

UNOFFICIAL COPY

DEED, EXECUTOR'S
(ILLINOIS)

93660150

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

The grantor, MARIE L. SUS, as Independent Administrator of the Estate of MAX SZCZESNY, of the will of MAX SZCZESNY, deceased, by virtue of letters testamentary issued to her by the Circuit court of Cook County, State of Illinois, and in exercise of the power of sale granted to her in and by said will and in pursuance of every other power and authority her enabling, and in consideration of the sum of EIGHTY FOUR THOUSAND & 00/100 (\$84,000.00) Dollars, receipt whereof is hereby acknowledged, do hereby quit claim and convey unto JOSE REFUGIO MEJIA, 2647 South Komensky, Chicago, Illinois, 60623

DEPT-11 RECORD - T \$27.50
 T#3333 TRAN 0230 08/19/93 12:24:00
 #9512 # * -93-260150
 COOK COUNTY RECORDER

(The Above Space For Recorder's Use Only)

(NAME AND ADDRESS OF GRANTEE)
the following described real estate situated in the County of Cook, in the State of ILLINOIS, to wit:

Lot 15 in Asherman's Subdivision of Lots 1 to 16 inclusive, 41 to 46 inclusive, the East 10.2 feet of Lots 17 and 40 and the vacated alley in Block 6 in Adam Smith's Subdivision of Block 17, Lot 1 in Block 11, and Lot 1 in Block 12, in Rees' Subdivision, in the Southeast 1/4 of Section 35 and the Southwest 1/4 of Section 36, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

SUBJECT TO: General taxes for the year 1992 and subsequent years.

Permanent Real Estate Index Number(s): 16-35-403-024
 Address(es) of real estate: 3419 West 37th Place Chicago, IL 60632

Dated this 13th day of August, 1993.

ESTATE OF MAX SZCZESNY, Deceased (SEAL)

PLEASE
 PRINT OR
 TYPE NAME(S)
 BELOW
 SIGNATURE(S)

BY: Marie L. Sus
 MARIE L. SUS, Independent Administrator (SEAL)
As executor as aforesaid

State of Illinois, County of DuPage ss. I, the undersigned, a Notary Public in and for said County, in the state aforesaid, DO HEREBY CERTIFY that MARIE L. SUS, Independent Administrator of the Estate of MAX SZCZESNY, Deceased,

IMPRESS
 "OFFICIAL SEAL"
 DENISE R. BURKETT
 Notary Public, State of Illinois
 My Commission Expires Nov. 17, 1996

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 as such executor for the uses and purposes herein set forth,

Given under my hand and official seal, this 13th day of August, 1993

Commission expires November 17 1996 Denise R. Burkett
NOTARY PUBLIC

This instrument was prepared by THOMAS P. RUSSIAN/GOLDSTINE, SKRODZKI, RUSSIAN, NEMEC AND HOFF, LTD., 7660 W. 62nd Place, Summit, IL 60501
(NAME AND ADDRESS)

MAIL TO { MARIA ROJAS, Esq.
NEIBERG & ROJAS
180 North LaSalle Street
Suite 1902
Chicago, IL 60601
(City, State and Zip) }

SEND SUBSEQUENT TAX BILLS TO:
JOSE REFUGIO MEJIA
3419 West 37th Place
Chicago, IL 60632
(City, State and Zip)

AFFIX "RIDERS" OR REVENUE STAMPS HERE

93660150

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Executor's Deed

ESTATE OF MAX SZCZESNY, DECEASED

TO

JOSE REFUGIO MEJIA and
BENJAMIN MEJIA

GEORGE E. COLE
LEGAL FORMS

Property of Cook County Clerk's Office

POSTALIA POSTAGE METER SYSTEMS Y5

REORDER ITEM # PSA LABEL

★
★
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046185

CITY OF CHICAGO

AUG 3 2003



53040

REAL ESTATE TRANSACTION TAX
DEPARTMENT OF REVENUE

052927

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Property of Cook County Clerk's Office



Property of Cook County Clerk's Office

93060150

COOK COUNTY CLERK'S OFFICE
PROPERTY OF COOK COUNTY CLERK'S OFFICE

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Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

} ss.

Order No. S1355325

MARIE L. SUS

being duly sworn

states that she resides at 4134 West 57th Place in the City of Chicago, Illinois, 60629

That she was acquainted with HELEN A. SZCZESNY deceased who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

Lot 15 in Acherman's Subdivision of Lots 1 to 16 inclusive, 41 to 46 inclusive, the East 10.2 feet of Lots 17 and 40 and the vacated alley in Block 6 in Adam Smith's Subdivision of Block 17, Lot 1 in Block 11, and Lot 1 in Block 12 in Rees' Subdivision, in the Southeast 1/4 of Section 35 and the Southwest 1/4 of Section 36, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

P.I.N. 16-35-403-024

Common Address: 3419 West 37th Place, Chicago, Illinois, 60632

That the deceased died January 6, 1986, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of THREE HUNDRED THOUSAND & 00/100 (\$300,000.00) dollars.

Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

MARIE L. SUS

this 1st day of June, A.D. 19 93

Sharon M. Ladewski
 Notary Public
 "OFFICIAL SEAL"
 SHARON M. LADEWSKI
 Notary Public, State of Illinois
 My Commission Expires March 28, 1995

Marie L. Sus
 (affiant's signature)
 MARIE L. SUS

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Property of Cook County Clerk's Office

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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item I 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 JAN. 8, 1986

signed Lolita Maxwell

At Cook County Department of Public Health Official Title Chief Deputy Registrar
1500 S. Maybrook Drive, Maywood, Illinois 60153

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

93660150

REGISTRATION NO.	16.0	STATE OF ILLINOIS		STATE FILE NUMBER	93660150
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH			
DECEASED—NAME	HELEN	MIDDLE	A	LAST	SZCZESNY
				SEX	FEMALE
				DATE OF DEATH	JANUARY 6, 1986
				(MONTH, DAY, YEAR)	

1. RACE—(WHITE, BLACK, AMERICAN INDIAN, ET CETERA)	WHITE	2. SEX	FEMALE	3. DATE OF BIRTH—(DAY, YEAR)	JAN 2, 1919
4. US CITIZENSHIP	AMERICAN	5. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	6. MARRIED	7. DATE OF DEATH	JAN 6, 1986
8. HOSPITAL OR OTHER INSTITUTION—(NAME AND STREET NUMBER, CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER)	CHRIST HOSPITAL				
9. US CITIZENSHIP	U.S.A.	10. MARRIED	11. MARRIED	12. NAME OF SURVIVING SPOUSE (GIVEN NAME, IF WIFE)	MAX SZCZESNY
13. SOCIAL SECURITY NUMBER	336-05-8415	14. KIND OF BUSINESS OR INDUSTRY	15. AT HOME	16. Aged 65 or over?	NO
17. RESIDENCE STREET AND NUMBER	3419 West 87th Place	18. CITY, TOWN, TWP. OR ROAD DISTRICT NO.	19. CHICAGO	20. COUNTY	COOK
21. FATHER—NAME	FRANK	22. MOTHER—Maiden Name	ANTOINETTE	23. COUNTY	ILLINOIS
24. INFORMANT NAME (TYPE OR PRINT)	TERESE MURRAY, RN, BS	25. ADDRESS	4440 W. 95th ST. OAK LAWN, IL, 60453	26. COUNTY	ILLINOIS

18. DEATH WAS CAUSED BY: Cardiac arrest Respiration Arrest

19. IMMEDIATE CAUSE: None

20. INTERMEDIATE CAUSE: None

21. UNDERLYING CAUSE: None

22. CONDITION, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (BE SAVING THE UNDERLYING CAUSE): None

23. OTHER SIGNIFICANT CONDITIONS: None

24. DATE OF OPERATION, IF ANY: None

25. NAME AND ADDRESS OF PHYSICIAN: None

26. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: None

27. SIGNATURE OF CERTIFIER: William B. Mon, MD

28. NAME AND ADDRESS OF CERTIFIER: William B. Mon, MD, 4340 W. 95th St., Oak Lawn, IL, 60453

29. ILLINOIS LICENSE NUMBER: 036-060322

30. SIGNATURE OF ATTENDING PHYSICIAN: None

31. NAME AND ADDRESS OF ATTENDING PHYSICIAN: None

32. SIGNATURE OF FUNERAL DIRECTOR: None

33. NAME AND ADDRESS OF FUNERAL HOME: None

34. SIGNATURE OF LOCAL REGISTRAR: None

35. NAME AND ADDRESS OF LOCAL REGISTRAR: None

36. SIGNATURE OF LOCAL REGISTRAR: None

37. NAME AND ADDRESS OF LOCAL REGISTRAR: None

38. SIGNATURE OF LOCAL REGISTRAR: None

39. NAME AND ADDRESS OF LOCAL REGISTRAR: None

40. SIGNATURE OF LOCAL REGISTRAR: None

41. NAME AND ADDRESS OF LOCAL REGISTRAR: None

42. SIGNATURE OF LOCAL REGISTRAR: None

43. NAME AND ADDRESS OF LOCAL REGISTRAR: None

COOK COUNTY DEPARTMENT OF PUBLIC HEALTH
OFFICE OF VITAL RECORDS
1500 S. MAYBROOK DRIVE, MAYWOOD, ILLINOIS 60153
BASED ON 1978 U.S. STANDARD CERTIFICATE