

QUIT CLAIM DEED  
State of Illinois  
(Individual to Individual)

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94511396

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 DOROTHY J. WHEELER, a widow  
and not since remarried,

of the City of Chicago County of Cook  
State of Illinois for the consideration of  
Ten (\$10.00) DOLLARS,  
& other good & valuable consideration in hand paid,  
CONVEY S and QUIT CLAIM S to DOROTHY J. WHEELER,  
VIDDIE WHEELER a/k/a VIDDIE WHEELER BERRY, married  
to OTIA LEE BERRY, of 7339 S. Greenwood, Chicago,  
Illinois, as tenants in common

DEPT-11 RECORD-T 327.50  
T#5555 TRAN 2607 06/09/94 11:14:00  
#2538 # JJ \*--74-511396  
COOK COUNTY RECORDER

94511396

(The Above Space For Recorder's Use Only)

(NAME AND ADDRESS OF GRANTEE)  
all interest in the following described Real Estate situated in the County of COOK in the  
State of Illinois, to wit:

Lot thirty-one (31) in Block nineteen (19) in Cornell a subdivision in  
Sections 26 and 35, Township 38 North, Range 14, East of the Third  
Principal Meridian

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hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of  
Illinois.

Permanent Real Estate Index Number(s): 20-26-121-015-0000  
Address(es) of Real Estate: 7339 So. Greenwood ave., Chicago, IL. 60619

Viddie Wheeler DATED this 26th day of January, 1994  
Dorothy J. Wheeler (SEAL) (SEAL)  
DOROTHY J. WHEELER

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

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 J. WHEELER, widow and not since remarried

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 acknowl-  
edged 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 26th day of January, 1994

Commission expires 19 Theodore B. Howard NOTARY PUBLIC

This instrument was prepared by APTY. THEODORE B. HOWARD, 6326 S. Cottage Grove Ave.  
(NAME AND ADDRESS) Chicago, IL. 60637

MAIL TO:

DOROTHY WHEELER  
7339 So. Greenwood Ave.  
Chicago, IL 60619-2061

SEND SUBSEQUENT TAX BILLS TO:

Dorothy Wheeler (Name)  
7339 So. Greenwood Ave.  
Chicago, IL 60619 (City, State and Zip)

MAIL TO:

XXXXXXXXXXXXXXXXXXXX  
CHICAGO XXXXX 60637  
(City, State and Zip)

OR RECORDER'S OFFICE BOX NO.

AFIX "RIDERS" OR REVENUE STAMPS HERE

APPT Under Seal to Transfer Tax Amt Sec. 4  
Ill. & Cook County Off. Call: 773-311-1111

Sign. Dorothy J. Wheeler  
By of [unclear] [unclear]

no 6-9-94

2-75-0  
TB

Deeds Certificate Attached and Marriage License Unwed

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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.

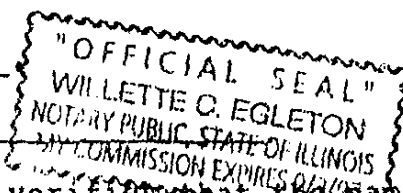
Dated January 26, , 1994

Signature: Thelma B. Brown

Grantor or Agent

Subscribed and sworn to before me by the said Atty. for Transferor this 26th day of January 1994.

Notary Public Willette C. Egleton



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.

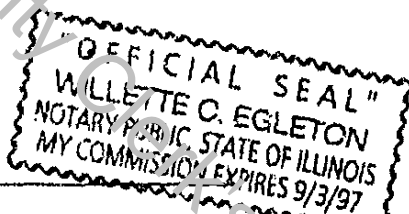
Dated January 26, , 1994

Signature: Thelma B. Brown

Grantee or Agent

Subscribed and sworn to before me by the said person this 26th day of January, 1994.

Notary Public Willette C. Egleton



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.)

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THE SIGNATURES OF THE PARTIES EXECUTING THIS DOCUMENT ARE COPIES AND ARE NOT ORIGINAL SIGNATURES.

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

APR 22 1993

I, VIRGINIA L. PARKER, M.B.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 FOR 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 OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



91511396

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

STATE FILE NUMBER 6019588

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10

REG'S SERCO NUMBER

1. DECEASED-NAME FIRST: ROOSEVELT MIDDLE: LAST: JEFFER	SEX: FEMALE	DATE OF BIRTH: 16, 1903	DATE OF DEATH: MONTH DAY YEAR
2. COUNTY OF BIRTH: COOK	AGE LAST BIRTHDAY: 54	UNDER 1 DAY: 54	DATE OF BIRTH: MONTH DAY YEAR
3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: CHICAGO	3.1. HOSPITAL OR OTHER INSTITUTION: JACOBSON PARK HOSPITAL	3.2. HOME OR PLACE OF DEATH: CHICAGO	3.3. DATE OF BIRTH: MONTH DAY YEAR
4. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): GREENWOOD, MS.	4.1. MARRIED (CHECK ONE): MARRIED	4.2. USUAL OCCUPATION: DISABLED	4.3. DATE OF BIRTH: MONTH DAY YEAR
5. SOCIAL SECURITY NUMBER: 426-90-0149	5.1. MARRIED (CHECK ONE): MARRIED	5.2. USUAL OCCUPATION: DISABLED	5.3. DATE OF BIRTH: MONTH DAY YEAR
6. RESIDENCE (STREET AND NUMBER): 7339 S. GREENWOOD	6.1. CITY, TOWN, TWP. OR ROAD DISTRICT NO: CHICAGO	6.2. COUNTY: CHICAGO	6.3. DATE OF BIRTH: MONTH DAY YEAR
7. RACE (WHITE, BLACK, OR OTHER): BLACK	7.1. ZIP CODE: 60619	7.2. CITY, TOWN, TWP. OR ROAD DISTRICT NO: CHICAGO	7.3. DATE OF BIRTH: MONTH DAY YEAR
8. FATHER-NAME (FIRST, MIDDLE, LAST): JESSE WHEELER	8.1. MOTHER-NAME (FIRST, MIDDLE, LAST): BERTHA MOOREHEAD	8.2. CITY, TOWN, TWP. OR ROAD DISTRICT NO: CHICAGO	8.3. DATE OF BIRTH: MONTH DAY YEAR
9. INFORMANT'S NAME (TYPE OR PRINT): DOROTHY WHEELER	9.1. RELATIONSHIP: DAUGHTER	9.2. CITY, TOWN, TWP. OR ROAD DISTRICT NO: CHICAGO	9.3. DATE OF BIRTH: MONTH DAY YEAR
10. 17a. DOROTHY WHEELER	17b. RIFE	17c. 7339 S. GREENWOOD CHICAGO	17d. 60619
11. 18 PART I: Enter the duration, or combination 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 Cause) of death resulting in death: (a) DUE TO OR AS A CONSEQUENCE OF: CANCER OF BOWEL AND STOMACH (b) DUE TO OR AS A CONSEQUENCE OF: (c) DUE TO OR AS A CONSEQUENCE OF:	18 PART II: Other significant conditions contributing to death but not resulting in the underlying cause, such as P. 22.	19a. AUTOPSY (YES/NO): NO	19b. FEMALE: WERE THERE A PREGNANCY AT DEATH (YES/NO): NO
12. DATE OF OPERATION, IF ANY: NONE	13. MAJOR FINDINGS OF OPERATION: NONE	14. DATE OF BIRTH: MONTH DAY YEAR: 4/16/43	15. TIME OF DEATH: 2:30 P.M.
16. SIGNATURE OF CERTIFIER: RALPH KENNEDY	17. TYPE OF CERTIFIER: PHYSICIAN	18. NAME AND ADDRESS OF CERTIFIER: 7571 S. STONY ISLAND CHICAGO, IL 60640	19. ILLINOIS LICENSE NUMBER: 70063594
20. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER):	21. TYPE OF PHYSICIAN:	22. DATE OF BIRTH: MONTH DAY YEAR: APRIL 24, 1993	23. CITY OR TOWN: ALSIP, ILLINOIS
24. BUREAU OF HEALTH STATISTICS (TYPE OR PRINT):	25. NAME: GATLING'S CHAPEL INC. 10133 S. HALSTED CHICAGO, ILLINOIS 60628	26. CITY OR TOWN: CHICAGO	27. STATE: ILLINOIS
28. LOCAL REGISTRAR'S SIGNATURE: Virginia L. Parker	29. DATE: APR 22 1993	30. CITY OR TOWN: CHICAGO	31. STATE: ILLINOIS

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