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EXECUTOR'S DEED

94598035

THE GRANTOR, Lynn Thomas, of 1827 Kingston Lane, Schaumburg, County of Cook, State of Illinois as executor of the Will of Margaret Flory, 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 to every other power and authority her enabling, and in consideration of the sum of One Hundred Twenty Thousand (\$120,000.00)---DOLLARS, and other good and valuable consideration, the receipt whereof does hereby acknowledged, do her hereby QUITCLAIMS and CONVEYS unto: Louis Ruffolo and Carl Colletti, of 1505 W. Golf Road, Mount Prospect, Illinois, not as Joint Tenants, but as Tenants in Common, the following described Real Estate situated in the County of Cook in the State of Illinois, to wit:

DEPT-11

\$27.50

#0013 TRAN 637E 07/08/94 16:47:00

#6826 # CT = 94-598035

COOK COUNTY RECORDER

Lot eleven (11) in Block Three (3), in Herzog and Kuntze's Subdivision of Lot Eight (8) in Carl Lagerhausen's Estate Division in the Southwest Quarter (1/4) of Section 20, Township 41 North, Range 12, East of the Third Principal Meridian in Cook County, Illinois according to Plat Document Number 1388466.

SUBJECT ONLY TO the following, if any: general real estate taxes not due and payable at the time of closing, covenants, conditions, restrictions of record, building lines and easements if any, so long as they do not interfere with the use and enjoyment of the property.

TO HAVE AND TO HOLD said premises forever as Tenants in Common.

Permanent Real Estate Index Number (s): 09-20-306-100

Address of Real Estate: 1277 Earl, Des Plaines, Illinois

Dated this 2ND day of MAY, 1994.

94598035

Lynn Thomas (SEAL)
LYNN THOMAS, as Executor of the Estate of Margaret Flory

State of Illinois, County of Cook ss. I, the undersigned, a Notary Public in and for said County, in the State of aforesaid, DO HEREBY CERTIFY that Lynn Thomas is 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 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 2ND day of MAY, 1994.

[Signature]
NOTARY PUBLIC

" OFFICIAL SEAL "
JEFFREY S. BRAIMAN
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 2/25/96

This instrument was prepared by: Braiman and Samuels, 4256 N. Arlington Heights Road, Arlington Heights, IL 60004

Mail to:
Ron Hankin
313 N. Quentin Rd.
Palatine, IL 60067

Send Subsequent Tax Bills to:
Louis Ruffolo
Carl Colletti
1277 Earl
Des Plaines, IL 60018

CLOSE:03:FLORY.DED

Cook County
REAL ESTATE TRANSACTION TAX
REVENUE
MAY-8'94
60.00

27.50 FM

STATE OF ILLINOIS
REAL ESTATE TAX CLERK
DEPT. OF REVENUE
1994

ORDER NO. 633905
ORDER & DEATH CERTIFICATE ATTACHED

STATE OF ILLINOIS
NOTARY PUBLIC
JEFFREY S. BRAIMAN

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ORDER ADMITTING WILL TO PROBATE AND APPOINTING REPRESENTATIVE

(Rev. 6-89) CCP-319

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, PROBATE DIVISION

Estate of

Margaret Mary Flory

Deceased

No.

94P001700

Docket

011

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ORDER ADMITTING WILL TO PROBATE AND APPOINTING REPRESENTATIVE

On petition for admission to probate of the will of the decedent and for issuance of letters of office, the will having been proved as provided by law;

IT IS ORDERED THAT:

- The will of Margaret Mary Flory dated September 2nd, 1981 (and codicil dated , 19) be admitted to probate;
- Letters of office as independent executor (executor) (independent executor) (administrator with will annexed) (independent administrator with will annexed) issue to Lynn Thomas
- The representative file an inventory within 60 days.

ENTER:

Judge

Judge's No.

Atty Name: Jeffrey S. Braiman
Firm Name: Braiman & Samuels
Attorney for Petitioner
Address: 4256 N. Arlington Heights Road
City & Zip: Arlington Heights, 60004
Telephone: (708) 577-8870
Atty No.: 12256

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

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*Strike if independent administration.

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STATE OF ILLINOIS

STATE FILE NUMBER

REGISTRATION DISTRICT NO.	160
REGISTERED NUMBER	

MEDICAL CERTIFICATE OF DEATH

DECEASED NAME	FIRST MIDDLE LAST	SEX	DATE OF DEATH
1	MARGARET M FLORY	2 FEMALE	3 DECEMBER 30, 1993

COUNTY OF DEATH	AGE - LAST BIRTHDAY	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH
4 COOK	5a 62	5b	5c	5d DECEMBER 10, 1931

CITY TOWN TWP. OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION NAME IF NOT EITHER ONE STREET AND NUMBER	CLASS OF DEATH
6a PARK RIDGE	6b LUTHERAN GENERAL HOSPITAL	6c INPATIENT

BIRTHPLACE CITY AND STATE OR FOREIGN COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME & WIFE)	WAS DECEASED EVER A NAMED FORCE? (YES/NO)
7 ILLINOIS	8a DIVORCED	8b NONE	9 NO

SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY) HIGHEST GRADE COMPLETED
10 354-24-5940	11a HOMEMAKER	11b OWN HOME	12 12 yrs

RESIDENCE STREET AND NUMBER	CITY TOWN TWP. OR ROAD DISTRICT NO	INSIDE CITY (YES/NO)	COUNTY
13a 1277 EARL	13b DES PLAINES	13c YES	13d COOK

STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY) YES SPECIFY CUBAN, MEXICAN, AMERICAN
13e ILLINOIS	17 60018	14a WHITE	14b X NO YES SPECIFY

FATHER NAME FIRST MIDDLE LAST	MOTHER NAME FIRST MIDDLE LAST
15 JOSEPH AUBREY	16 IRENE DIEBALL

INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP	MAILING ADDRESS (STREET AND NO OR P.O. BOX) CITY OR TOWN STATE ZIP
17a CLAUDIA JAMES REGISTRAR	17b HOSP REC	17c 1775 DEMPSTER PARK RIDGE, ILL

18. PART I. Enter the disease or condition that caused the death. Do not enter the mode of dying, such as CARDS or RESPIRATORY ARREST. Specify the site of the lesion. List only one cause of death.

Immediate Cause (if not disease or condition resulting in death)	1. CHRONIC OBSTRUCTIVE PULMONARY DISEASE
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST	2. TUBERCULOSIS
19c	

PART II. Other important conditions contributing to death but not resulting in the underlying cause given in PART I.	AUTOPSY (YES/NO)	IF FEMALE, WAS THERE A PREGNANCY IN THE THREE MONTHS PRECEDING DEATH? (YES/NO)
20a HYPERTENSION, CUTANEOUS MULTIPLE LESIONS	19a NO	19b NO

DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION
20b	20c

DATE AND TIME (MONTH DAY YEAR) WHEN LAST SAW HIM/HER ALIVE ON	21a 12/30/93	21b WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	21c HOUR OF DEATH
21c		21d NO	21e 7:30 PM

22. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a SIGNATURE	22b DATE SIGNED
<i>[Signature]</i>	22b 12/31/93

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	ILLINOIS LICENSE NUMBER
22c HAROLD BECKER 1875 DEMPSTER PARK RIDGE	22d 031-061027-1

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)	23

BURIAL CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY - NAME	LOCATION	CITY OR TOWN	STATE	DATE (MONTH DAY YEAR)
24a CREMATION	24b ACACIA PARK CEM.	24c CHICAGO	ILLINOIS		24d JAN. 3, 1994

FUNERAL HOME	NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	ZIP
25a	OEHLER FUNERAL HOME	555 LEE STREET	DES PLAINES	ILL.	60016

FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
<i>[Signature]</i>	25c 14220

LOCAL HEALTH DEPARTMENT (NAME)	DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)
26a	26b Jan. 3, 1994

19200 (Rev. 5/83) Illinois Department of Public Health - Division of Vital Records (BASED ON 1968 U.S. STANDARD CERTIFICATE)

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