

QUIT CLAIM DEED
Statute (ILLINOIS)
(Individual to Individual)

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94597983

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 Stephen John Zadroga
(Deceased)
Rosalie Zadroga widow
of the State of Illinois County of COOK
State of ILL for the consideration of
TEN DOLLARS,
in hand paid,

DEPT-01 RECORDING \$27.50
T36666 TRAN 1753 07/08/94 16:19:00
#0673 # LC *-94-597983
COOK COUNTY RECORDER

CONVEY and QUIT CLAIM to
Rosalie Zadroga (A WIDOW)
7208 S. Millard
CHGO. IL.

(The Above Space For Recorder's Use Only)

(NAMES AND ADDRESS OF GRANTEE(S))
not in Tenancy in Common, but in Joint Tenancy, all interest in the following described Real Estate situated in the County of COOK in the State of Illinois, to wit:

Lot 3 in Block 2 in Markley's Marquette Park Gardens
a Subdivision of the East 1/2 of the North East 1/4
of the North West 1/4 of Section 26, Township 38
North, Range 13, East of the Third Principal Meridian.

Exempt under Real Estate Transfer Tax Act Sec. 9
Par. 1 & Cook County Ord. 95104 Par. 1
Date 7-8-94 Sign. Rosalie Zadroga

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): 19-26-113-023
Address(es) of Real Estate: 7208 S. MILLARD CHGO. IL. 60629

DATED this 8th day of JULY 1994

PLEASE PRINT OR TYPE NAME(S) BELOW
SIGNATURE(S)
Rosalie Zadroga (SEAL) _____ (SEAL)
ROSALIA ZADROGA _____ (SEAL)
_____ (SEAL) _____ (SEAL)

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

.....
"OFFICIAL SEAL"
PAUL A. BOWER
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires Sept. 26, 1996
.....
personally known to me to be the same person whose name _____ subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that she signed, sealed and delivered the said instrument as _____ 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 8 day of July 1994
Commission expires _____ 19 _____
Paul A. Bower
NOTARY PUBLIC.

This instrument was prepared by ROSALIA ZADROGA 7208 S. MILLARD CHGO. ILL
(NAME AND ADDRESS)

MAIL TO: 2750
Rosalie Zadroga
7208 S. Millard Ave.
Chicago Illinois
(City, State and Zip)

SEND SUBSEQUENT TAX BILLS TO:
ROSALIA ZADROGA
7208 S. MILLARD
CHGO. ILL. 60629
(City, State and Zip)

AFFIX "RIDERS" OR REVENUE STAMPS HERE



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Property of Cook County Clerk's Office



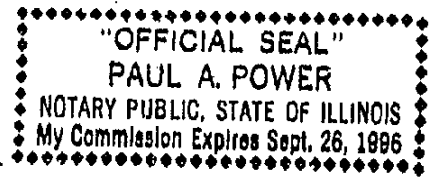
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STATEMENT BY GRANTOR AND GRANTEE

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 7-8, 1994 Signature: Rosalio Zadroga
Grantor or Agent

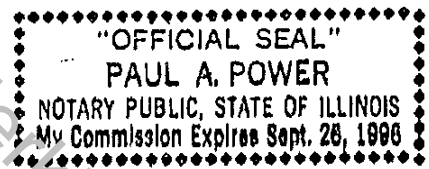
Subscribed and sworn to before me by the said _____ this 8th day of JULY, 1994.
Notary Public Paul Power



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 7-9, 1994 Signature: Rosalio Zadroga
Grantee or Agent

Subscribed and sworn to before me by the said _____ this 8 day of JULY, 1994.
Notary Public Paul Power



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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STATE OF ILLINOIS
County of Cook

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David D. Orr, County Clerk

I, DAVID D. ORR, County Clerk of the County of Cook, by 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.

David D. Orr
County Clerk

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
COUNTY OF COOK

628876

1-070
6509
261
1621

Name of Deceased Stephen John Zadroga		Sex Male	Date of Birth December 4, 1975
Place of Birth Massachusetts	Date of Birth August 29, 1918	Place of Death Cook	
Place of Death Veterans Administration Lakeside Hospital			
Marital Status Married	Name of Spouse Rosalia Dzugowski		
Social Security Number 034 10 1827	Supervision Supervisor	Employer W.R. Sales Co.	War or Dates of Service World War II
Residence Illinois	County Cook	City Chicago	Address 7208 S. Millard
Name of Deceased FRANK ZADROGA		Name of Spouse ROSALIA DRICZEK	
Address 333 East Huron St., Chicago, Ill. 60611			

DEATH WHO CAUSED BY: Carcinoma of the right lung with generalized metastasis
UNKNOWN

DATE OF OPERATION, IF ANY: _____

MAJOR FINDINGS OF OPERATION: _____

DATE OF DEATH: December 4, 1975
HOUR OF DEATH: 12:55 A.M.

NOTE: I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED.

SIGNATURE: *Anton Destic, M.D.*
DATE SIGNED: December 4, 1975
ILLINOIS LICENSE NUMBER: 36-43962

ADDRESS: 333 East Huron Street, Chicago, Illinois 60611

BURIAL INFORMATION:
CEMETERY OR CREMATION: St Joseph
LOCATION: River Grove, Ill.
DATE: Dec 6, 1975

FUNERAL HOME: Thus of Werneys Sons 794 S. KUMERSK / Ave. Cook, Ill. 60652

FUNERAL DIRECTOR'S SIGNATURE: *Frank C. Brown*
ILLINOIS LICENSE NUMBER: F5712

LOCAL HEALTH DEPARTMENT: CHICAGO, ILL. ID OF HEALTH
 Chicago City Center, Room 1111
 Congress Label, Chicago 60602

DATE REC'D. BY LOCAL REGISTRAR: DEC 5 1975

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