

UNOFFICIAL COPY

94975024

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)
CARRIE ANDERSON A WIDOW AND NOT SINCE
 REMARRIED
 of the City of Des Plaines County of Cook
 State of Illinois for and in consideration of
Ten and no/100 (\$10.00) DOLLARS,
 and other good and valuable considerations
 In hand paid,
 CONVEY(S) and WARRANT(S) to
DeVerne Anderson, Leroy Anderson and Loen Anderson
1060 S. Wolf Road, Des Plaines, Illinois

DEPT-11 125.60
 T40013 TRAN 1169 11/16/94 14:37:00
 #2157 *AP *94-975024
 COOK COUNTY RECORDER

(The Above Space For Recorder's Use Only)

(NAMES AND ADDRESS OF GRANTEE(S))
 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:
Ten Twenty Five----- (25)

IN ALFINI'S SECOND ADDITION to Des Plaines, being a Subdivision of part of the
 East 180 feet of the West Half (1/2) of the North East Quarter (1/4) of Section
 19, Township 41 North, Range 12, East of the Third Principal Meridian, according
 to the Plat thereof registered as Document Number 1355681.

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.
 SUBJECT TO: covenants, conditions, and restrictions of record,

Document No.(s) _____; and to General Taxes 94975024
 for 1994 and subsequent years.

Permanent Real Estate Index Number(s): 09-19-215-057
 Address(es) of Real Estate: 1060 S. Wolf Road, Des Plaines, Illinois

DATED this 10th day of November, 1994

PLEASE _____ (SEAL) CARRIE C. ANDERSON (SEAL)
 PRINT OR _____
 TYPE NAME(S) _____
 BELOW _____ (SEAL) _____ (SEAL)
 SIGNATURE(S) _____

Death Certificate Attached

EXEMPT UNDER REAL ESTATE TRANSFER TAX ACT §20.4
 Par. 6-2 & Cook County Ord. 95104 Par. 4
 Date 11/10/94
 Sign. [Signature]
 City of Des Plaines # 70 44

Notary Public in and for
 Cook County, in the State aforesaid, DO HEREBY CERTIFY that
CARRIE ANDERSON, A widow and not since remarried,
 personally known to me to be the same person whose name is subscribed
 to the foregoing instrument, appeared before me this day in person, and acknowl-
 edged 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 10th day of November, 1994
 Commission expires _____ 19____
 NOTARY PUBLIC

This instrument was prepared by Donald W. Kuntz, 900 E. Northwest Hwy, Mt. Prospect, IL
 (NAME AND ADDRESS)

MAIL TO: { Donald W. Kuntz (Name)
 900 E. Northwest Hwy (Address)
 Mt. Prospect, IL 60056 (City, State and Zip)

SEND SUBSEQUENT TAX BILLS TO:
 _____ (Name)
 _____ (Address)
 _____ (City, State and Zip)

OR RECORDER'S OFFICE BOX NO. _____

2550

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Warranty Deed
JOINT TENANCY
INDIVIDUAL TO INDIVIDUAL

TO

GEORGE E. COLE
LEGAL FORMS

Property of Cook County Clerk's Office

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9 4 9 7 5 0 2 4

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 11-8, 19 94

SIGNATURE

[Signature]
Grantor of Agent

Subscribed and sworn to Before
me by the said
this 14th day of November,
19 94
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 11-8, 19 94 94375024

SIGNATURE

[Signature]
Grantee of Agent

Subscribed and sworn to Before
me by the said
this 14th day of November,
19 94
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.)

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Property of Cook County Clerk's Office

REGISTRAR'S SMITH NO.

STATE OF ILLINOIS

STATE FILE NUMBER

REGISTRATION NO. *1602*
DISTRICT NO.

MEDICAL CERTIFICATE OF DEATH

REGISTRATION NUMBER *1602* NAME *Anderson* SEX *Male* DATE OF DEATH - MONTH OR YEAR *June 30, 1988*

DATE OF BIRTH - MONTH OR YEAR *May 18, 1912* COUSIN OF DEATH *None*

RACE *White* ETHNIC OR RACE ORIGIN *Danish* AGE - LAST BIRTHDAY *76* DATE OF BIRTH - MONTH OR YEAR *May 18, 1912*

CITY, TOWNSHIP OR RURAL DISTRICT NUMBER *Des Plaines* HOSPITAL OR OTHER INSTITUTION - NAME IF NOT A HOME OR OTHER PLACE OF USUAL RESIDENCE *Holy Family Hospital*

DATE OF BIRTH - IF NOT USA *North Dakota* COUNTRY OF BIRTH COUNTRY *U.S.A.*

STATE SECURITY NUMBER *504-10-1585* SOCIAL SECURITY NUMBER *504-10-1585*

ADDRESS - STREET AND NUMBER *1060 South Wolf Road* CITY, TOWNSHIP OR RURAL DISTRICT NUMBER *Des Plaines*

RELIGION *Evil* MARRIED *Yes* MARRIAGE ADDRESS (STREET AND NO. OR R.F.D. NO. OR R.F.D. NO. OR R.F.D. NO.) *4060 S. Wolf Rd. Des Plaines, Illinois*

DEATH WAS CAUSED BY *Advanced Intractable Carcinoma of the Cervix and Cervical Lymph Nodes*

DOE TO OR AS A CONSEQUENCE OF *Investigation with cytotoxic jaundice*

DATE OF OPERATION, IF ANY *6-17-88* REASON FOR USE OF OPERATION *OS above*

NAME AND ADDRESS OF OPERATOR *M.S. Shindorfar 1769 Oaklawn Des Plaines*

LOCAL REGISTRAR'S SIGNATURE *Karen L. Scott, M.D.*

DATE RECEIVED BY LOCAL REGISTRAR *July 1, 1988*

LOCAL REGISTRAR'S SIGNATURE *Karen L. Scott, M.D.*

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DATE RECEIVED BY LOCAL REGISTRAR *July 1, 1988*

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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 *June 24, 1988* (REGISTER SEAL)

Signed *[Signature]*

at Cook County [Signature] Public Health, Chief Deputy

2005464

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STATE OF SOUTH DAKOTA COUNTY OF MOODY ss

Filed for record this 24 day of May A.D. 1989, at 10:25
o'clock A. M and recorded in Book 46 of 1989, Page 451-453

DEPUTY

[Signature]
REGISTER OF DEEDS

47.00

(REGISTER SEAL)