

UNOFFICIAL COPY

93534170

S135589AC TAB 142

WARRANTY DEED

Statutory (ILLINOIS)

(Individual to Individual)
Joint Tenancy

For Recorder's Use Only

DEPT-11 RECORD T

147777 TRAN 2149 07/13/93 10:55:00 \$27.50
\$1622 \$ *-93-534170
COOK COUNTY RECORDER

THE GRANTOR, DOROTHY A. BROOKS, * MARRIED TO ROBERT BROOKS
of the Village of Oak Lawn, State of Illinois, for and in consideration of the sum of TEN AND NO/100THS (\$10.00) DOLLARS, in hand paid, CONVEYS and WARRANTS to THOMAS P. MC PIKE and CATHERINE R. MC PIKE, his wife, of 3480 Salem Walk, Northbrook, Illinois, 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 33 IN NORTHBROOK ESTATES, UNIT NUMBER 5, A SUBDIVISION IN SECTION 9 AND 10, TOWNSHIP 42 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF REGISTERED IN THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS, ON OCTOBER 13, 1955, AS DOCUMENT NUMBER 1627188, AND CERTIFICATE OF CORRECTION THEREOF REGISTERED ON MARCH 22, 1956, AS DOCUMENT NUMBER 1658783, IN COOK COUNTY, ILLINOIS.

Subject to: Covenants, conditions and restrictions of record.

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: 04-10-120-023

Address of Real Estate: 1950 Big Oak Lane, Northbrook, Illinois.

DATED this 8th day of June, 1993

Dorothy A. Brooks
DOROTHY A. BROOKS

Robert D. Brooks
ROBERT BROOKS

2750

93534170

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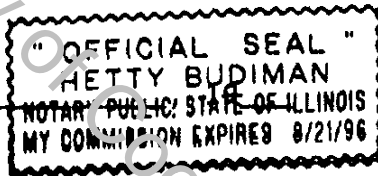
05/1/93

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

BROOKS, 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 signed, sealed and delivered the said instrument as her 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 8th day of June, 1993.

Commission expires: _____



Hetty Budiman

NOTARY PUBLIC

This instrument was prepared by: David T. Cohen & Associates, Ltd. 14300 S. Ravinia, Suite 100, Orland Park, Illinois 60462 (708) 460-7711

MAIL TO:

Michaela Ryan
c/o Attorney General's Office
100 West Randolph Street
Chicago, Illinois 60601

SEND SUBSEQUENT TAX BILLS TO:

Thomas P. McPike and
Catherine McPike
1950 Pig Oak Lane
Northbrook, Illinois 60062



★★★
002564

COOK COUNTY
REAL ESTATE TRANSACTION TAX

06-93



005

REVENUE STAMP

06018

UNOFFICIAL COPY

DECEASED'S BIRTH NO.

REGISTRATION DISTRICT NO. 1400B

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. HARRY A. POWER 2. MALE 3. SEPTEMBER 2, 1992COUNTY OF DEATH AGE—LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)
4. Cook 5a. 85 5b. 5c. 6d. April 27, 1907CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE I.O.A. OP-BARR. P.M. INPATIENT (SPECIFY)
6a. Glenview 6b. Glenbrook Hospital 6c. InpatientBIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
7. Chicago, Il 8a. Widowed 8b. 9. YesSOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10. 341-03-4223 11a. Loan Officer 11b. Administrative Small Business Elementary/Secondary (8-12) College (1-4 or 5-7)RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY
13a. 1450 Big Oak 13b. Northbrook 13c. Yes 13d. CookSTATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEX/AM, PUERTO RICAN, etc.)
13e. Illinois 13f. 60062 14a. White 14b. NO YES SPECIFY:FATHER—NAME FIRST MIDDLE LAST MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST
15. John A. Power 16. Anna B. McCaffreyINFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN, STATE, ZIP)
17a. Dorothy Brooks 17b. Daughter 17c. 1950 Big Oak Northbrook, Il 6006218. PART I. Enter the cause(s) or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) Cardiogenic Shock DUE TO, OR AS A CONSEQUENCE OF (b) myocardial infarction DUE TO, OR AS A CONSEQUENCE OF (c) hypertensionPART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. AUTOPSY (YES/NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
hypertension 19a. NO 19b.DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20a. 20b. 20c. YES NO 1 (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH
21a. 9/2/92 21b. No 21c. 5:45 P. M.TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MONTH, DAY, YEAR)
22a. SIGNATURE E. Lioakis 22b. 9/3/92NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
22c. E. Lioakis MD 400 Lake-Cook Road Deerfield, Il. 60015 22d. 0360632486NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
23.BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a. Burial 24b. All Saints 24c. DesPlaines, Il. 24d. 09/05/92FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
25a. JOHN E. MALONEY CO 1359 Devon Ave. Chicago Illinois 60661FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. John E. Maloney John E. Maloney 25c. 010473LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. NAREN L. SCOTT, M.D. Lorina Brown 26b. Sept 4, 1992

VR200 (Rev. 5-99)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1980 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE September 4, 1992 SIGNED Lorina Brown
AT EVANSTON Illinois OFFICIAL TITLE LOCAL REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT 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 certification of a death record by the Department of Public Health, local registrar or county clerk shall be prime facts evidence in all courts and places of the facts therein stated.

STATE FILE NUMBER
93534170

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO 16.0
REGISTERED NUMBER

DECEASED - NAME FIRST MIDDLE LAST DOROTHY D. POWER		SEX Female	DATE OF DEATH MONTH DAY YEAR January 17, 1989
COUNTY OF DEATH Cook		DATE OF BIRTH MONTH DAY YEAR 5d JULY 25, 1908	
CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER Glenview		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Glenbrook Hospital	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, Illinois		WAS DECEASED EVER IN US ARMED FORCES? (YES-NO) 9. NO	
MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married		NAME OF SURVIVING SPOUSE (Maiden Name, if wife) HARRY A. POWER	
SOCIAL SECURITY NUMBER 10 341-03-4223B		EDUCATION (SPECIFY IN ITEM 12) 12. College (1-4 or 5-1)	
RESIDENCE (STREET AND NUMBER) 13a. 1950 Big Oak Lane		CITY, TOWN, OR ROAD/DISTRICT NO 13b. Northbrook	
ZIP CODE 13c. Illinois 60062		COUNTY 13d. Cook	
FATHER NAME FIRST MIDDLE LAST Joseph E. Lanigan		MOTHER NAME FIRST MIDDLE LAST Ellen Walsh	
INFORMANT'S NAME (TYPE OR PRINT) 17a. Hortensia Rodriguez		RELATIONSHIP 17b. Hosp. Rec	
ADDRESS (STREET AND NUMBER) 18 PART I. 17200 Pflingsten Rd., Glenview, IL 60025		CITY OR TOWN STATE ZIP Glenview, IL 60025	
<p>Immediate Cause (Final disease or condition resulting in death)</p> <p>(a) Emphysema</p> <p>CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST.</p> <p>(b) Smoking</p> <p>(c) Heart failure, hip fracture due to osteoporosis</p>			
<p>PART II. Other significant conditions contributing to death but not resulting in the underlying cause (print or type in PART I)</p> <p>DATE OF OPERATION, IF ANY 19a. NO</p> <p>MAJOR FINDINGS OF OPERATION 20b. NO</p> <p>WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES-NO) 21b. NO</p> <p>DATE OF OPERATION, IF ANY 21c. NO</p> <p>WAS THERE A PREGNANCY IN PAST 12 MONTHS? 20c. YES [] NO [X]</p> <p>HOUR OF DEATH 21c. 6:50 A.M.</p> <p>DATE SIGNED (MONTH DAY YEAR) 22b. Jan. 17, 1989</p> <p>ILLINOIS LICENSE NUMBER 22a. 036-063246</p> <p>SIGNATURE (TYPE OR PRINT) 22a. E. Lipkis M.D.</p> <p>NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. 400 Lake-Cook Road Deerfield, IL.</p>			
BURIAL CEMETERY - REMOVAL (SPECIFY) 24a. Burial		CITY OR TOWN STATE 24c. Des Plaines, Illinois	
FUNERAL HOME 25a. John E. Maloney Co. 1359 W. Devon Ave., Chicago, Illinois, 60660		STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25b. 7234	
FUNERAL DIRECTOR'S SIGNATURE John E. Maloney		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 7234	
LOCAL REGISTRAR'S SIGNATURE Clara Gabrielson		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) 26b. January 18, 1989	
DATE January 18, 1989		OFFICE OF VITAL RECORDS Bureau of Health - Office of Vital Records	

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in Item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

Date January 18, 1989
at Cook County Department of Public Health

Signed Clara Gabrielson
Official Title, Chief Deputy Registrar.