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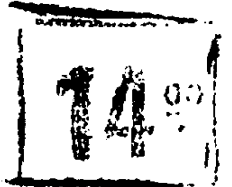
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FOR THE PROTECTION OF THE OWNER, THIS RELEASE SHALL BE FILED WITH THE RECORDER OF DEEDS OR THE REGISTRAR OF TITLES IN WHOSE OFFICE THE MORTGAGE OR DEED OF TRUST WAS FILED.

Above Space For Recorder



KNOW ALL MEN BY THESE PRESENTS, That June L. Cohen, SUCCESSOR IN INTEREST TO CHARL JENKINS COHEN, DECEASED

of the County of Cook and State of Illinois for and in consideration of the payment of the indebtedness secured by the mortgage hereinafter mentioned, and the cancellation of all the notes thereby secured, and of the sum of one dollar, the receipt whereof is hereby acknowledged, do CS hereby REMISE, RELEASE, CONVEY, and QUIT CLAIM unto WANDA ANDERSON, 8047 South union, Chicago, Illinois 60620

heirs, legal representatives and assigns, all the right, title, interest, claim or demand whatsoever she may have acquired in, through or by a certain mortgage, bearing date the 10th day of May, 1982, and recorded in the Recorder's Office of Cook County, in the State of Illinois, in book of records, on page, as document No. 26227378, to the premises therein described as follows, situated in the County of Cook, State of Illinois, to wit:

Lot 13 in Hull's Subdivision of part of Block 48 in Canal Trustees' Subdivision of Section 7, Township 39 North, Range 14 East of the Third Principal Meridian, in Cook County, Illinois.

COOK COUNTY CLERK'S OFFICE
FILED FOR RECORD

1988 NOV 15 PM 12:34

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together with all the appurtenances and privileges thereunto belonging or appertaining.

Permanent Real Estate Index Number(s): 17-07-411-003

Address(es) of premises: 1651 West Fulton, Chicago, Illinois 60612

Witness my hand and seal, this 8th day of November, 1988.

June L. Cohen
June L. Cohen

(SEAL)

(SEAL)

This instrument was prepared by Barry D. Turbin, 414 N. Orleans #608, Chicago, Illinois 60610

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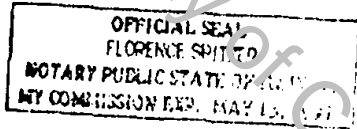
STATE OF ILLINOIS }
COUNTY OF COOK } SS.

I, Florence Spitzer
a notary public in and for the said County, in the State aforesaid, DO HEREBY CERTIFY that
June L. Cohen
is personally known to me to be the same person, whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that she as such signed, sealed and delivered the said instrument as her free and voluntary act, for the use and purposes therein set forth.

Given under my hand and official seal this 8th day of November 1988

Florence Spitzer
Notary Public

Commission expires May 15, 1991



MAIL TO:

BARRY COBBIN
414 N ORLEANS #608
CHICAGO, ILL. 60610

RELEASE DEED

TO

ADDRESS OF PROPERTY:

MAIL TO:

GEORGE E. COLE
LEGAL FORMS

87032598

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Property of Cook County Clerk's Office

I, STANLEY T. KUSPER, JR., County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.
IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my Office in the City of Chicago, in said County.

Stanley T. Kusper, Jr.
County Clerk

| REGISTRATION DISTRICT NO | | STATE OF ILLINOIS | | STREET FILE NUMBER | |
|--|--|-------------------------------------|--|--|--|
| 18.10 | | MEDICAL CERTIFICATE OF DEATH | | 619312 | |
| REGISTERED NUMBER | | DECEDENT'S NAME | | SEX | |
| | | PEARL J. COHEN | | FEMALE | |
| | | DATE OF DEATH | | MONTH DAY YEAR | |
| | | | | 0-18-83 | |
| RACE | | ORIGIN OR BIRTH | | AGE | |
| 4a BLACK | | 4b AMERICAN | | 74 | |
| CITY | | HOSPITAL OR OTHER INSTITUTION | | DATE OF BIRTH | |
| 7b Chicago | | St. Mary's | | JULY 31 1909 | |
| COUNTY OF BIRTH | | COUNTRY OF BIRTH | | COUNTY OF DEATH | |
| 8 Mississippi | | 9 U.S.A. | | 7c Cook | |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION | | MARRIED NEVER MARRIED WIDOWED DIVORCED SEPARATE | |
| 12 357 14-9922 | | 13a HOUSEWIFE | | 13b NONE | |
| RESIDENCE STREET AND NUMBER | | CITY | | STATE | |
| 14a 1769 W. LAKE | | 14b CHICAGO | | 14c ILLINOIS | |
| FATHER NAME | | MOTHER MAIDEN NAME | | | |
| 15 CHARLES JENKINS | | 16 Lillian Helton | | | |
| INFORMANT'S SIGNATURE | | RELATIONSHIP | | MARRIAGE ADDRESS | |
| 17a <i>[Signature]</i> | | 17b <i>[Signature]</i> | | 17c 1769 W. LAKE ST. CHICAGO ILL. | |
| DEATH WAS CAUSED BY | | PART I | | APPROXIMATE TIME ELAPSED BETWEEN ONSET AND DEATH | |
| PART I IMMEDIATE CAUSE | | (a) CEREBRAL VASCULAR ACCIDENT | | MINUTES | |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE OR STATED THE UNDERLYING CAUSE LAST | | (b) NONE TO OR AS A CONSEQUENCE OF | | | |
| | | (c) NONE TO OR AS A CONSEQUENCE OF | | | |
| PART II OTHER SIGNIFICANT CONDITIONS | | ALTERED (YES/NO) | | APPROXIMATE TIME ELAPSED BETWEEN ONSET AND DEATH | |
| | | NO | | 17d | |
| DATE OF OPERATION IF ANY | | MAJOR FINDINGS OF OPERATION | | | |
| 20a | | 20b | | | |
| ATTENDED THE DECEDENT FROM | | DATE OF DEATH | | HOURS OF DEATH | |
| 21a JANUARY 11 1979 TO SEPTEMBER 18 1983 | | 21b SEP 21 1983 | | 21c 9:00 PM | |
| CERTIFIER | | SIGNATURE OF CERTIFIER | | DATE | |
| 22a | | 22b <i>[Signature]</i> | | 22c Sept. 19, 1983 | |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER | | ADDRESS OF PHYSICIAN | | PHONE NUMBER | |
| 23a JACK R. BOULMASH M.D. | | 23b 710 S. PAULINA, CHICAGO | | 23c 36-44313 | |
| MARRIAGE RECORD | | MARRIAGE RECORD | | | |
| 24a | | 24b | | 24c | |
| 24a | | 24b | | 24c | |
| FUNERAL HOME | | FUNERAL HOME | | | |
| 25a | | 25b | | 25c | |
| 25a | | 25b | | 25c | |
| LOCAL REGISTRAR | | CHICAGO DEPT. OF HEALTH | | DATE OF FILING | |
| 26a | | 26b | | 26c | |
| 26a | | 26b | | 26c | |

2-056
DECLARED
2804
700
PARENTS

436x
CAUSE

CERTIFIER

DISPOSITION

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