

UNOFFICIAL COPY

RELEASE OF ESTATE'S INTEREST IN REAL ESTATE

Decedent, MARGARET M. FRANK of 3106 W. 84th St. Chicago, IL 60629,
(name and address)

who died on December 31, 1988, owned the following described real estate at the time of death:

(date of death)
(INSERT LEGAL DESCRIPTION. If decedent had a partial interest, state the extent of the interest.)

19-36-301-041-0000
LOT FIFTY-FIVE (55) IN MULLEN'S BEVERLY HEIGHTS RESUBDIVISION, BEING A RESUBDIVISION OF PARTS OF BLOCK 1 AND 2 AND PARTS OF VACATED SOUTH TROY STREET IN RUBERT L. TAYLOR'S SUBDIVISION OF THE WEST 11.95 CHAINS OF THE SOUTHWEST QUARTER (1/4) OF SECTION 36, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, ACCORDING TO THE PLAT THEREOF RECORDED JANUARY 23, 1853, AS DOCUMENT 15532002 IN BOOK 408 OF PLATS, PAGE 8.

The real estate is commonly known as 3106 West 84th Street Chicago, Illinois 60629
(street address or other identification)

The undersigned was appointed independent representative of decedent's estate on June 6, 1989

by the Circuit Court of Cook County, County Department, Probate Division

(Case No. 89 P 4244, Docket 951, Page 363) and in acting as independent representative on the date of this instrument.

Title to the real estate passed at decedent's death to the following heirs or legatees:

Name	Address	Share
WILLIAM R. FRANK	9341 W. 147th St. Orland Park, IL 60462	1/5
MARGARET M. MITCHELL	11235 W. 157th St. Orland Park, IL 60462	1/5
MICHAEL E. FRANK	3106 W. 84th St. Chicago, IL 60629	1/5
JAMES J. FRANK, JR.	210 Spurway Dr. San Mateo, CA 94403	1/5
THOMAS A. FRANK	3106 W. 84th St. Chicago, IL 60626	1/5

Acting pursuant to §28-8(i) and §28-10(a) of the Illinois Probate Act of 1975, the undersigned releases the estate's interest in the real estate and confirms the title of the above heirs or legatees.

Dated: 2/5/90 90081053 William R. Frank
WILLIAM R. FRANK
(print name)
Independent Representative

This instrument prepared by Deborah L. Gibala, 400 Ravinia Place Orland Pk, IL 60462
(name and address)

Mailed to ROBERT J. BERANEK, 400 Ravinia Place Orland Park, IL 60462

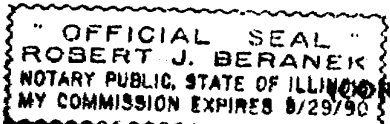
(INDIVIDUAL ACKNOWLEDGMENT)

State of Illinois
County of

The foregoing instrument was acknowledged before me on FEBRUARY 3, 1990

by WILLIAM R. FRANK
(date)

ROBERT J. BERANEK
(print name)
Notary public



(CORPORATE ACKNOWLEDGEMENT)

State of Illinois
County of

94135195

The foregoing instrument was acknowledged before me on _____
(date)

by _____
(name and title of officer or agent)

of _____
(name of corporation) (state or place of incorporation)
corporation, on behalf of the corporation.

(print name)
Notary public

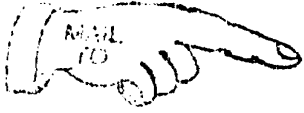
AURELIA PUCINSKI

CLERK OF THE CIRCUIT COURT OF COOK COUNTY

27.50

UNOFFICIAL COPY

90081053



ROBERT J KENNEDY
10450 S. WESTERN
CHICAGO, IL 60643

Property of Cook County Clerk's Office

DEPT-01 RECORDING \$13.25
TRAN 5005 02/21/90 16:13:00
#0283 \$ B **90-084053
COOK COUNTY RECORDER

DEPT-11 \$27.50
TRAN 3488 02/10/94 10:27:00
#6460 \$ EB **94-135195
COOK COUNTY RECORDER

30081053

94135195

90081053

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT AND NUMBER 16:33 731	DECEASED'S NAME James J. Frank	SEX Male	DATE OF BIRTH 2 Sept 26 1981
DECEASED'S RACE White	DECEASED'S ETHNIC ORIGIN Irish	DATE OF DEATH Feb 4 1905	PLACE OF DEATH Cook
CITY, TOWN, VILLAGE OR ROAD DISTRICT NUMBER Evergreen Park	HOSPITAL OR OTHER INSTITUTION Little Co Mary Hospital	DECEASED'S MARITAL STATUS Married	DATE OF MARRIAGE 14 DOA
STATE OF BIRTH Illinois	CITY OF BIRTH Chicago	DECEASED'S OCCUPATION Clerk	DECEASED'S SOCIAL SECURITY NUMBER 321-10-8196A
RESIDENCE STREET AND NUMBER 3106 W. 84th St.	CITY, TOWN, VILLAGE OR ROAD DISTRICT NUMBER Chicago	DECEASED'S US DEPARTMENT OF HEALTH IDENTIFICATION NUMBER Yes C	STATE Ill.
FATHER'S NAME Jacob	MOTHER'S NAME Elizabeth Hale	DECEASED'S RELIGION Catholic	DECEASED'S GRAVE OR INTERMENT PLACE 123106 W. 84th St. Chicago, Ill.
<p>17a. DEATH CAUSED BY</p> <p>18. CAUSE OF DEATH</p> <p>19. MANNER OF DEATH</p> <p>20. PERIOD OF ILLNESS</p> <p>21. PLACE OF DEATH</p> <p>22. SIGNATURE OF REGISTRAR</p> <p>23. SIGNATURE OF DECEASED'S NEAREST RELATIVE</p> <p>24. SIGNATURE OF LOCAL REGISTRAR</p> <p>25. SIGNATURE OF LOCAL REGISTRAR</p>			

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON 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 JANUARY 9, 1989
AT EVERGREEN PARK, ILLINOIS

REGISTRAR Annelle Thauer
DEPUTY REGISTRAR _____

94135195

UNOFFICIAL COPY

Property of Cook County Clerk's Office

UNOFFICIAL COPY

JAN 0 3 1989

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, LOUISE C. EDWARDS M.D. M.P.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 OF THE CITY OF CHICAGO
BY VIRTUE OF THE LAWS OF THE
STATE OF ILLINOIS AND THE
ORDINANCES OF THE CITY OF CHICAGO,
AND THAT THE ACCOMPANYING CERTIFICATE
ON THIS SHEET IS A TRUE COPY AS A
RECORD KEPT BY ME IN PURSUANCE OF
SAID LAWS AND ORDINANCES

84339195

THIS CERTIFIED COPY VALID
WHEN MULTICOLOR SEAL AND
BLUE SIGNATURE ARE AFFIXED

626174

MEDICAL CERTIFICATE OF DEATH

REGISTRATION NO. 16.10

STATE OF ILLINOIS

1. DECEASED NAME: FRANK FRANK SEX: MALE DATE OF BIRTH: DECEMBER 31, 1908 COUNTY OF BIRTH: COOK		2. PLACE OF BIRTH CHICAGO	
3. US BIRTH RECORD NO. 83 IRISH		4. DATE OF DEATH JULY 11 1905	
5. CITY OF DEATH CHICAGO		6. COUNTY OF DEATH COOK	
7. STATE OF DEATH ILLINOIS		8. CITY OF DEATH CHICAGO	
9. HOME ADDRESS 3106 W 84TH STREET		10. HOME ADDRESS 2701 W 68TH STREET CHICAGO ILLINOIS 60629	
11. OCCUPATION Homemaker		12. OCCUPATION COOK	
13. PLACE OF DEATH BOLY CROSS HOSPITAL		14. PLACE OF DEATH CHICAGO	
15. DEATH CAUSE Death myocardial infarction		16. DEATH CAUSE 8 day	
17. SIGNATURE OF PHYSICIAN Joseph W. Wright, M.D., M.P.A.		18. SIGNATURE OF PHYSICIAN Joseph W. Wright, M.D., M.P.A.	
19. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		20. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
21. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		22. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
23. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		24. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
25. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		26. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
27. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		28. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
29. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		30. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
31. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		32. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
33. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		34. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
35. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		36. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
37. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		38. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
39. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		40. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
41. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		42. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
43. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		44. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
45. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		46. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
47. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		48. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
49. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		50. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
51. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		52. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
53. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		54. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
55. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		56. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
57. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		58. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
59. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		60. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
61. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		62. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
63. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		64. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
65. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		66. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
67. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		68. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
69. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		70. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
71. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		72. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
73. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		74. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
75. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		76. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
77. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		78. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
79. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		80. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
81. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		82. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
83. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		84. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
85. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		86. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
87. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		88. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
89. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		90. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
91. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		92. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
93. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		94. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
95. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		96. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
97. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		98. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	
99. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.		100. SIGNATURE OF REGISTRAR Joseph W. Wright, M.D., M.P.A.	

UNOFFICIAL COPY

Property of Cook County Clerk's Office