRAR OF VITAL STATISTICS
OF THE CITY OF CHICAGO, DO HEREBY
CERTIFY THAT I AM THE KEEPER OF
THE RECORDS OF BIRTHS, STILLBIRTHS
AND DEATHS OF THE CITY OF CHICAGO
BY VIRTUE OF THE LAWS OF THE
STATE OF ILLINOIS AND THE
ORDINANCES OF THE CITY OF CHICAGO.
THAT THE ACCOMPANYING CERTIFICATE
ON THIS SHEET IS A TRUE COPY AS A
RECORD KEPT BY ME IN PURSUANCE OF
SAID LAWS AND ORDINANCES.



87482854

THIS CERTIFIED COPY VALID
WHEN MULTICOLOR SEAL AND
BLUE SIGNATURE ARE AFFIXED

REGISTRATION DISTRICT NO. 6-10	STATE OF ILLINOIS	STATE FILE NUMBER 621050
DECEASED - NAME LOUISE S. WALDO	SEX FEMALE	DATE OF DEATH 3 OCTOBER 18, 1986
FACE - (WHITE, BLACK, AMERICAN INDIAN, ETC) (SPECIFY) WHITE	AGE - LAST BIRTHDAY (M, D, Y) 45	COUNTY OF DEATH COOK
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER CHICAGO	HOSPITAL OR OTHER INSTITUTION - NAME IF NOT IN OTHER AND NUMBER ILLINOIS MASONIC HOSPITAL	APPROXIMATE TIME OF DEATH (M, D, Y) 7d DOA
CITIZENSHIP OF WHAT COUNTRY U.S.A.	WAR OR DATES OF SERVICE 11	
SOCIAL SECURITY NUMBER 347-32-8229	KIND OF BUSINESS OR INDUSTRY CLERK	
RESIDENCE STREET AND NUMBER 2159 W. FLETCHER CHICAGO	INSIDE CITY (YES) (NO) YES	
FATHER - NAME STANLEY JARZEMBOWSKI	MOTHER - MAIDEN NAME JOSEPHINE POPLAWSKA	
INFORMANT'S NAME (TYPE OR PRINT) ALVIS WALDO	RELATIONSHIP SON	MILING ADDRESS (STREET AND NO OR P.O. BOX OR TOWN, STATE, ZIP) 17c. 2017 N. LEAVITT CHGO. IL. 60647
DEATH WAS CAUSED BY: CORONARY ATHEROSCLEROSIS	[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]	
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE LISTED IN PART I (a)		
DATE OF INJURY (MONTH, DAY, YEAR) 20c. 18, 1986	HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I) 20d. 20d.	AUTOPSY (YES) (NO) 19b. YES
PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. (SPECIFY) 20f. 20f.	LOCATION (CITY, VIL. OR TWP. OR RD. DIST. NO., COUNTY, STATE) 20g. CHICAGO ILLINOIS	IF FEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS YES () NO () 20h. 20h.
I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INSPECTION, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSES STATED, AND THAT		
MEDICAL EXAMINER'S SIGNATURE Edmund R. Donoghue, Jr., M.D.		
DATE SIGNED (MONTH, DAY, YEAR) 21b. OCTOBER 18, 1986		
AT 11:00 A.M.		
BURIAL, CREMATION, OR OTHER DISPOSITION 24a. CREMATION		
CEMETERY OR CREMATORY NAME 24b. MANTROSE CEM. CHICAGO		
LOCATION 24c. CHICAGO ILLINOIS		
STATE 24d. 10-22-1986		
DATE (MONTH, DAY, YEAR)		
FUNERAL HOME NAME 25a. HERDEGEN FUNERAL HOME		
STREET AND NUMBER OR P.O. 2838 N. LINCOLN AVE. CHICAGO ILL. 60657		
CITY OR TOWN CHICAGO ILLINOIS		
STATE ILLINOIS		
FUNERAL DIRECTOR'S SIGNATURE William F. Herdegen Jr.		
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 5807		
LOCAL REGISTRAR'S SIGNATURE Louise S. Edwards, M.D., M.P.A.		
DATE RECD BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. OCT 21 1986		
DATE (MONTH, DAY, YEAR)		

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