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GEORGE E. COLE
LEGAL FORMS

No. 022
November 1994

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

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.

VIOLET E. GAGE, widow, and
THE GRANTOR(S) PATRICIA D. KOIDE, divorced
and not since remarried
of the City _____ of Chicago County of Cook
State of _____ Illinois _____ for the consideration of
ONE (\$1.00) and no/100-----DOLLARS,
and other good and valuable considerations _____

_____ in hand paid,
CONVEY(S) _____ and QUIT CLAIM(S) _____ to
PATRICIA D. KOIDE, divorced and not since
remarried
1533 Stevens Drive
Schaumburg, IL 60173

(Name and Address of Grantee)

all interest in the following described Real Estate, the real estate
situated in _____ Cook _____ County, Illinois, commonly known as
823 W. Buckingham Pl., (st. address) legally described as:

Lot 43 in Block Two (2) in Buckingham's Subdivision of Block 4, in the
Partition of the North Three Quarters of the East Half of the Southeast
Quarter of Section 20, Township 40 North, Range 14, East of the Third
Principal Meridian.

Exempt under provisions of Paragraph E, Section 4 of the Real Estate
Transfer Act. Dated: 3/1/95 Signature: [Signature]

hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois.

Permanent Real Estate Index Number(s): 04-20-420-056-0000

Address(es) of Real Estate: 823 West Buckingham Place, Chicago, IL 60657

DATED this: _____ day of _____ 19____

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

(SEAL)

(SEAL)

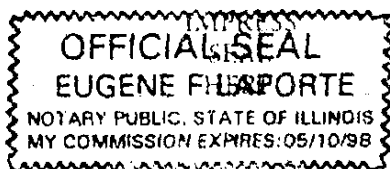
(SEAL)

VIOLET E. GAGE

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

Violet E. Gage, widow

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
_____ 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.



DEPT-11 RECORD TOR \$27.50
140013 TRAN 2904 03/21/95 10:43:00
14067 + 01 * 95-188364
COOK COUNTY RECORDER

95188364

Above Space for Recorder's Use Only

95188364

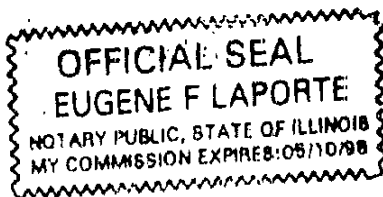
2750
DLH

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Quit Claim Deed
INDIVIDUAL TO INDIVIDUAL

GEORGE E. COLE
LEGAL FORMS

TO



Given under my hand and official seal, this 1st day of March 1995

Commission expires _____ 19 _____

Eugene F. LaPorte, Ltd. NOTARY PUBLIC

This instrument was prepared by 1100 W. Northwest Hwy., Mount Prospect, IL 60056
(Name and Address)

MAIL TO: Eugene F. LaPorte, Ltd.
Attorney at (Name)
1100 W. Northwest Highway
Suite 200
(Address)
Mount Prospect, IL 60056
(City, State and Zip)

SEND SUBSEQUENT TAX BILLS TO:
Patricia D. Koide
(Name)
1533 Stevens Drive
(Address)
Schaumburg, IL 60173
(City, State and Zip)

RECORDER'S OFFICE BOX NO. _____

OR
60056

60173

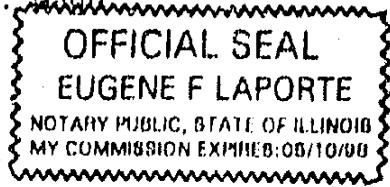
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The grantor or his agent affirms that to the best of his knowledge, the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized 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 3/1, 1995 Signature: [Signature]
Grantor or Agent
Violet E. [unclear]

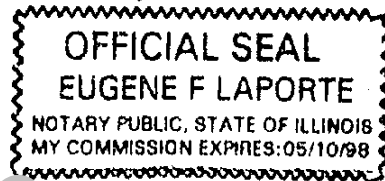
Subscribed and sworn to before me by the said [unclear] this 1st day of March, 1995.
Notary Public [Signature]
Eugene F. LaPorte



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 3/1, 1995 Signature: [Signature]
Grantee or Agent Patricia D. Koide

Subscribed and sworn to before me by the said [unclear] this 1st day of March, 1995.
Notary Public [Signature]
Eugene F. LaPorte



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.)

95100101

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REGISTRATION DISTRICT NO. REGISTERED NUMBER 16.10

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 603207

DECEASED-NAME **LEROY** FIRST **COOK** MIDDLE **GAGE** LAST **IMPERIAL** SEX **M** DATE OF DEATH **2-14-95** MONTH DAY YEAR

CITY TOWN TWP. OR ROAD DISTRICT NUMBER **CHICAGO** HOSPITAL OR OTHER INSTITUTION-NAME IF NOT IN ENTER ONE STREET AND NUMBER **IMPERIAL 1620** F. HOSP. OR INST. SEC. OR A. OR OTHER INST. SEC. OR A. NUMBER **1620**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Michigan** MARRIED NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED **MARRIED** NAME OF SURVIVING SPOUSE **IMPERIAL GAGE** F. WIFE OR HUSBAND **IMPERIAL GAGE** MARRIED (SPECIFY YEAR) **1953**

SOCIAL SECURITY NUMBER **352-10-4138** USUAL OCCUPATION **Mechanic** KIND OF BUSINESS OR INDUSTRY **MOTOR IND** EDUCATION (SPECIFY ON VISIBLE PART OF CERTIFICATE) **12** YEARS

RESIDENCE (STREET AND NUMBER) **1366 W Fullerton** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **CHICAGO** MIDDLE CITY **CHICAGO** COUNTY **COOK**

DATE **Feb** ZIP CODE **60614** RACE (SPECIFY RACE) **WHITE** OR HISPANIC OR LANTINO (SPECIFY) **NO** YES **NO** SPECIFY **WHITE** MOTHER-NAME FIRST **LOUISA** MIDDLE **LOUISA** LAST **LOUISA**

DECEASED'S STATE (TYPE OR PRINT) **PATRICIA K. ROSE** RELATIONSHIP **WIFE** MAILING ADDRESS (STREET AND NO. OR P.O. BOX OR TOWN, STATE, ZIP) **1704 S. Schumburg, IL 60173**

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A) **Cerebral aneurysm** (B) **due to OR AS A CONSEQUENCE OF** (C) **heart failure** (D) **due to OR AS A CONSEQUENCE OF** (E) **Primum moriens**

CAUSE LAST **Primum moriens** (A) **Cerebral aneurysm** (B) **due to OR AS A CONSEQUENCE OF** (C) **heart failure** (D) **due to OR AS A CONSEQUENCE OF** (E) **Primum moriens**

DATE OF OPERATION, IF ANY **2-12-95** MAJOR FINDINGS OF OPERATION **3-12-95**

NAME AND ADDRESS OF CENTER **ALAN KHAN 2800 N. SHERIDAN SUIT 400 CHICAGO IL 60657**

NAME OF ATTENDING PHYSICIAN OR OTHER THAN CENTER **ALAN KHAN** (TYPE OR PRINT)

DECEASED'S SIGNATURE **LEROY COOK** (TYPE OR PRINT)

REGISTRAR'S SIGNATURE **Sheila L. RSW** (TYPE OR PRINT)

LOCAL REGISTRAR'S SIGNATURE **Sheila L. RSW** (TYPE OR PRINT)

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

FEB 15 1995

I, SHEILA LYNE, RSW, 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.

60320756

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.



60320756

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