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MAIL TO:
MITCHELL C. CHAPMAN
Attorney at Law
4343 North Clarendon Ave., Suite 104-6
Chicago, Illinois 60613



DEPT-11 TORRENS \$25.50
T#0015 TRAN 8057 12/05/96 14:53:00
\$4295 # CT #--96-921118
COOK COUNTY RECORDER

WARRANTY DEED

06901118

THE GRANTOR, WILLIAM SABATH, a married person, of the City of Highland Park, County of Lake, State of Illinois, for and in consideration of TEN DOLLARS and other good and valuable considerations in hand paid.

CONVEY and WARRANT to LJUBOMIR BEUK and NADA BEUK, his wife, residing in the City of Chicago, County of Cook, State of Illinois as joint tenants and not as tenants by the entirety and not as tenants in common, all interest in the following described Real Estate situated in the County of Lake, in the State of Illinois, to-wit:

LOT 27 IN BLOCK 3, IN W. F. KAISER AND CO'S 3RD ALBANY PARK SUBDIVISION, BEING A SUBDIVISION OF BLOCK 13 AND THAT PART OF BLOCK 2 LYING SOUTH OF THE CENTER LINE OF THE NORTH BRANCH OF CHICAGO RIVER IN JACKSON'S SUBDIVISION OF THE SOUTHEAST QUARTER OF SECTION 11, AND THE SOUTHWEST QUARTER OF SECTION 12, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 13-12-304-014

COMMONLY KNOWN AS: 5019 N. Troy Street
Chicago, IL

~~SOUTHEAST~~ WS
SOUTHEAST

hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois. This property is not Homestead property.

DATED this 17th day of October, 1996

06901118

WILLIAM SABATH

GRANTEE: LJUBOMIR BEUK, 4847 N. Winchester, Chicago, IL 60640

TAXPAYER: LJUBOMIR BEUK, 4847 N. Winchester, Chicago, IL 60640

PREPARER: ROBERT S. SMITH, JR., 747 Deerfield Rd., P.O. Box 231, Deerfield, IL 60015

06901117

ATTORNEY'S NATIONAL TITLE NETWO.
THREE FIRST NATIONAL PLAZA
SUITE 1800
CHICAGO, IL 60602

25.50

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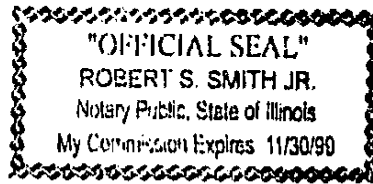
STATE OF ILLINOIS)
) SS.
COUNTY OF LAKE)

I, the undersigned, a Notary Public in and for said County and State, do hereby certify that WILLIAM SABATH, a married person, personally known to be to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that he signed, sealed and delivered said instrument as his free and voluntary act, for the uses and purposes, therein set forth.

Given under my hand and seal this
17 day of October, 1996.



Notary Public



REAL ESTATE TRANSACTION TAX
COOK COUNTY
REVENUE
STAMP DEC-5-96
4725

STATE OF ILLINOIS
REAL ESTATE TRANSACTION TAX
REVENUE
STAMP DEC-5-96
4725

96925118

PROPERTY of Cook County Clerk's Office

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STATE PAR
NUMBER

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

44-222-93

REGISTRATION DISTRICT NO 16.25	REGISTERED NUMBER	DECEASED-NAME FIRST MIDDLE LAST Henry Sabath	SFX 2 male	DATE OF DEATH (MONTH DAY YEAR) 3. December 23, 1993
COUNTY OF DEATH Cook	AGE-LAST BIRTHDAY (YRS) 54 70	UNDECEASED YEAR MONTH DAY 5b. 70	UNDECEASED HOUR MIN 5c.	DATE OF BIRTH (MONTH DAY YEAR) 2d. September 20, 1923
CITY, TOWN, TWP. OR ROAD DISTRICT NO Park Ridge	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) LUTHERAN GENERAL	IF HOSP OR INST. INDICATE DO A OP EMER. RM INPATIENT (SPECIFY) Bc. EMER. RM		
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Poland	MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Never Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO) 9. NO
SOCIAL SECURITY NUMBER 10323-12-5611	USUAL OCCUPATION 11a. Clerk	KIND OF BUSINESS OR INDUSTRY 11b. Shipping	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12	
RESIDENCE (STREET AND NUMBER) 5019 N. Troy	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Chicago	INSIDE CITY (YES NO) 13c. Yes	COUNTY 13d. Cook	
STATE Illinois	ZIP CODE 13f. 60325	RACE (WHITE, BLACK, AMERICAN INDIAN, OR OTHER) (SPECIFY) 14a. White	OF HISPANIC ORIGIN? (SPECIFY NO YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) 14b. NO NO <input type="checkbox"/> YES SPECIFY:	

FATHER-NAME FIRST MIDDLE LAST 15. Meyer Sabath	MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. Pearl Galler
INFORMANT'S NAME (TYPE OR PRINT) 17a. William Sabath	RELATIONSHIP 17b. Brother
MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 1766 Old Briar Rd., Highland Park, IL 60035	

18. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or head failure. Use only one cause on each line.

Immediate Cause (Final disease or condition resulting in death) → (a) Multiple Trauma

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) Automobile Accident.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

AUTOPSY (YES NO)
19a. NO

WAS AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES NO)
19b.

NATURAL ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED (SPECIFY) 20a. Accident	DATE OF INJURY (MONTH DAY YEAR) 20b. December 23, 1993	HOUR 20c. 10:45	HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18) 20d. Auto struck by auto
INJURY AT WORK (YES NO) 20e. NO	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) 20f. Side walk	LOCATION (CITY, VIL. OR TOWN, C.ITY, P. OR RD. DIST. NO., COUNTY, STATE) 20g. Chicago, Cook, Illinois	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20h. YES <input type="checkbox"/> NO <input type="checkbox"/>

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT:

21a. CORONER'S MEDICAL EXAMINER'S SIGNATURE
E.D. Donoghue, M.D.

21b. THIS DECEASED WAS PRO. UNCED DEAD ON MONTH DAY YEAR
December 23, 1993

21c. AT MONTH DAY YEAR
December 24, 1993

22a. CORONER'S PHYSICIAN'S NAME (Type or Print)
J. LAWRENCE COGAN, M.D.

22b. DATE SIGNED (MONTH, DAY, YEAR)
December 24, 1993

BURIAL, CREMATION, REMOVAL (SPECIFY) 23a. Burial	CEMETERY OR CREMATORY-NAME 23b. Menorah Gardens	LOCATION CITY OR TOWN STATE 23c. Broadview, Illinois	DATE (MONTH, DAY, YEAR) 23d. Dec. 27, 1993
FUNERAL HOME NAME 24a. Lloyd Mandel Levayah Funerals	STREET AND NUMBER OR R.F.D. 4750 Dempsters, Skokie, Illinois 60076	CITY OR TOWN 24c. Skokie, Illinois	STATE 24d. Illinois

25a. FUNERAL DIRECTOR'S SIGNATURE
Doran J. Bockett

25b. LOCAL REGISTRAR
KAREN L. SCOTT, M.D. REGISTRAR

25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
034-010756

25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
November 27, 1993

VR202 (Rev. 3/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1969 U.S. STANDARD CERTIFICATE)

CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named as Item 1, and that this established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DECEMBER 27, 1993

SIGNED Karen L. Scott

ANSTON, Illinois OFFICIAL TITLE LOCAL REGISTRAR

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

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~~Box 352~~

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