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WARRANTY DEED
JOINT TENANCY

MAIL TO:

Gene ~~ME~~ EICH
8720 Ferris Avenue
Morton Grove, IL 60053



NAME & ADDRESS OF TAXPAYER:

Leonid Berman
8901-C Washington Street
Niles, IL 60714

SENT - 11 TENRENS \$15.50
TRAY 8665 10/12/95 11:09:00
#5226 101 H-95-692754
COOK COUNTY RECORDER

95692754

GRANTOR(S), Lorraine Morgan, a widow of Des Plaines, in the County of Cook, in the State of IL, for and in consideration of Ten Dollars (\$10.00) and other good and valuable consideration in hand paid, CONVEY(S) and WARRANT(S) to the GRANTEE(S), Leonid Berman and Sophia Berman, Husband and Wife of 4820 Conrad, Apt. 205, Skokie, in the County of Cook, in the State of IL, not as TENANTS IN COMMON but as JOINT TENANTS, the following described real estate:

See Legal Description Attached

95692754

Permanent Index No:
09-13-319-084

Property Address: 8901-C Washington Street, Niles, IL 60714-1701

SUBJECT TO: (1) General real estate taxes for the year 1994 and subsequent years. (2) Covenants, conditions and restrictions of record.

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 as TENANTS IN COMMON but as JOINT TENANTS forever.

DATED this 2nd day of October, 1995.

Lorraine Morgan
Lorraine Morgan

STATE OF ILLINOIS

COUNTY OF COOK

) The foregoing instrument was acknowledged
) before me this October 2, 1995 by
Lorraine Morgan, a widow



[Signature] Notary Public

My commission expires _____

COUNTY - ILLINOIS TRANSFER STAMPS

Exempt Under Provision of
Paragraph _____ Section 4,
Real Estate Transfer Act
Date: _____

Prepared By:
Elliott R. Levine
1300 Woodfield Road, Suite 202
Schaumburg, IL 60173

Signature: _____

MI

2550
at

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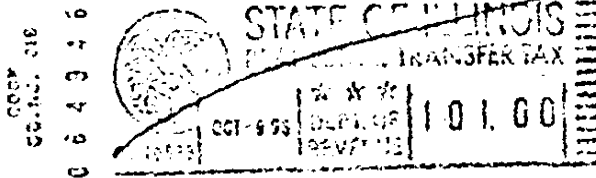
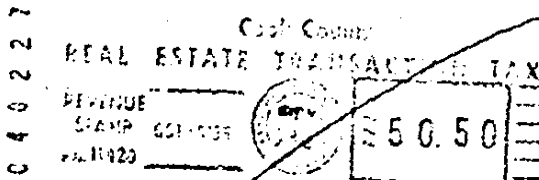
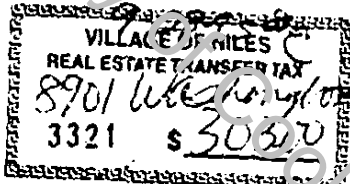
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The East Nineteen and Fifty one-hundredths (19.50) feet of the West Eighty Six and Ninety Five one-hundredths (86.95) feet of Lot Eight (8) (as measured along the South line thereof, the East Line and West line of Said Tract taken at right angles to said South Line of Lot Eight (8))

In Niles Terrace Fourth Addition, being a Subdivision of part of the West 542.47 feet of the South Half (1/2) of the Southwest Quarter (1/4) of Section 13, Township 41 North, Range 12, East of the Third Principal Meridian, according to Plat thereof registered in the Office of the Registrar of Titles of Cook County, Illinois, on March 25, 1959, as Document Number 1851107.

PERMANENT INDEX NUMBER: 09-13-319-084



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DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.05	STATE OF ILLINOIS		STATE FILE NUMBER
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH		
DECEASED - NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH MONTH DAY YEAR	
1. LARRY A MORGAN		2. MALE	3. FEBRUARY 6 1995	
COUNTY OF DEATH		AGE - LAST BIRTHDAY (MM DD)	UNIFORM YEAR	UNIFORM DAY
4. COOK		5a. 61	5b. 95	5c. 12
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION - NAME OF NOT IN EITHER, GIVE STREET AND NUMBER		IF HOSP. OR INST. SPECIFY B.D. # - INPATIENT
6a. PARK RIDGE		6b. LUTHERAN GENERAL HOSPITAL		6c. INPATIENT
BIRTHPLACE CITY AND STATE OF FOREIGN COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MADEIR NAME, IF WED)	
7. ILLINOIS		8a. MARRIED	8b. Lorraine Holberg	
SOCIAL SECURITY NUMBER		URINAL OCCUPATION	IND OF BUSINESS OR INDUSTRY	EDUCATION (SCHOOL ONLY - HIGH SCHOOL COMPLETE)
10. 350 24 2409		11a. Self Employed	11b. Elec/Heating	12. 12
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY
13a. 9130 NORTH GREENWOOD		13b. DES PLAINES	13c. Yes	13d. COOK
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES SPECIFY CUBAN, MEXICAN, PORTUGUESE, etc.)
13a. ILLINOIS		13c. 60016	14a. White	14b. NO 14c. YES SPECIFY:
FATHER - NAME FIRST MIDDLE LAST		MOTHER - NAME FIRST MIDDLE LAST	GRANDFATHER LAST	
15. Ed Morgan		16. Sadelle Klotz		
EMPLOYER'S NAME (TYPE OR ADDR)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP)	
17a. EDITH PETER / REGISTRAR		17b. HOSP REC	17c. 1775 DEMPSTER ST. PARK RIDGE IL 60068	
18. PART I		2. For use by doctor or coroner that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		
Immediate Cause (Final disease or condition resulting in death)		1. Gram-negative Septic Shock 1 day		
CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) Metastatic Pancreatic Carcinoma 5 mos		
PART II. Only detailed by doctor completing a form but not written in handwriting of doctor (PART I)		AUTOPSY (YES/NO) 19a. NO 19b. YES		
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FOUND, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>
20a.		20b.		20c.
11001 WHO NOTIFIED THE DECEASED AND LAST SAW (NAME ALIVE ON)		21a. 2-5-95	WAS CORONER OR MEDICAL EXAMINER NOTIFIED (YES/NO) 21b. NO	HOUR OF DEATH 21c. 1:30 A. M.
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED MONTH DAY YEAR 22b. 2-6-95		
SIGNATURE 22a. Bruce R. Kaden		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. BRUCE KADEN M.D. 1875 Dempster Park Ridge, IL		ILLINOIS LICENSE NUMBER 22d. 636-056642
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.		NOTE: IF AN HEARINGS INVOLVED IN THE DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
FUNERAL CREMATION REMOVAL (PRINT)		CEMETERY OR CREMATORY - NAME	LOCATION CITY OR TOWN STATE	DATE MONTH DAY YEAR
24a. Entombment		24b. Shalom Memorial Park	24c. Palatine, Illinois	24d. Feb. 8, 1995
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE		FURNAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
25a. Shalom Memorial Park 9200 N. Skokie Blvd. Skokie, Illinois 60077		25c. 036-012372		
LOCAL REGISTRAR (NAME AND ADDRESS) 26a. EVANSTON REGISTRAR		DATE FILED BY LOCAL REGISTRAR MONTH DAY YEAR 26b. Feb 9 1995		

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 Vital Records Act.

DATE **FEBRUARY 7, 1995** SIGNED **David I. Jacobson** LOCAL REGISTRAR

AT **EVANSTON** Illinois OFFICIAL TITLE

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

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