

WARRANTY DEED
Joint Tenancy
Statutory (ILLINOIS)
(Individual to Individual)

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THE GRANTORS Chester J. Wojtan Jr. and
Linda Sue Wojtan **
*A BACHELOR ** A SPINSTER
of the City of Chicago County of Cook
State of Illinois for and in consideration of
Ten (10) DOLLARS
and other good and valuable consideration
CONVEYS and WARRANTS to

Elias F. Haddad and Jacklin Batarsch
A MARRIED MAN / A MARRIED WOMAN

(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:

Lot Thirteen (13) The North (1/2) of Lot Fourteen (14) In Block
Seven (7), in Hegewisch Subdivision of the South West Quarter (1/4)
of the North East Quarter (1/4) and the West 165.88 Feet of the
North 1152.3 feet of the South East Quarter (1/4) of the North
East Quarter (1/4) all in Section 31, Township 37 North, Range 15,
East of the Third Principal Meridian.

SUBJECT TO: Covenants, conditions, and restrictions of record;
General Real Estate Taxes for the year 1993 and subsequent years.

94313273

(The Above Space For Recorder's Use Only)

94313273

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.

Permanent Real Estate Index Number(s): 26-31-225-041-0000

Address(es) of Real Estate: 13332 S. Brandon Ave., Chicago, IL 60633

DATED this 24th day of March 1994

Chester J. Wojtan Jr. (SEAL) Linda Sue Wojtan (SEAL)
Chester J. Wojtan Jr. Linda Sue Wojtan

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
Chester J. Wojtan Jr., and Linda Sue Wojtan*
* A BACHELOR ** A SPINSTER
personally known to me to be the same person s whose name s subscribed
to the foregoing instrument, appeared before me this day in person, and acknowl-
edged that they signed, sealed and delivered the said instrument as their
free and voluntary act, for the uses and purposes therein set forth, including the
release and waiver of the right of homestead.

IMPRESS
SEAL
HERE

"OFFICIAL SEAL"
GEORGE M. PETRICH
Notary Public, State of Illinois
My Commission Expires JAN. 18, 1998

27th day of MARCH 1994

George M. Petrich
NOTARY PUBLIC

This instrument was prepared by George M. Petrich, 13402 S. Baltimore, Chicago IL 60633

DEATH CERTIFICATE ATTACHED

AFFIX "RIDERS" OR REVENUE STAMPS HERE



MAIL TO: { Atty Joseph M. Haddad (Name)
11714 S. Washington (Address)
Chicago, IL 60643 (City, State and Zip)

SEND SUBSEQUENT TAX BILLS TO:
Elias F. Haddad (Name)
13332 S. Brandon Ave (Address)
Chicago, IL 60633 (City, State and Zip)

23.50
JML

OR RECORDER'S OFFICE BOX NO.

UNOFFICIAL COPY

Warranty Deed

JOINT TENANCY
SEVERAL TO BE SEVERAL

TO

GEORGE E. COLE,
LEGAL FORMS

Property of Cook County Clerk's Office

37231036

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02201046

STATE OF ILLINOIS
STATE FILE NUMBER

REGISTRATION DISTRICT NO. **1631**

REGISTERED NUMBER **440**

MEDICAL CERTIFICATE OF DEATH

DECEASED'S BIRTH NO. _____

DECEASED'S NAME **VICTORIA S WOSTAN** SEX **FEMALE** DATE OF BIRTH **AUGUST 25, 1916**

COUNTY OF DEATH **COOK** LAST YEAR DIED **1991** DATE OF DEATH **DECEMBER 22, 1991**

CITY/TOWN/TWP. OR HONOLULUI DISTRICT NUMBER **Blue Island** HOSPITAL OR OTHER INSTITUTION WHERE DECEASED WAS TREATED **St. Francis Hospital**

RESIDENCE (STREET AND NUMBER) **10313-01-7720** CITY/TOWN/TWP. OR ROAD DISTRICT NO. **11** COUNTY **COOK**

RESIDENCE (CITY AND STATE) **Chicago, Illinois** HONOLULUI DISTRICT NO. **12** COUNTY **COOK**

EDUCATION **High School Graduate** OCCUPATION **Clerk**

RELIGION **Catholic** MARRIAGE STATUS **Widowed**

PREVIOUS MARRIAGES (NAME, DATE, PLACE) **None**

DATE OF BIRTH **8-25-1916** PLACE OF BIRTH **Chicago, Illinois**

DECEASED'S NAME (FIRST, MIDDLE, LAST) **Stanislaw Stolarz** RELATIONSHIP **Son**

DECEASED'S ADDRESS (STREET AND NUMBER) **1725 Meadwood Dr. Lockport, Ill.**

DECEASED'S CITY/TOWN/TWP. OR ROAD DISTRICT NO. **172** COUNTY **COOK**

DECEASED'S NAME (FIRST, MIDDLE, LAST) **Chester** RELATIONSHIP **Wife**

DECEASED'S ADDRESS (STREET AND NUMBER) **1725 Meadwood Dr. Lockport, Ill.**

DECEASED'S CITY/TOWN/TWP. OR ROAD DISTRICT NO. **172** COUNTY **COOK**

CAUSE OF DEATH **Acute Myocardial Infarction**

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE IN STATE (LIST UNDER LYING) **None**

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE IN STATE (LIST UNDER LYING) **None**

DATE OF DEATH **8-9-91** TIME OF DEATH **8:15 AM**

PLACE OF DEATH **Home**

TO THE BEST OF YOUR KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

NAME AND ADDRESS OF CERTIFIER **Dr. M. D. ...**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER **None**

DATE **8-15-91**

REGISTRAR'S NAME **...**

REGISTRAR'S ADDRESS **...**

DATE **August 19, 1991**

I HEREBY CERTIFY THAT THE foregoing is a true and correct copy of the DEATH RECORD for the decedent named at 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 **AUG 16 1991** SIGNED **[Signature]**

AT BLUE ISLAND ILLINOIS OFFICIAL TITLE LOCAL REGISTRAR