

UNOFFICIAL COPY

INDEPENDENT EXECUTOR'S
QUIT CLAIM DEED

Statutory (Illinois)

H 22181 FERRIS TRUST COMPANY
MAIL TO: KORSHAK & BEAULIEU

520 S. River Road
Des Plaines, IL 60016
NAME & ADDRESS OF TAXPAYER:
Richard Bartell
6622 W. Foster Avenue
Chicago, IL 60656

DEPT-11 TORRENS \$29.50
#0013 (FORM 912) 03/13/96 00155100
42771 4 PM #96-190672
COOK COUNTY RECORDER

96190672

RECORDER'S STAMP

EILEEN MCCARTHY ROMANO, Independent Executor of the ESTATE OF
THE GRANTOR (XX) HELEN M. CANNING, Deceased,

of the City of Chicago County of Cook State of Illinois
for and in consideration of ONE HUNDRED THIRTY-EIGHT THOUSAND & 00/100THS DOLLARS
and other good and valuable considerations in hand paid. (\$138,000.00)

CONVEY AND QUIT CLAIMS to Richard Bartell
6622 W. Foster Avenue
Chicago, IL 60656

Grantee's Address City State Zip

all interest in the following described Real Estate situated in the County of Cook, in the State of Illinois, to wit:

SEE ATTACHED SHEET

The subject real property and all improvements, fixtures, appliances and included personal property are sold and conveyed in "AS IS" condition, with no warranties as to condition, quality, merchantability or fitness for any purpose.

NOTE: This conveyance is made by the Independent Executor pursuant to Section 28-8 of the Illinois Probate Act, and also pursuant to the power and authority vested in the said Independent Executor by the Last Will and Testament of HELEN M. CANNING, Deceased.

LETTER OR OFFICE ATTACHED
DEATH CERTIFICATE ATTACHED

NOTE: If additional space is required for legal - attach on separate 8-1/2 x 11 sheet.

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

Permanent Index Number(s): 09-26-405-029-0000

Property Address: 6720 N. Octavia Avenue, Chicago, IL 60631

DATED this 16th day of February 19 96

(SEAL) Eileen McCarthy Romano (SEAL)

EILEEN MCCARTHY ROMANO, Independent

Executor of the Estate of

(SEAL) Helen M. Canning, Deceased. (SEAL)

NOTE: PLEASE TYPE OR PRINT NAME BELOW ALL SIGNATURES

129 11

29.50
FM

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STATE OF ILLINOIS
County of Cook

} ss

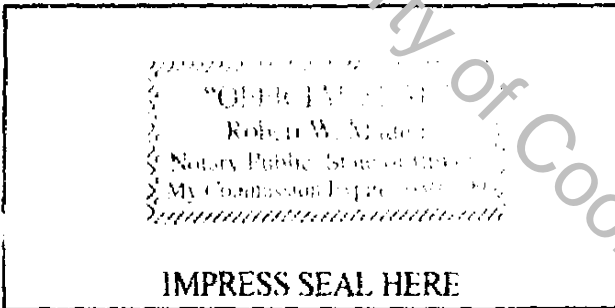
I, the undersigned, a Notary Public in and for said County, in the State aforesaid. DO HEREBY CERTIFY THAT EILEEN MCCARTHY ROMANO, Independent Executor of the Estate of Helen M. Canning, Deceased, personally known to me to be the same person(s) whose name is ~~are~~ subscribed to the foregoing instrument, 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.

Given under my hand and notarial seal, this 16th day of February, 1996.

Robert W. Mauter

Robert W. Mauter, Notary Public

My commission expires on March 17, 1999.



COUNTY - ILLINOIS TRANSFER STAMPS

~~EMPTY UNDER PROVISIONS OF PARAGRAPHS SECTION 10-2.1 & 10-2.2 TRANSFER ACT DATE: _____~~

NAME AND ADDRESS OF PREPARER :

Robert W. Mauter

LITTON & MAUTER, P.C.

108 W. Liberty Drive

Wheaton, IL 60187

** This conveyance must contain the name and address of the Grantee for tax billing purposes : (Chap 55 ILCS 5/3-5020) and name and address of the person preparing the instrument: (Chap. 55 ILCS 5/3-5022).

15190672

INDEPENDENT EXECUTOR'S
QUIT CLAIM DEED

Statutory (Illinois)

FROM

EILEEN MCCARTHY ROMANO,
Independent Executor of the
Estate of Helen M. Canning,
Deceased.

TO

Richard Bartell

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LEGAL DESCRIPTION

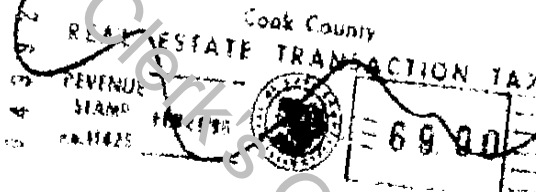
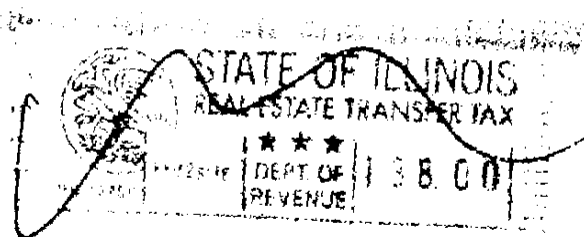
LOT 70 (EXCEPT THE NORTH 66 2/3 FEET THEREOF) IN MUNDAY'S ADDITION TO CHICAGO OF LOT 1 AND THE NORTHEASTERLY 33 FEET OF LOTS 2, 3, 4, 5 and 6 IN THE SUBDIVISION OF THAT PART OF THE EAST 1/2 OF THE SOUTH EAST 1/4 OF SECTION 36, TOWNSHIP 41 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF THE RAILROAD, ALSO PART OF BLOCK 26 IN EDISON PARK, IN THE TOWN OF MAIN, IN COOK COUNTY, ILLINOIS.

PERMANENT INDEX NO.: 09-36-405-029-0000

ADDRESS OF PROPERTY: 6729 N. Octavia Avenue, Chicago, IL 60631

96190672

SUBJECT TO: General real estate taxes for 1995 and subsequent years; covenants, conditions and restrictions of record; building lines and easements, if any, so long as they do not interfere with grantee's use and enjoyment of the property.



[Handwritten signature]

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Property of Cook County Clerk's Office

96190672

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
County Department, Probate Division

Estate of

HELEN M. CANNING

No.

95P 11195

Docket

Deceased Page

030

169

LETTERS OF OFFICE-DECEDENT'S ESTATE

EILEEN McCARATHY ROMANO

has been appointed

INDEPENDENT EXECUTOR

of the estate of

HELEN M. CANNING

, deceased,

who died NOVEMBER 4, 1995, and is authorized to take possession of and collect the estate of the decedent and to do all acts required by law.

LS

Witness,

DECEMBER 12

, 1995

AURELIA PUCINSKI

Clerk of court

"THE SIGNATURES OF THE PARTIES EXECUTING THIS DOCUMENT ARE COPIES AND ARE NOT ORIGINAL SIGNATURES."

CERTIFICATE

I certify that this is a copy of the letters of office now in force in this estate.

96190672

DZ

Witness,

DECEMBER 12

, 1995

Aurelia Pucinski

Clerk of court

AURELIA PUCINSKI, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

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Property of Cook County Clerk's Office

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MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

620754

REGISTRAR'S DISTRICT NO. 16.10
 REGISTERED NUMBER
 DECEASED-NAME HELEN MIDDLE CANNING LAST CANNING SEX 2 FEMALE DATE OF DEATH 3 NOVEMBER 04, 1995 MONTH, DAY, YEAR
 COUNTY OF DEATH COOK COUNTY OF BIRTH COOK COUNTY OF DEATH COOK COUNTY OF BIRTH 56 SEPTEMBER 8, 1934 MONTH, DAY, YEAR
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER CHICAGO HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 60. RESURRECTION MEDICAL CENTER INPATIENT
 BIRTHPLACE CITY AND STATE OR FOREIGN COUNTRY (SPECIFY) CHICAGO, IL. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED NAME OF SURVIVING SPOUSE (MOTHER NAME, IF WIFE) NONE
 SOCIAL SECURITY NUMBER 342 26 7727 USUAL OCCUPATION REGISTER NURSE 115. MEDICAL KIND OF BUSINESS OR INDUSTRY 12. MEDICAL EDUCATION (SEE INSTRUCTIONS) (Specify degree completed) (1-4 or 5) 9
 RESIDENCE STREET AND NUMBER 6720 N. OCTAVIA CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO INSIDE CITY (NAME) CHICAGO COUNTY COOK COUNTY OF DEATH COOK COUNTY OF BIRTH COOK COUNTY OF DEATH COOK COUNTY OF BIRTH
 ZIP CODE 60631 RACE (WHITE, BLACK, AMERICAN INDIAN, (SPECIFY)) WHITE 148. MOTHER-NAME FIRST MIDDLE LAST CANNING HELEN MILROY (LADY) LAST
 DECEASED'S NAME (TYPE OR PRINT) BARRY O'BRIEN RELATIONSHIP 19. REGISTER NURSE MAILING ADDRESS (STREET AND NO. OR P.O. OR BOX AND STATE, ZIP) 176. 2806 W. JEROME, CHICAGO, IL.
 Enter the statement or combination that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or hyper-tension. List only one cause on each line.
 (a) METASTATIC RIGHT BREAST CARCINOMA DUE TO, OR AS A CONSEQUENCE OF THE SIGNATURES OF THE PARTIES EXECUTING THIS DOCUMENT ARE COPIES AND ARE NOT ORIGINAL SIGNATURES.
 (b) DUE TO, OR AS A CONSEQUENCE OF THE SIGNATURES OF THE PARTIES EXECUTING THIS DOCUMENT ARE COPIES AND ARE NOT ORIGINAL SIGNATURES.
 (c) DUE TO, OR AS A CONSEQUENCE OF THE SIGNATURES OF THE PARTIES EXECUTING THIS DOCUMENT ARE COPIES AND ARE NOT ORIGINAL SIGNATURES.
 CAUSE OF DEATH (TYPE OR PRINT) METASTATIC RIGHT BREAST CARCINOMA DUE TO, OR AS A CONSEQUENCE OF THE SIGNATURES OF THE PARTIES EXECUTING THIS DOCUMENT ARE COPIES AND ARE NOT ORIGINAL SIGNATURES.
 MAJOR FINDINGS OF OPERATION
 ATTENDED BY ANY NURSE, MIDWIFE, OR OTHER HEALTH CARE PROVIDER (TYPE OR PRINT) Kenneth P. Pappas, M.D.
 DATE OF DEATH 04, 1995 MONTH, DAY, YEAR
 TIME OF DEATH 9:55 A. M. HOUR OF DEATH
 DATE SIGNED 22b. NOVEMBER 04, 1995 MONTH, DAY, YEAR ILLINOIS LICENSE NUMBER 22d. 036-054941
 NAME OF FUNERAL HOME (TYPE OR PRINT) PRZYTHARA, M.J.D., 7447 W. TALCOTT CHICAGO, IL 60631
 NAME OF FUNERAL HOME (TYPE OR PRINT) MT. CARMEL 24c. HILLSIDE, ILLINOIS CITY OR TOWN STATE ILLINOIS DATE 11-8-95 MONTH, DAY, YEAR
 NAME OF FUNERAL HOME (TYPE OR PRINT) DONALD R. KRAWZAK FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 34-011503

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

NOV - 6 1995

I, SHEILA LYNE, NSW, 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 MULTICOLOUR SIGNATURE SEAL IS AFFIXED.

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