

UNOFFICIAL COPY

QUITCLAIM DEED
Single Party (ILLINOIS)
(Individual to Individual)

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94908443

THE GRANTOR

of the State of _____ at _____ County of _____
for the consideration of _____
DOLLARS,
in hand paid.

DEPT-01 RECORDING \$25.50
T#7777 TRAN 9600 10/24/94 10:22:00
#4290 # DW #-94-906443
COOK COUNTY RECORDER

CONVEY and QUIT CLAIM to _____

(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 _____ in the State of Illinois, to wit:

94908443

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): # 20-20-425-018-0000 Vol # 430
Address(es) of Real Estate: _____

DATED this _____ day of _____ 19____
PLEASE PRINT OR TYPE NAME(S) BELOW SIGNATURE(S)
Debra J. [Signature] (SEAL) *Yvette Black* (SEAL)
Ch B. Parks (SEAL) *Julia A. Bailey* (SEAL)
Administrator - Estate

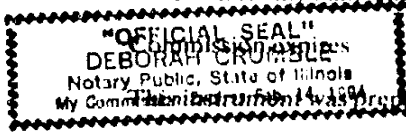
State of Illinois, County of _____ ss: I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that

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 acknowledged that he/she signed, sealed and delivered the said instrument as his/her free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Yvette Black appeared before me.

Given under my hand and official seal, this *21* day of *JANUARY* 19*93*



Deborah Crumble
NOTARY PUBLIC

(NAME AND ADDRESS)

MAIL TO

YVONNE MANNING
P.O. BOX 369017
CHICAGO, ILLINOIS 60636

SEND SUBSEQUENT TAX BILLS TO

same
(Name)

(Address)

(City, State and Zip)

OR

RECORDER'S OFFICE BOX NO

APPLX. RIDERS OR REVENUE STAMPS HERE
Exempt under Section 10-10-1 of the Tax Act Sec. 4
Par. 6 Cook County Cir. 9/16/94

Date October 24, 1994 signed Yvette Manning

25/20

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Quit Claim Deed

TO

GEORGE E. COLE,
LEGAL FORMS

94986

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 10-17, 1994 Signature: [Signature]
Grantor or Agent

Subscribed and sworn to before me by the said [Name] this 17th day of OCT, 1994.
Notary Public [Signature]

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 10-17, 1994 Signature: [Signature]
Grantee or Agent

Subscribed and sworn to before me by the said [Name] this 17th day of OCT, 1994.
Notary Public [Signature]

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.)

9496674

UNOFFICIAL COPY

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

SEP 23 1992

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.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

92000000

STATE FILE NUMBER 617241

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

REGISTRATION DISTRICT NO 16.10
REGISTERED NUMBER

DECEASED-NAME FIRST MIDDLE LAST Jeannie Bradshaw		SEX 2 Female	DATE OF DEATH (MONTH DAY YEAR) 3 September 20, 1992
CITY OF DEATH Cook		DATE OF BIRTH (MONTH DAY YEAR) 50 12-26-1943	
CITY/TOWN/TWP (CENSUS DISTRICT NUMBER) Chicago		DATE OF BIRTH (MONTH DAY YEAR) 50 12-26-1943	
BIRTHPLACE (CITY/TOWN/TWP AND STATE OR FOREIGN COUNTRY) Chicago		DATE OF BIRTH (MONTH DAY YEAR) 50 12-26-1943	
MARRIED (NEVER MARRIED, WIDOWED, RE-MARRIED) MARRIED		DATE OF BIRTH (MONTH DAY YEAR) 50 12-26-1943	
FURNITURE (NAME AND ADDRESS) 711A DAVIS ST		DATE OF BIRTH (MONTH DAY YEAR) 50 12-26-1943	
SOCIAL SECURITY NUMBER 10348-36-1760		DATE OF BIRTH (MONTH DAY YEAR) 50 12-26-1943	
RESIDENCE (STREET AND NUMBER) 10351 South Emerald		DATE OF BIRTH (MONTH DAY YEAR) 50 12-26-1943	
CITY/TOWN/TWP (CENSUS DISTRICT NUMBER) Chicago		DATE OF BIRTH (MONTH DAY YEAR) 50 12-26-1943	
STATE Illinois		DATE OF BIRTH (MONTH DAY YEAR) 50 12-26-1943	
FATHER'S NAME (FIRST MIDDLE LAST) NATHANIEL HUNTER		DATE OF BIRTH (MONTH DAY YEAR) 50 12-26-1943	
MOTHER'S NAME (FIRST MIDDLE LAST) JULIA RIVERS		DATE OF BIRTH (MONTH DAY YEAR) 50 12-26-1943	
RELATIONSHIP 17b Daughter		DATE OF BIRTH (MONTH DAY YEAR) 50 12-26-1943	
MAILING ADDRESS (STREET AND NO, CITY/TOWN/TWP, STATE) 1709 99th St, Beverly Hills, CA		DATE OF BIRTH (MONTH DAY YEAR) 50 12-26-1943	
IMMEDIATE CAUSE (IF AND AS TO CONDITION RESULTING IN DEATH) (a) Metastatic Breast Cancer		DATE OF BIRTH (MONTH DAY YEAR) 50 12-26-1943	
CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (B) STATING THE UNDERLYING CAUSE LAST (b) Due to OR AS CONSEQUENCE OF		DATE OF BIRTH (MONTH DAY YEAR) 50 12-26-1943	
PART II (These signatures constitute a contract, to be filed and retained in the jurisdiction where given in PART I) DATE OF OPERATION IF ANY 20b		DATE OF BIRTH (MONTH DAY YEAR) 50 12-26-1943	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE PLACE AND DUE TO THE CAUSE(S) STATED 21a		DATE OF BIRTH (MONTH DAY YEAR) 50 12-26-1943	
SIGNATURE OF ATTESTING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 22c Daniel G. Bruetman M.D., Chicago, Illinois		DATE OF BIRTH (MONTH DAY YEAR) 50 12-26-1943	
BIRTHPLACE (CITY/TOWN/TWP AND STATE OR FOREIGN COUNTRY) 24a		DATE OF BIRTH (MONTH DAY YEAR) 50 12-26-1943	
CITY/TOWN/TWP (CENSUS DISTRICT NUMBER) 24b EVERGREEN		DATE OF BIRTH (MONTH DAY YEAR) 50 12-26-1943	
STATE 24c EVERGREEN		DATE OF BIRTH (MONTH DAY YEAR) 50 12-26-1943	
FURNITURE (NAME AND ADDRESS) 25a A. R. LEAK FUNERAL HOME, 7838 Sa. Cottage, Chicago, IL 60619		DATE OF BIRTH (MONTH DAY YEAR) 50 12-26-1943	
SIGNATURE OF FURNERAL DIRECTOR 25b		DATE OF BIRTH (MONTH DAY YEAR) 50 12-26-1943	
SIGNATURE OF REGISTRAR 25c		DATE OF BIRTH (MONTH DAY YEAR) 50 12-26-1943	

BASED ON THE STATE'S MEDICAL CERTIFICATE

Illinois Department of Public Health - Division of Vital Records