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GEORGE E. COLE®
LEGAL FORMS

No. 822 REC
February 1996

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

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COOK COUNTY
REC
JESSE
BRIDGEMAN

97413890

0001
RECORDED # 27.00
MAIL # 0.50
97413890 #
0 11/97 0011 MCH 10:47

THE GRANTOR(S) DEREK L. STEVENS Above Space for Recorder's use only

of the City Chicago of County of Cook State of Illinois for the consideration of Twenty Five DOLLARS, and other good and valuable considerations in hand paid, CONVEY(S) and QUIT CLAIM(S)

TO Lesley K. Stevens and Jesse Bridgeman (Name and Address of Grantees)

all interest in the following described Real Estate, the real estate situated in Cook County, Illinois, commonly known as 4113 West 119th Street (st address) legally described as:

and 11-111 together with its undivided percentage interest in the common elements in the condominium unit located and defined in the declaration recorded as instrument number 85475180 in the southeast 1/4 of Section 16, Township 37 North Range 15 East of the Third Principal Meridian, in Cook County, Illinois.

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) 34-16 409-651 1157

Address(es) of Real Estate 4113 West 119th Street Unit 11-111, Oak Park, IL 60453

DATED this 16th day of May, 1997

Please print or type name(s) below signature(s)
DEREK L. STEVENS (SEAL) _____ (SEAL)
97413890 _____ (SEAL) _____ (SEAL)
Lesley K. Stevens _____

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

DEREK L. STEVENS
personally known to me to be the same person whose name subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that she signed, sealed and delivered the said instrument as his free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

IMPRESS
SEAL
HERE

UNOFFICIAL COPY

Quit Claim Deed
INDIVIDUAL TO INDIVIDUAL

GEORGE E. COLE
LEGAL FORMS

TO

Exempt under Real Estate Transfer Tax Act Sec. 4
Par. 2 & Code of Civil Procedure Art. 95/94 Par. 5
Date 6/1-97 Phyllis J. Ryan

97413890

Given under my hand and official seal, this 10th day of May 19 97
Commission expires August 16 2000 W. Allen C. Hansen
NOTARY PUBLIC

This instrument was prepared by Phyllis J. Ryan, 11818 Se. Keminsky, Chicago, Ill. 60658
(Name and Address)

MAIL TO: { Dorothy Stevens
(Name)
4913 West 109th Street
(Address)
Cabotown, Ill. 60453
(City, State and Zip)

SEND SUBSEQUENT TAX BILLS TO:
Dorothy Stevens
(Name)
4913 West 109th Street
(Address)
Cabotown, Ill. 60453
(City, State and Zip)

OR RECORDER'S OFFICE BOX NO.



UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

Date August 19, 1994

Signed Charles P. Petraitis

At Cook County Department of Public Health Official Title Chief Deputy Registrar, 1010 Lake Street, Oak Park, Illinois 60301

97413890

885 906 91 STATE OF ILLINOIS
MEDICAL EXAMINER'S - CORONER'S
CERTIFICATE OF DEATH

STATE PAID
FEE IN
BLOCK 11

REGISTRATION DISTRICT NO. 16.0	REGISTERED NUMBER	DECEASED NAME: <u>Raymond P. Stevas</u>	SEX: <u>Male</u>	DATE OF BIRTH: <u>Aug 17 1908</u>	DATE OF DEATH: <u>Aug 17 1994</u>
COUNTY OF DEATH: <u>Cook</u>	CITY, TOWN, TWP OR ROAD/DISTRICT NUMBER: <u>Oak Lawn</u>	AGE, LAST BIRTHDAY: <u>85</u>	UNDER 1 YEAR: <u>NO</u>	1-5 YEARS: <u>NO</u>	6-12 YEARS: <u>NO</u>
HOSPITAL OR OTHER INSTITUTION: <u>St. Christ Hospital</u>	NAME OF SURVIVING SPOUSE: <u>Dorothy Wall</u>	EDUCATION: <u>8</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>
MARRIED NEVER MARRIED: <u>MARRIED</u>	NAME OF BUSINESS: <u>PERSONAL ASSISTANT</u>	EDUCATION (SEE CHECKED): <u>8</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>
ZIP CODE: <u>60453</u>	RACE: <u>White</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
FATHER NAME: <u>CHARLES STEVENS</u>	MOTHER NAME: <u>CATHERINE SULLIVAN</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
DECEASED'S STATE (TYPE OR PRESENT): <u>IL</u>	DECEASED'S ADDRESS: <u>176 4913 W. 109TH STREET, OAK LAWN, IL</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
17A PART I: <u>FRacture of Femur</u>	17B PART II: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
18A: <u>Fracture of Femur</u>	18B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
19A: <u>Fracture of Femur</u>	19B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
20A: <u>Fracture of Femur</u>	20B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
21A: <u>Fracture of Femur</u>	21B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
22A: <u>Fracture of Femur</u>	22B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
23A: <u>Fracture of Femur</u>	23B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
24A: <u>Fracture of Femur</u>	24B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
25A: <u>Fracture of Femur</u>	25B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
26A: <u>Fracture of Femur</u>	26B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
27A: <u>Fracture of Femur</u>	27B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
28A: <u>Fracture of Femur</u>	28B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
29A: <u>Fracture of Femur</u>	29B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
30A: <u>Fracture of Femur</u>	30B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
31A: <u>Fracture of Femur</u>	31B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
32A: <u>Fracture of Femur</u>	32B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
33A: <u>Fracture of Femur</u>	33B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
34A: <u>Fracture of Femur</u>	34B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
35A: <u>Fracture of Femur</u>	35B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
36A: <u>Fracture of Femur</u>	36B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
37A: <u>Fracture of Femur</u>	37B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
38A: <u>Fracture of Femur</u>	38B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
39A: <u>Fracture of Femur</u>	39B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
40A: <u>Fracture of Femur</u>	40B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
41A: <u>Fracture of Femur</u>	41B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
42A: <u>Fracture of Femur</u>	42B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
43A: <u>Fracture of Femur</u>	43B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
44A: <u>Fracture of Femur</u>	44B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
45A: <u>Fracture of Femur</u>	45B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
46A: <u>Fracture of Femur</u>	46B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
47A: <u>Fracture of Femur</u>	47B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
48A: <u>Fracture of Femur</u>	48B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
49A: <u>Fracture of Femur</u>	49B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
50A: <u>Fracture of Femur</u>	50B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
51A: <u>Fracture of Femur</u>	51B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
52A: <u>Fracture of Femur</u>	52B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
53A: <u>Fracture of Femur</u>	53B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
54A: <u>Fracture of Femur</u>	54B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
55A: <u>Fracture of Femur</u>	55B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
56A: <u>Fracture of Femur</u>	56B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
57A: <u>Fracture of Femur</u>	57B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
58A: <u>Fracture of Femur</u>	58B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
59A: <u>Fracture of Femur</u>	59B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
60A: <u>Fracture of Femur</u>	60B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
61A: <u>Fracture of Femur</u>	61B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
62A: <u>Fracture of Femur</u>	62B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
63A: <u>Fracture of Femur</u>	63B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
64A: <u>Fracture of Femur</u>	64B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
65A: <u>Fracture of Femur</u>	65B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
66A: <u>Fracture of Femur</u>	66B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
67A: <u>Fracture of Femur</u>	67B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
68A: <u>Fracture of Femur</u>	68B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
69A: <u>Fracture of Femur</u>	69B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
70A: <u>Fracture of Femur</u>	70B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
71A: <u>Fracture of Femur</u>	71B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
72A: <u>Fracture of Femur</u>	72B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
73A: <u>Fracture of Femur</u>	73B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
74A: <u>Fracture of Femur</u>	74B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
75A: <u>Fracture of Femur</u>	75B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
76A: <u>Fracture of Femur</u>	76B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
77A: <u>Fracture of Femur</u>	77B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
78A: <u>Fracture of Femur</u>	78B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
79A: <u>Fracture of Femur</u>	79B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
80A: <u>Fracture of Femur</u>	80B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
81A: <u>Fracture of Femur</u>	81B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
82A: <u>Fracture of Femur</u>	82B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
83A: <u>Fracture of Femur</u>	83B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
84A: <u>Fracture of Femur</u>	84B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
85A: <u>Fracture of Femur</u>	85B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
86A: <u>Fracture of Femur</u>	86B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
87A: <u>Fracture of Femur</u>	87B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
88A: <u>Fracture of Femur</u>	88B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
89A: <u>Fracture of Femur</u>	89B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
90A: <u>Fracture of Femur</u>	90B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
91A: <u>Fracture of Femur</u>	91B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
92A: <u>Fracture of Femur</u>	92B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
93A: <u>Fracture of Femur</u>	93B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
94A: <u>Fracture of Femur</u>	94B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
95A: <u>Fracture of Femur</u>	95B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
96A: <u>Fracture of Femur</u>	96B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
97A: <u>Fracture of Femur</u>	97B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
98A: <u>Fracture of Femur</u>	98B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
99A: <u>Fracture of Femur</u>	99B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>
100A: <u>Fracture of Femur</u>	100B: <u>Fracture of Femur</u>	INSURE CITY: <u>NO</u>	INSURE COUNTY: <u>NO</u>	INSURE STATE: <u>NO</u>	INSURE STATE: <u>NO</u>

REGISTRATION DISTRICT NO. 16.0 REGISTERED NUMBER DATE OF DEATH MONTH DAY YEAR DATE OF BIRTH MONTH DAY YEAR

COUNTY OF DEATH CITY, TOWN, TWP OR ROAD/DISTRICT NUMBER AGE, LAST BIRTHDAY UNDER 1 YEAR 1-5 YEARS 6-12 YEARS

HOSPITAL OR OTHER INSTITUTION NAME OF SURVIVING SPOUSE NAME OF BUSINESS EDUCATION INSURE CITY INSURE COUNTY INSURE STATE

MARRIED NEVER MARRIED MARRIED NAME OF BUSINESS SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS

ZIP CODE RACE WHITE MOTHER'S NAME CATHERINE SULLIVAN

FATHER NAME CHARLES STEVENS DECEASED'S STATE (TYPE OR PRESENT) IL

DECEASED'S ADDRESS 176 4913 W. 109TH STREET, OAK LAWN, IL

17A PART I: Fracture of Femur 17B PART II: Fracture of Femur

18A: Fracture of Femur 18B: Fracture of Femur

19A: Fracture of Femur 19B: Fracture of Femur

20A: Fracture of Femur 20B: Fracture of Femur

21A: Fracture of Femur 21B: Fracture of Femur

22A: Fracture of Femur 22B: Fracture of Femur

23A: Fracture of Femur 23B: Fracture of Femur

24A: Fracture of Femur 24B: Fracture of Femur

25A: Fracture of Femur 25B: Fracture of Femur

26A: Fracture of Femur 26B: Fracture of Femur

27A: Fracture of Femur 27B: Fracture of Femur

28A: Fracture of Femur 28B: Fracture of Femur

29A: Fracture of Femur 29B: Fracture of Femur

30A: Fracture of Femur 30B: Fracture of Femur

31A: Fracture of Femur 31B: Fracture of Femur

32A: Fracture of Femur 32B: Fracture of Femur

33A: Fracture of Femur 33B: Fracture of Femur

34A: Fracture of Femur 34B: Fracture of Femur

35A: Fracture of Femur 35B: Fracture of Femur

36A: Fracture of Femur 36B: Fracture of Femur

37A: Fracture of Femur 37B: Fracture of Femur</

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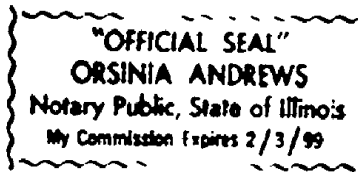
STATEMENT BY GRANTOR AND GRANTEE

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 June 11, 1997

SIGNATURE: Phyllis J. Ryan
(GRANTOR OR AGENT)

Subscribed and sworn to before me by the said agent Dorothy Stevens this 11 day of June 1997.
Notary Public Orsinia Andrews



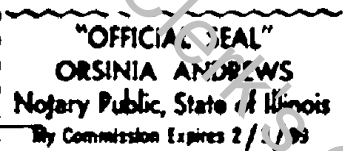
The grantee or his agent affirms and verifies that the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, 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 June 11, 1997

SIGNATURE: Phyllis J. Ryan
(GRANTOR OR AGENT)

97413890

Subscribed and sworn to before me by the said agent Dorothy Stevens this 11 day of June 1997.
Notary Public Orsinia Andrews



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).

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