

UNOFFICIAL COPY

WARRANTY DEED—Joint Tenancy—State of Illinois (Includes 1/4, 1/2, 3/4, and Full)

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.

94706315

THE GRANTOR Geraldine Adams, a widow

DEPT-11

\$25.50

of the City of Chicago County of Cook State of Illinois for and in consideration of Ten and no/100 DOLLARS (\$10.00) in hand paid, CONVEY S and WARRANT S to Calvin/Lyons and Darlene Lyons, 5638 S. Prairie, Chicago, Illinois 60637-1217.

T#0013 TRAN 7641 08/10/94 11:42:09 #0489 # CT # 74-706315 COOK COUNTY RECORDER -94-706315

(The Above Space For Recorder's Use Only)

(NAMES AND ADDRESS OF GRANTEES)

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 38 in Block 5 in Second Roseland Heights Subdivision of East two Thirds of the Northwest Quarter of Section 10, Township 37 North, Range 14, East of the third Principal Meridian, in Cook County, Illinois.

COOK CO. REC. 413 057509



STATE OF ILLINOIS REAL ESTATE TRANSFER TAX DEPT OF REVENUE MAY 19 1994 97.50

8-16-94 Cook County REAL ESTATE TRANSACTION TAX REVENUE STAMP MAY 19 1994 \$46.75

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.

Property Index Number (PIN): 25-10-101-036

Address(es) of Real Estate: 9534 S. Indiana Avenue Chicago, Illinois 60628

DATED this 28th day of July 1994

Geraldine Adams (SEAL) Geraldine Adams

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 Geraldine Adams, a widow

OFFICIAL SEAL: WARREN LEE NEWELL, JR. 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 own 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 28th day of July 1994

Commission expires January 8, 1995

This instrument was prepared by W. Lee Newell, Jr., Attorney At Law 134 Pulaski Road, Calumet City, IL. 60409

SEND SUBSEQUENT TAX BILLS TO:

MAIL TO: MICHAEL SANVELS (Name) 720 OSTERMAN AVE (Address) DEERFIELD, ILLINOIS (City, State and Zip)

Calvin Lyons (Name) 9534 S. Indiana Avenue (Address) Chicago, Illinois 60628 (City, State and Zip)

OR RECORDER'S OFFICE BOX NO.

*If space is insufficient, use reverse side.

REVENUE STAMPS HERE

94706315

25.50 DN

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7110111-001

Property of Cook County

★ 3
★ 2
★ 1
★ 0
CITY OF CHICAGO
REAL STATE TRANSACTION TAX
DEPT. OF REVENUE MAY 19 84
8-10-90



Office

94706315

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 1 OCT. 16, 84 signed Salita Maxwell
At Cook County Department of Public Health Official Title Chief Deputy Registrar
1500 E. Maybrook Drive, Maywood, Illinois 60153

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

NUMBER

DATE OF DEATH

LOCATION, DAY, YEAR

REGISTRATION DISTRICT NO. 16-0 REGISTERED NAME LOCK SEX W LAST NAME ADAMS SEX MALE DATE OF BIRTH SEPT. 27, 1920 COUNTY OF DEATH COOK

1. NAME OF DECEDENT LOCK SEX W RACE BLACK DATE OF DEATH 10/13/84 COUNTY OF DEATH COOK

2. LA GRANGE CHICAGO ILLINOIS

3. MISSISSIPPI U S A

4. SOCIAL SECURITY NUMBER 427-24-0957 USUAL OCCUPATION Laboratory

5. RESIDENCE STREET AND NUMBER 9534 SO. INDIANA CITY, TOWN OR VILLAGE CHICAGO COUNTY COOK STATE ILLINOIS

6. FATHER - NAME HUGH MOTHER - MARIEN NAME EASTER TAYLOR

7. DEATH WAS CAUSED BY cardiac arrest and circulatory collapse

8. DATE OF CREATION 10/12/84 MAJOR FINDINGS OF CREATION massive subdural hemorrhage

9. ILLINOIS NOTARIAL PUBLIC NO. 706315 EXPIRES 10/13/84 HOUR OF DEATH 2:15

10. NAME OF ATTENDING PHYSICIAN MICHAEL V. MORROW, M.D. LA GRANGE, ILL. 60525

11. BUREAU OF VITAL RECORDS - CHICAGO ILLINOIS

12. LOCAL REGISTRAR Salita Maxwell DATE OF LOCAL REGISTRATION 10/18/84

13. REGISTRAR Salita Maxwell

14. A.A. RAYNER & SONS 318 EAST 71ST STREET CHICAGO ILLINOIS 60619

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