

94881575

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(S)

ORA LEE REYNOLDS, a widow

Death Certificate attached

of the City Village of \_\_\_\_\_ County of Cook  
State of Illinois for the consideration of  
\$1.00 DOLLARS,  
and other good and valuable considerations 0  
\_\_\_\_\_ in hand paid,

CONVEY(S) \_\_\_\_\_ and QUIT CLAIM(S) X to

Eugenia Clark  
21834 Peterson Sauk Village, Illinois  
(NAME AND ADDRESS OF GRANTEE)

all interest in the following described Real Estate, the real estate situated in Cook County, Illinois,  
commonly known as 21834 Peterson, Sauk Village, Ill., (st. address) legally described as:

Lot 39 (excepting therefrom the East 79.50 feet) in Block 1 in Surreybrook  
First Addition, being a subdivision of part of the Southwest 1/4 of Section  
25, Township 35 North, Range 14 East of the Third Principal Meridian, in  
Cook County, Illinois.

Subject to first mortgage of Fleet Mortgage Company. Subject to liens if any.  
Fully aware of equity build up and this is a gift with no consideration.  
Subject to property taxes.

Exempt under Real Estate Transfer Tax Act Sec. 4

E & Cook County Ord. 93101 Par E  
10-14-94 Eugenia Clark

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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): 32-25-320-037

Address(es) of Real Estate: 21834 Peterson Sauk Village Il

DATED this: 20th day of September 19 94

PLEASE PRINT OR TYPE NAME(S) BELOW SIGNATURE(S)  
\_\_\_\_\_  
(SEAL) \_\_\_\_\_ (SEAL)  
Ora Lee Reynolds (SEAL) \_\_\_\_\_ (SEAL)  
Ora Lee Reynolds,

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

Ora Lee Reynolds, a widow

IMPRESS  
SEAL  
HERE

personally known to me to be the same person whose name \_\_\_\_\_ subscribed  
to the foregoing instrument, appeared before me this day in person, and acknowl-  
edged that \_\_\_\_\_ 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 20th day of September 19 94

OFFICIAL SEAL  
Commission expires \_\_\_\_\_  
HATTIE M. CALLOWAY  
NOTARY PUBLIC  
This instrument was prepared by: \_\_\_\_\_  
(NAME AND ADDRESS)

MAIL TO: { Eugenia Clark (Name)  
21834 Peterson (Address)  
Sauk Village, Illinois (City, State and Zip)

SEND SUBSEQUENT TAX BILLS TO:  
Eugenia Clark (Name)  
21834 Peterson (Address)  
Sauk Vilalge, Illinois (City, State and Zip)

2550

AFIX "RIDERS" OR REVENUE STAMPS HERE

UNOFFICIAL COPY

Quit Claim Deed

INDIVIDUAL TO INDIVIDUAL

TO

GEORGE E. COLE  
LEGAL FORMS

Property of Cook County Clerk's Office

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STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 6-24  
 REGISTERED NUMBER  
 DECEASED-NAME FIRST MIDDLE LAST  
 1 COUNTY OF DEATH Reynolds  
 2 SEX Male  
 3 DATE OF BIRTH MONTH DAY YEAR March 31, 1994  
 4 CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER UNDER DAY HOURS SC  
 5A 64  
 5B  
 6A HOSPITAL OR OTHER INSTITUTION NAME IF NOT IN 6B (STREET AND NUMBER)  
 6B Ingalls Memorial Hospital  
 7 MARRIAGE STATUS (MARRIED, DIVORCED, SEPARATED, SINGLE)  
 8a Married  
 8b  
 9 SOCIAL SECURITY NUMBER  
 10 428-38-3089  
 11a USUAL OCCUPATION  
 11b Minister  
 12 RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD/DISTRICT NO. INSIDE CITY (YES/NO) 13c YES 13d COUNTY  
 13a 1641 216th place 13b Cook  
 13c YES 13d Cook  
 14a FATHER-NAME FIRST MIDDLE LAST 14b M NO YES SPECIFY MOTHER-NAME FIRST MIDDLE LAST  
 15 Bealey Reynolds Celcia Crask  
 16 INFIRMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR P.O. CITY OR TOWN, STATE, ZIP)  
 17a Karen Weyer Medical Records None 17b One Ingalls Dr. Harvey, IL  
 18 PART I. Immediate Cause (final disease or condition resulting in death) Enter the diseases, or complications, that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.  
 (a) Cardiac and Respiratory Arrest  
 DUE TO OR AS A CONSEQUENCE OF  
 (b) Chronic Atrial Fibrillation, Congestive Heart Failure  
 DUE TO OR AS A CONSEQUENCE OF  
 (c) Metastatic Carcinoid Tumor, Adenocarcinoma of Colon  
 PART II. Other significant conditions contributing to death but not resulting in the underlying cause (PART I)  
 DATE OF OPERATION (ANY MAJOR FINDINGS OF OPERATION)  
 20a Mar. 24, 1994 Adenocarcinoma of the Colon  
 (100) (INDICATE WHETHER THE DECEASED WAS OPERATED ON) MONTH DAY YEAR  
 21a March 30, 1994  
 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED  
 22a SIGNATURE (TYPE OR PRINT) DATE SIGNED MONTH DAY YEAR  
 22b Dr. Girma B. Assefa 3/31/94  
 23 NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER  
 23a Dr. Girma B. Assefa River Oaks Center Calumet Cit IL 60409  
 23b 36-78388  
 24a RITUAL BURIAL CREMATION (SPECIFY) LOCATION CITY OR TOWN STATE DATE MONTH DAY YEAR  
 24b RITUAL 24c Washington 24d HOMERWOOD, Illinois 24e 04-05-94  
 25a N.W. Holt Funeral Home 175 West 159th Street Harvey, Illinois 60426  
 25b LOCAL REGISTRAR'S SIGNATURE FURNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER  
 25c 10997

I HEREBY CERTIFY THAT the foregoing is true and correct copy of the DEATH record for the person named therein and that this record was established and filed in my office in accordance with provisions of the ILLINOIS STATUTES relating to the registration of BIRTHS, STILLBORNS AND DEATHS.

DATED APR 04 1994 AT HARVEY, ILLINOIS. SIGNED [Signature] LOCAL REGISTRAR

The original of this record is permanently filed with the Illinois Dept. of Public Health in Springfield, Illinois, County Clerks and Local Registrars are authorized to make certification from copies of the original record. The Illinois Statutes further provided that certification of a DEATH record by the Dept. of Public Health of the Local Registrar of the County Clerk shall be prima facie evidence in all courts and places of the facts therein stated.

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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 9-20, 1994 Signature: Vera Lee Reynolds  
Grantor or Agent

Subscribed and sworn to before me by the said Vera Lee Reynolds this 24 day of Sept, 1994.  
Notary Public Sandra James



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 9-20, 1994 Signature: Eugenia Clark  
Grantee or Agent

Subscribed and sworn to before me by the said Eugenia Clark this 27 day of Sept, 1994.  
Notary Public Sandra James



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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