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GEORGE E. COLE
LEGAL FORMS

No. 822
November 1994

1 3 2 2

QUIT CLAIM DEED
Statutory (Illinois)
(Individual to Individual)

95182266

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) ANDREW PAIGE & FANNIE PAIGE
of the City _____ of Chicago County of COOK
State of ILLINOIS for the consideration of _____
_____ DOLLARS,
and other good and valuable considerations _____
_____ in hand paid,
CONVEY(S) _____ and QUIT CLAIM(S) _____ to

DEPT-01 RECORDING 129.50
745266 TRAN 8465 03/17/95 12:52:00
47452 + LC: * - 95 - 182266
COOK COUNTY RECORDER

95182266

Above Space for Recorder's Use Only

Phyllis Ann Paige
(Name and Address of Grantee)

all interest in the following described Real Estate, the real estate situated in COOK County, Illinois, commonly known as 5002 WEST OTTIO, (st. address) legally described as:

LOT 143 in the Subdivision of the North half of the East half of the west half of the Northeast Quarter of the Section 9, Township 39 North, Range 13, East of the third Principal ~~Meridian~~ meridian (except the north 379.75 feet thereof) ~~in~~ in Cook County, ~~Illinois~~ Illinois

OK
DL hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Law of the State of Illinois. Permanent Real Estate Index Number(s): 110-09-213-043-0000
Address(es) of Real Estate: 5002 WEST OTTIO STREET

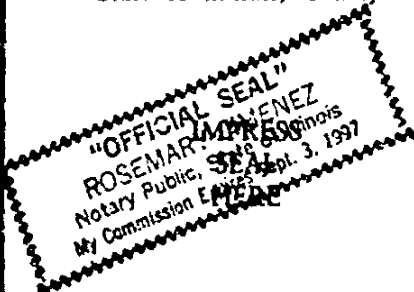
DATED this: _____ day of _____ 19____

Please print or type name(s) below signature(s)

Phyllis Ann Paige (SEAL) _____ (SEAL)
Phyllis Ann Paige _____ (SEAL) _____ (SEAL)

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

Phyllis Ann Paige
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 acknowledged that _____ h _____ signed, sealed and delivered the said instrument as _____ free and voluntary act for the uses and purposes therein set forth, including the release and waiver of the right of homestead.



Rosemary Jimenez

Phyllis Ann Paige

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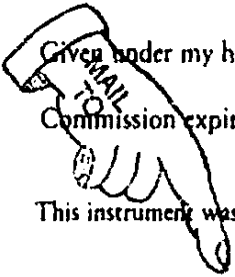
Quit Claim Deed INDIVIDUAL TO INDIVIDUAL

GEORGE E. COLE®
LEGAL FORMS

TO

Property of Cook County Clerk's Office

99203156



Given under my hand and official seal, this _____ day of _____ 19 _____

Commission expires _____ 19 _____

NOTARY PUBLIC

This instrument was prepared by _____

(Name and Address)

MAIL TO:

(Name)
PHYLLIS PAIGE
(Address)
5002 W OHIO
CHICAGO IL 60644
(City, State and Zip)

SEND SUBSEQUENT TAX BILLS TO:

Same

(Name)

(Address)

(City, State and Zip)

OR RECORDER'S OFFICE BOX NO. _____

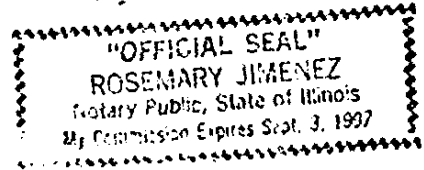
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95132266
STATEMENT BY GRANTOR AND GRANTEE

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 3-17, 1995 Signature: Phyllis Paige
Grantor or Agent

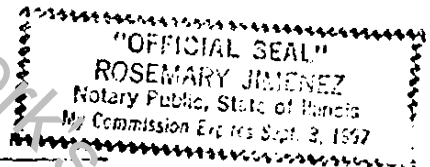
Subscribed and sworn to before me by the said PERSON this 17th day of March, 1995.
Notary Public Rosemary Jimenez



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 3-17, 1995 Signature: Phyllis Paige
Grantee or Agent

Subscribed and sworn to before me by the said PERSON this 17th day of March, 1995.
Notary Public Rosemary Jimenez



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.)

95132266

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Property of Cook County Clerk's Office

95457200

REGISTERED NUMBER 16.10

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
606352

DECEASED NAME: FANNIE MAE PAIGE
FIRST MIDDLE LAST
SEX: FEMALE
DATE OF BIRTH: JANUARY 29, 1926
DATE OF DEATH: MARCH 31, 1991

CITY/TOWN/TWP: CHICAGO
COUNTY OF DEATH: COOK
AGE LAST BIRTHDAY: 65
HOSPITAL OR HEALTH INSTITUTION: COOK COUNTY HOSPITAL

104227-30-6630
5002 W. OHIO
11A SPRAYER
11B SPRAYER-MOULDING
11C CHICAGO

12A BULLOCK
12B BULLOCK
12C BULLOCK

13A GEORGE
13B SHIRLEY B. HENDER
13C BULLOCK

14A SALLY
14B RICHARDSON
14C RICHARDSON

15A SARGOLIA
15B OBSTRUCTION OF BOWELS
15C OBSTRUCTION OF BOWELS

16A SARGOLIA
16B OBSTRUCTION OF BOWELS
16C OBSTRUCTION OF BOWELS

17A SARGOLIA
17B OBSTRUCTION OF BOWELS
17C OBSTRUCTION OF BOWELS

18A SARGOLIA
18B OBSTRUCTION OF BOWELS
18C OBSTRUCTION OF BOWELS

19A SARGOLIA
19B OBSTRUCTION OF BOWELS
19C OBSTRUCTION OF BOWELS

20A SARGOLIA
20B OBSTRUCTION OF BOWELS
20C OBSTRUCTION OF BOWELS

21A SARGOLIA
21B OBSTRUCTION OF BOWELS
21C OBSTRUCTION OF BOWELS

APR 2 1991
STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

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.

UNOFFICIAL COPY

Property of Cook County Clerk's Office

MEDICAL CERTIFICATE OF DEATH

616690

AUG 18 1986

5922224

5922224

FIRST NAME Andrew LAST NAME Paige SEX Male DATE OF BIRTH 4-15-1907 MONTH DAY YEAR

CITY OF BIRTH Chicago, Ill. DATE OF DEATH 8-18-1986

EDUCATION U.S.A. OCCUPATION Janitor

RELIGION Catholic

RELIGIOUS SERVICE No

RELIGIOUS SERVICE No

RELIGIOUS SERVICE No

RELIGIOUS SERVICE No

RELIGIOUS SERVICE No

RELIGIOUS SERVICE No

RELIGIOUS SERVICE No

RELIGIOUS SERVICE No

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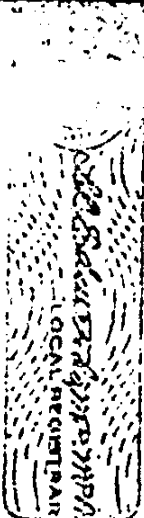
STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

SS

5922224

5922224

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OF THE CITY OF CHICAGO, DO HEREBY
CERTIFY THAT I AM THE KEEPER OF
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AND DEATHS OF THE CITY OF CHICAGO
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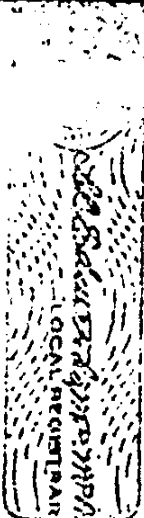
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COUNTY OF COOK
CITY OF CHICAGO

SS

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