

WARRANTY DEED
Joint Tenancy
State of Illinois
(Individual to Individual)

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THE GRANTOR DALE D. MILLER, a Bachelor

92737004

of the City of Harvey County of Cook
State of Illinois for and in consideration of
Ten DOLLARS,
in hand paid,

CONVEY and WARRANT to DALE D. MILLER and
DONNA DUNLAP, 15133 Turlington Ave.
Harvey, Il.

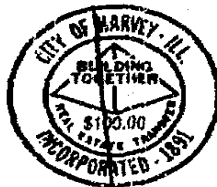
DEPT-11 RECORD - T
15222 TRAN 9879 10/02/92 16:01:00 \$29.50
#1250 # A #-92-737004
COOK COUNTY RECORDER

(The Above Space For Recorder's Use Only)

(NAMES AND ADDRESS OF GRANTEES)

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:

Lots 29 & 30 in Block 53 in Harvey, a subdivision of part of
Sections 8 and 17, Township 36 North, Range 14, East of the
3rd Principal Meridian, in Cook County, Illinois according to
Plat thereof recorded May 23, 1890 as Doc. No. 1274898, in
Book 41 of Plats, Page 17



NE 6031

92737004

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): 29-17-105-016, 017

Address(es) of Real Estate: 15133 TURLINGTON AVE. HARVEY, ILL.

DATED this 29th day of SEPTEMBER 19 92

PLEASE
PRINTOR
TYPE NAME(S)
BELOW:
SIGNATURE(S)

Dale D. Miller (SEAL) Dale D. Miller (SEAL)

(SEAL) (SEAL)

State of Illinois, County of Cook ss. I, the undersigned, a Notary Public and for
said County, in the State aforesaid, DO HEREBY CERTIFY that
Dale D. Miller, a Bachelor

OFFICIAL SEAL: I am personally known to me to be the same person whose name is subscribed
FOREIGNERZWA foregoing instrument, appeared before me this day in person, and acknowl-
NOTARY PUBLIC STATE OF ILLINOIS that he signed, sealed and delivered the said instrument as his
MY COMMISSION EXP: 12/12/95 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 29th day of September 19 92

Commission expires 12-12 19 95
Fred S. Mierzwa
NOTARY PUBLIC

This instrument was prepared by FRED S. MIERZWA, Attorney at Law, 15801 S. Halsted St.
(NAME AND ADDRESS) Harvey, Il.

MAIL TO: DALE D. MILLER
(Name)
15133 Turlington Ave.
(Address)
Harvey, Il. 60426
(City, State and Zip)

SEND SUBSEQUENT TAX BILLS TO:
SAME
(Name)

(Address)

(City, State and Zip)

OR RECORDER'S OFFICE BOX NO. _____

Examined under Real Estate Transfer Tax Act Sec. 4
10/2/92
AFFIX "RIDERS" OR REVENUE STAMPS HERE
SIGNATURE

\$29.50

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2015/11/19

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92737804



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STATEMENT BY GRANTOR AND GRANTEE

The grantor or his agent affirms that, to the best of his knowledge, 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 title to real estate under the laws of the State of Illinois.

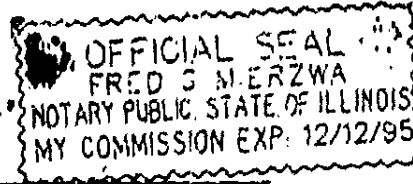
Dated 9/29, 19 92

Signature: Dale D. Miller

Grantor or Agent

Subscribed and sworn to before me by the said DALE D. MILLER this 29th day of SEPT. 19 92.

Notary Public Fred S. Merzwa



The grantee or his 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.

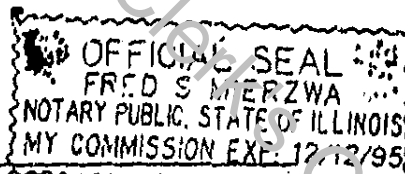
Dated 9/29, 19 92

Signature: Donna Dunlap

Grantee or Agent

Subscribed and sworn to before me by the said DONNA DUNLAP this 29th day of SEPT. 19 92.

Notary Public Fred S. Merzwa



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 for subsequent offenses.

(Attach to deed or ABI to be recorded in Cook County, Illinois, if exempt under the provisions of Section 4 of the Illinois Real Estate Transfer Tax Act.)

32737004

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STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
92737004

REGISTRATION DISTRICT NO. 16.34
REGISTERED NUMBER
DECEASED NAME

AT HARVEY, ILLINOIS.
The original of this record is permanently filed with the Illinois Dept. of Public Health at Springfield. County Clerks and Local Registrars are authorized to make certifications from copies of the original record. The Illinois Statutes provide that the certifications of a death record by the Dept. of Public Health or the Local Registrar or the County Clerk shall be prima facie evidence in all courts and places of the facts therein stated.

DATED JUL 1 1985
SIGNED *Mary Ann ...*
LOCAL REGISTRAR

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the person named therein and that this record was established and filed in my office in accordance with the provisions for the Illinois Statutes relating to the registration of births, stillbirths and deaths.

1. NAME (INCLUDE LAST, FIRST, MIDDLE OR ORIGIN OR ORIGIN AND ORIGIN) White, Ruby E. Miller		2. SEX Female		3. DATE OF BIRTH (MO., DAY, YEAR) June 29, 1904		4. COUNTY OF BIRTH COOK	
5. CITIZENSHIP USA		6. USUAL OCCUPATION Housewife		7. HOSPITAL OR OTHER INSTITUTION (NAME, ADDRESS, CITY, STATE) Ingalls Memorial Hospital, 26 W. 154th St., Harvey, Ill.		8. DATE OF ADMISSION (MO., DAY, YEAR) June 16, 1985	
9. SOCIAL SECURITY NUMBER 12-332-09-5583		10. MARRIAGE STATUS None		11. NAME OF SURVIVING SPOUSE (LAST, FIRST, MIDDLE) Christian J. Miller		12. DATE OF DEATH (MO., DAY, YEAR) June 29, 1985	
13. FATHER NAME James Turlington		14. MOTHER NAME Harvey		15. MAINTENANCE ADDRESS (STREET AND NO., R. F. D., CITY OR TOWN, STATE, ZIP) Laure Mae Kiser, 175 None, One Ingalls Dr., Harvey, IL 60426		16. STATE Illinois	
17. DEATH WAS CAUSED BY: Medical Records		18. ILLINOIS MEDICAL CERTIFICATE NO. None		19. HOURS 1:14 P.M.		20. YEARS 81	
19a. ACUTE MYOCARDIAL INFARCTION		19b. GENERALIZED ATERIOSCLEROTIC VASCULAR DISEASE		19c. CEREBRAL INFARCTION		19d. SEPTICEMIA	
20. DATE OF OPERATION (IF ANY) None		21. MAJOR FINDINGS OF OPERATION None		22. DATE SIGNED (MO., DAY, YEAR) July 1, 1985		23. ILLINOIS LICENSE NUMBER 36-37442	
24. SIGNATURE AND ADDRESS OF CERTIFIER A.V. Lynch, M.D., 3235 Vollmer Road, Flossmoor, IL		25. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) None		26. DATE SIGNED (MO., DAY, YEAR) July 1, 1985		27. ILLINOIS LICENSE NUMBER 36-37442	
28. REMOVAL (RECOVERY) Burial		29. FUNERAL HOME Kerr Chapel, 26 W. 154th Street, Harvey, IL		30. FUNERAL DIRECTOR'S SIGNATURE <i>James ...</i>		31. ILLINOIS LICENSE NUMBER 60426	
32. LOCAL REGISTRAR SIGNATURE <i>Mary Ann ...</i>		33. DATE SIGNED BY LOCAL REGISTRAR (MO., DAY, YEAR) July 1, 1985		34. ILLINOIS LICENSE NUMBER 4519		35. STATE Illinois	

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MEDICAL CERTIFICATE OF DEATH

I HEREBY CERTIFY THAT the foregoing is true and correct copy of the DEATH record for the person named therein and that this record was established and filed in my office in accordance with provisions of the ILLINOIS STATUTES relating to the registration of BIRTHS, STILLBORNS AND DEATHS.

The original of this record is permanently filed with the Illinois Dept. of Public Health in Springfield, Illinois, County Clerks and Local Registrars are authorized to make certification from copies of the original record. The Illinois Statutes further provided that certification of a DEATH record by the Dept. of Public Health of the Local Registrar of the County Clerk shall be prima facie evidence in all courts and places of the facts therein stated.

DATED **JUN 12 1992**
 AT HARVEY, ILLINOIS.
 SIGNED *Blumenthal*
 LOCAL REGISTRAR

1. DECEASED NAME Christian		FIRST		MIDDLE		LAST		SEX 2 Male		DATE OF DEATH MONTH DAY YEAR 3 June 10, 1992	
2. COUNTY OF DEATH Cook		3. CITY, TOWN, TWP. OR ROAD DISTRICT PARISH		4. AGE - LAST BIRTHDAY (MOS) 88		5. HOSPITAL OR OTHER INSTITUTION - NAME IF NOT IN EITHER CASE STREET AND NUMBER 15133 Turlington Ave.		6. PLACE OF BIRTH At Home		7. DATE OF BIRTH MONTH DAY YEAR 5d March 3, 1904	
8a. BIRTHPLACE (CITY/TOWNSHIP OR ROAD DISTRICT PARISH) Harvey, IL		8b. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		8c. NAME OF SURVIVING SPOUSE - Maiden name if widowed		8d. EDUCATION (SEE CATEGORY 10) Elementary Secondary (10-12) <input type="checkbox"/> High School (12-15) <input type="checkbox"/> College (16-23) <input type="checkbox"/> Other (16-23) <input type="checkbox"/>		8e. INSIDE CITY (YES/NO)		8f. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
9. SOCIAL SECURITY NUMBER 332-09-5583		10. RESIDENCE (STREET AND NUMBER) 15133 Turlington Ave.		11. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Harvey		12. INSIDE CITY (YES/NO)		13. YES/NO		14. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
13a. STATE Illinois		13b. ZIP CODE 60426		13c. RACE (WHITE, BLACK, AMERICAN INDIAN, ASIAN, OTHER) White		13d. ETHNIC OR HISPANIC ORIGIN (SPECIFY) White		13e. YES/NO		13f. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
14a. FATHER NAME John Miller		14b. MOTHER NAME Martha Wagner		14c. FATHER RELATIONSHIP Son		14d. MOTHER RELATIONSHIP Daughter		14e. YES/NO		14f. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
15. INFORMANTS NAME (TYPE OR PRINT) Dale Miller		15a. ADDRESS (STREET AND CITY/TOWN/STATE ZIP) 15133 Turlington Ave., Harvey, IL 60426		15b. RELATIONSHIP Son		15c. YES/NO		15d. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		15e. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
16. PART I 17a. Dele Miller		16a. MAJOR FINDINGS OF OPERATION Myelographic Pancreatic Cancer		16b. DATE OF OPERATION IF ANY 6/2/92		16c. HOUR OF OPERATION 4 p.m.		16d. DATE SIGNED 6/11/92		16e. ILLINOIS LICENSE NUMBER 036050121	
17. CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		17a. (a) DUE TO OR AS A CONSEQUENCE OF		17b. (b) DUE TO OR AS A CONSEQUENCE OF		17c. (c) DUE TO OR AS A CONSEQUENCE OF		17d. (d) DUE TO OR AS A CONSEQUENCE OF		17e. (e) DUE TO OR AS A CONSEQUENCE OF	
18. (a) (b) (c) (d) (e)		18a. (a) (b) (c) (d) (e)		18b. (a) (b) (c) (d) (e)		18c. (a) (b) (c) (d) (e)		18d. (a) (b) (c) (d) (e)		18e. (a) (b) (c) (d) (e)	
19. (a) (b) (c) (d) (e)		19a. (a) (b) (c) (d) (e)		19b. (a) (b) (c) (d) (e)		19c. (a) (b) (c) (d) (e)		19d. (a) (b) (c) (d) (e)		19e. (a) (b) (c) (d) (e)	
20. (a) (b) (c) (d) (e)		20a. (a) (b) (c) (d) (e)		20b. (a) (b) (c) (d) (e)		20c. (a) (b) (c) (d) (e)		20d. (a) (b) (c) (d) (e)		20e. (a) (b) (c) (d) (e)	
21. (a) (b) (c) (d) (e)		21a. (a) (b) (c) (d) (e)		21b. (a) (b) (c) (d) (e)		21c. (a) (b) (c) (d) (e)		21d. (a) (b) (c) (d) (e)		21e. (a) (b) (c) (d) (e)	
22. (a) (b) (c) (d) (e)		22a. (a) (b) (c) (d) (e)		22b. (a) (b) (c) (d) (e)		22c. (a) (b) (c) (d) (e)		22d. (a) (b) (c) (d) (e)		22e. (a) (b) (c) (d) (e)	
23. (a) (b) (c) (d) (e)		23a. (a) (b) (c) (d) (e)		23b. (a) (b) (c) (d) (e)		23c. (a) (b) (c) (d) (e)		23d. (a) (b) (c) (d) (e)		23e. (a) (b) (c) (d) (e)	
24. (a) (b) (c) (d) (e)		24a. (a) (b) (c) (d) (e)		24b. (a) (b) (c) (d) (e)		24c. (a) (b) (c) (d) (e)		24d. (a) (b) (c) (d) (e)		24e. (a) (b) (c) (d) (e)	
25. (a) (b) (c) (d) (e)		25a. (a) (b) (c) (d) (e)		25b. (a) (b) (c) (d) (e)		25c. (a) (b) (c) (d) (e)		25d. (a) (b) (c) (d) (e)		25e. (a) (b) (c) (d) (e)	
26. (a) (b) (c) (d) (e)		26a. (a) (b) (c) (d) (e)		26b. (a) (b) (c) (d) (e)		26c. (a) (b) (c) (d) (e)		26d. (a) (b) (c) (d) (e)		26e. (a) (b) (c) (d) (e)	

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