

QUIT CLAIM DEED - JOINT TENANCY  
Statutory (ILLINOIS)  
(Individual to Individual)

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96267694

THE GRANTOR

JEANETTE C. FORSBERG, A WIDOW

of the CITY of CHICAGO County of COOK  
State of ILLINOIS for the consideration of  
TEN & 00/100 (10.00) DOLLARS,  
AND ALL GOOD & VALUABLE CONSIDERATIONS in hand paid,  
CONVEY S and QUIT CLAIM S to

JEANETTE C. FORSBERG  
SANDRA L. FORSBERG, AS JOINT TENANTS

(NAMES AND ADDRESS OF GRANTEE(S))

not in Tenancy in Common, but in JOINT TENANCY, all interest in the following described Real Estate situated in the County of COOK in the State of Illinois, to wit:

SEE EXHIBIT "A"

RETURN TO:  
Wheatland Title  
568 W. Galena  
Aurora, IL 60506  
NO 96 CO 457  
1 of 2

3339 N. KEATING  
CHICAGO, IL 60641

13-22-313-007

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 in tenancy in common, but in joint tenancy forever.

Permanent Real Estate Index Number(s): 13-22-313-007

Address(es) of Real Estate: 3339 N. KEATING, CHICAGO, IL 60641

DATED this 29th day of February 1996

PLEASE PRINT OR TYPE NAME(S) BELOW SIGNATURE(S)  
JEANETTE C. FORSBERG (SEAL) (SEAL)  
(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

"OFFICIAL SEAL" HOMER SFRYMAN Notary Public, State of Illinois My Commission Expires 2/10/99 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 own 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 official seal, this 29TH day of FEBRUARY 19 96

Commission expires 2-10-99 19

HOLLY A. FERRARI PUBLIC

This instrument was prepared by JEANETTE C. FORSBERG, 3339 N. KEATING, CHICAGO, IL 60641 (NAME AND ADDRESS)

JEANETTE C. FORSBERG

3339 N. KEATING

CHICAGO, IL 60641

SEND SUBSEQUENT TAX BILLS TO:

JEANETTE C. FORSBERG

3339 N. KEATING

CHICAGO, IL 60641

F 2750 A  
P 24.00 P  
T 5150 V  
I 100 P  
(The Above Space for Recorder's Use Only)

DEPT-01 RECORDING \$27.50  
T37777 TRAN 0750 04/09/96 16:19:00  
\$5141 \$ SK # -96 -267694  
COOK COUNTY RECORDER  
DEPT-10 PENALTY \$24.00

AFFIX "RIDERS" OR REVENUE STAMPS HERE

UNOFFICIAL COPY

PROPERTY

Property of Cook County Clerk's Office

PROPERTY

UNOFFICIAL COPY

THE SOUTH THIRTY SEVEN AND ONE HALF (37 1/2) FEET OF LOT TWENTY ONE (21) IN KEESLER AND LINDSEY'S SUBDIVISION OF BLOCKS ONE (1), THREE (3), FOUR (4), FIVE (5), SIX (6), SEVEN (7) AND THE WEST HALF OF BLOCK TWO (2) OF WIRT AND GILBERT'S SUBDIVISION OF THE WEST HALF OF THE SOUTHWEST QUARTER OF SECTION TWENTY TWO (22), TOWNSHIP FORTY (40) NORTH, RANGE THIRTEEN (13), EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPT THE EAST FORTY (40) ACRES THEREOF) IN COOK COUNTY, ILLINOIS, AND COMMONLY KNOWN AS 3339 NORTH KEATING AVENUE, CHICAGO, ILLINOIS.

PERMANENT TAX NUMBER: 13-22-313-007

Property of Cook County Clerk's Office

93287504

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9 3237394

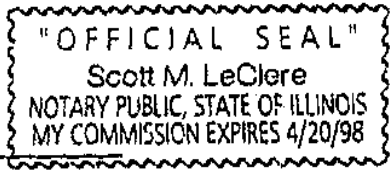
# UNOFFICIAL COPY

## 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 4/10, 1996 Signature: [Signature]  
Grantor or Agent

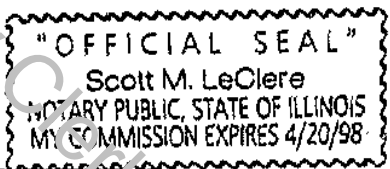
Subscribed and sworn to before me by the said Thomas L. Peltz this 10 day of April, 1996.  
Notary Public [Signature]



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 4/10, 1996 Signature: [Signature]  
Grantee or Agent

Subscribed and sworn to before me by the said Thomas L. Peltz this 10 day of April, 1996.  
Notary Public [Signature]



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.)

92287504

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8-29-2014

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

SEP 21 1995

L SHEILA LYNE, RSM, 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  
MULTICOPY OR SIGNATURE SEAL IS  
AFFIXED.

STATE FILE  
NUMBER  
**618024**

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

REGISTRATION  
DISTRICT NO. **16.10**  
REGISTERED  
NUMBER

DECEASED-NAME FIRST MIDDLE LAST <b>WEKNER L. FORSBERG</b>		SEX <b>2 MALE</b>	DATE OF DEATH (MONTH DAY YEAR) <b>9 SEPTEMBER 19, 1995</b>
CITY OF DEATH <b>COOK</b>		UNDER 1 YEAR DAYS HOURS MIN <b>50 1 50</b>	DATE OF BIRTH (MONTH DAY YEAR) <b>50 JANUARY 30 1941</b>
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>CHICAGO</b>		HOSPITAL OR OTHER INSTITUTION NAME (IF NOT NEITHER GIVE STREET AND NUMBER) <b>OUR LADY OF THE RESURRECTION</b>	
BIRTHPLACE (COUNTRY AND STATE OR FOREIGN COUNTRY) <b>CHICAGO IL</b>		MARRIED (NEVER MARRIED, WIDOWED, DIVORCED) (SP-507) <b>8a MARRIED</b>	
SOCIAL SECURITY NUMBER <b>361-01-3458</b>		NAME OF SURVIVING SPOUSE (MARRIAGE # W/F) <b>8c ICAINETTE SHOULDIS</b>	
RESIDENCE (STREET AND NUMBER) <b>3339 N. KEATING AVENUE</b>		KIND OF BUSINESS OR INDUSTRY <b>11a JEWELRY STORE</b>	
STATE <b>ILLINOIS</b>		CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>CHICAGO</b>	
FATHER-NAME FIRST MIDDLE LAST <b>WERNER E. FORSBERG</b>		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SP-507) <b>14a WHITE</b>	
MOTHER-NAME FIRST MIDDLE LAST <b>FLEBA</b>		OF HISPANIC ORIGIN? (SPECIFY IN NOTES) (YES OR NO) <b>14b NO</b>	
DECEASED'S NAME (TYPE OR PRINT) <b>JAMIE PLATT</b>		RELATIONSHIP <b>18 RECORDS</b>	
DARLING ADDRESS (STREET AND NO. OR P.O. CITY OR TOWN STATE ZIP) <b>17c 5645 W. ADDISON CHICAGO, IL 60634</b>		MARRIAGE RECORDS (YES OR NO) <b>19a NO</b>	
18. PART I. Immediate Cause (Final disease or condition resulting in death) <b>(a) Admitted Chronic obstructive pulmonary disease</b> <b>(b) Sepsis</b> <b>(c) Hypertension</b> <b>(d) Congestive heart failure</b> <b>(e) Myocardial infarction</b>			
19. PART II. Other medical conditions contributing to death but not the underlying cause (PART I) <b>Major findings of operation</b>			
DATE OF OPERATION ANY <b>9-19-95</b>		WERE AUTHORITY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES OR NO) (THREE MONTHS) <b>20c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
20a. (DO NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <b>9-19-95</b>		IF FEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS? <b>20c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
21a. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND AS TO THE CAUSE(S) STATED. <b>Mario A. Salazar MD</b>			
22a. SIGNATURE AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>MARIO SALAZAR, M.D. 3048 N. HARLEM CHICAGO, IL 60634</b>		HOURS OF DEATH <b>11:10 P.M.</b>	
22b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		DATE SIGNED (MONTH DAY YEAR) <b>9-20-95</b>	
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		ILLINOIS LICENSE NUMBER <b>22c 036-049655</b>	
23. FUNERAL CREATION, REMOVAL OR BURIAL <b>24c BURIAL</b>			
24a. CEMETERY OR CREMATORY-NAME <b>MC ENOUGH CEMETERY</b>		CITY OR TOWN STATE <b>CHICAGO ILLINOIS</b>	
24b. STREET AND NUMBER OR R.T.D. <b>3586 N. CICERO AVE</b>		DATE (MONTH DAY YEAR) <b>24d SEPT. 22 1995</b>	
25a. FUNERAL HOME <b>VAEGER FUNERAL HOME</b>			
25b. FUNERAL DIRECTOR'S SIGNATURE <b>DAVID L. JAYNE</b>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034-014320</b>	
26a. LOCAL REGISTRAR'S SIGNATURE <b>Sheila Lyne</b>			
26b. DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) <b>SEP 21 1995</b>			

BASED ON ILLINOIS STANDARD CERTIFICATE

Illinois Department of Public Health - Division of Vital Records

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