

# UNOFFICIAL COPY

GEORGE E. COLE® No. 822 REC  
LEGAL FORMS February 1998

97680543

## 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.

THE GRANTOR(S)

Above Space for Recorder's use only

Nadline Ward, divorced, not since remarried, as survivor of herself and L.T. Dillard and Elvorta Dillard, whose death certificates are recorded herewith of the City of Chicago County of Cook State of Illinois for the consideration of One and no/100 (\$1.00) DOLLARS, and other good and valuable considerations in hand paid, CONVEY(S) and QUIT CLAIM(S)

TO Nadline Ward, divorced, not since remarried

(Name and Address of Grantee(s))

all interest in the following described Real Estate, the real estate situated in Cook County, Illinois, commonly known as 7106 S. Morgan (st. address) legally described as:

Lot 3 in Block 1 in McKey's Addition to Englewood being a subdivision of the East half of the Northwest 1/4 of the Northeast 1/4 of Section 29, Township 38 north, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

97680543

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): 20-29-203-020

Address(es) of Real Estate: 7106 S. Morgan

DATED this: 5th day of Sept, 1997

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

(SEAL) Nadline Ward (SEAL)

Nadline ward

(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

IMPRESS  
SEAL  
HERE

~~Nadline Ward~~  
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 h 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.

2250  
4P/6/97

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## Quit Claim Deed INDIVIDUAL TO INDIVIDUAL

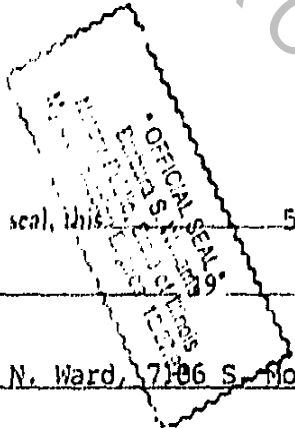
GEORGE E. COLE  
LEGAL FORMS

TO

Property of Cook County Clerk's Office

Given under my hand and official seal, this 5th day of September 19 97

Commission expires \_\_\_\_\_



NOTARY PUBLIC

This instrument was prepared by N. Ward, 7106 S. Morgan, Chicago, IL 60621  
(Name and Address)

97680543

MAIL TO: {  
Nadline Ward  
(Name)  
7106 S. Morgan, Chicago,  
(Address)  
Chicago, IL 60621  
(City, State and Zip)

SEND SUBSEQUENT TAX BILLS TO:

Nadline ward  
(Name)  
7106 S. Morgan  
(Address)  
Chicago, IL 60621  
(City, State and Zip)

OR RECORDER'S OFFICE BOX NO. \_\_\_\_\_

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SEP 5 - 1997

STATE OF ILLINOIS } ss. DAVID D. ORR. County Clerk  
County of Cook

I, DAVID D. ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.  
IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

*David D. Orr*  
County Clerk

STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

REGISTRATION NO. 10.90  
DISTRICT NO. 00.90  
REGISTERED NUMBER 610301

1. DECEASED: **DELLARD** 2. NAME: **DELLARD** 3. DATE: **MAY 19, 1986**  
4. PLACE OF BIRTH: **CHICAGO** 5. COUNTY OF BIRTH: **COOK**  
6. DATE OF BIRTH: **9 APRIL 15, 1929** 7. SEX: **MALE**  
8. CITY, TOWN, AND VILLAGE: **CHICAGO** 9. VA WEST SIDE MEDICAL CENTER  
10. OCCUPATION: **General** 11. STATUS: **INPATIENT**  
12. RESIDENCE: **7106 U. MORRAN CHICAGO ILL**  
13. FATHER: **GEORGE B. DELLARD** 14. MOTHER: **ADOLPHINE DELLARD**  
15. MARITAL STATUS: **WIDOWED** 16. ADDRESS: **020 N. DAMEN AVE., CHGO, IL, 60612**  
17. CAUSE OF DEATH: **SEPTIC SHOCK**  
18. **GUM INVASIVE PERITONITIS**  
19. **ESOPHAGEAL CARCINOMA**  
20. DATE OF OPERATION: **5-19-86**  
21. SURGEON: **DR. ALAN H. SHAPIRO M.D.**  
22. NAME OF ATTENDING PHYSICIAN: **DR. RANXIN B. YASARI M.D.**  
23. HOSPITAL: **St. Luke's** 24. LOCATION: **North Township, Ill**  
25. ADDRESS: **2295 S. 79th St. Chicago, Ill. 60607**  
26. DATE OF DEATH: **MAY 20 1986**

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1-068  
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5A on page 6

Type of Print in Permanent Ink for Funeral Directors, Hospital, or Physician (Use Check for Instructions)

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733 Dec 88 STATE OF ILLINOIS 97650543  
MEDICAL EXAMINER'S CERTIFICATE OF DEATH NUMBER 626200  
January 3, 1989

STATE OF ILLINOIS  
COUNTY OF COOK SS  
CITY OF CHICAGO

I, LORNE C EDWARDS MD, MPA,  
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 OF 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 AS A  
RECORD KEPT BY ME IN PURSUANCE OF  
SAID LAWS AND ORDINANCES.

DECEASED NAME: ELVERIE Dillard  
RACE: WHITE  
SEX: Female  
DATE OF BIRTH: December 31, 1938  
CITY OF BIRTH: Chicago  
COUNTY OF BIRTH: Cook  
MARRIED: NEVER MARRIED  
MOTHER: MRS. COOK  
FATHER: Mr. COOK  
MOTHER RESIDENCE: Chicago, Illinois  
MARRIAGE DATE: None  
MARRIAGE PLACE: None  
MARRIAGE COUNTY: None  
MARRIAGE STATE: None  
MARRIAGE DATE OF SERVICE: None  
MARRIAGE PLACE OF SERVICE: None  
MARRIAGE COUNTY OF SERVICE: None  
MARRIAGE STATE OF SERVICE: None

1. DECEASED NAME: ELVERIE Dillard  
2. RACE: WHITE  
3. SEX: Female  
4. DATE OF BIRTH: December 31, 1938  
5. CITY OF BIRTH: Chicago  
6. COUNTY OF BIRTH: Cook  
7. MARRIED: NEVER MARRIED  
8. MOTHER: MRS. COOK  
9. FATHER: Mr. COOK  
10. MOTHER RESIDENCE: Chicago, Illinois  
11. MARRIAGE DATE: None  
12. MARRIAGE PLACE: None  
13. MARRIAGE COUNTY: None  
14. MARRIAGE STATE: None  
15. MARRIAGE DATE OF SERVICE: None  
16. MARRIAGE PLACE OF SERVICE: None  
17. MARRIAGE COUNTY OF SERVICE: None  
18. MARRIAGE STATE OF SERVICE: None

19. DEATH WAS CAUSED BY: (a) Diabetes Mellitus  
20. INVESTIGATIVE CAUSE: (b) DUE TO OR AS A CONSEQUENCE OF (a)  
21. OTHER SIGNIFICANT CONDITIONS: (c) Hypertensive Cardiac Vascular Disease  
22. I CERTIFY THAT MY CONCLUSION BASED UPON MY INVESTIGATION AND/OR THE INFORMATION THIS DEATH OCCURRED ON THE DATE AT THE PLACE AND DUE TO THE CAUSE(S) STATED ABOVE  
23. MEDICAL EXAMINER'S SIGNATURE: [Signature]

24. A. A. P. SIGNATURE: [Signature]  
25. A. A. P. NAME: [Name]  
26. A. A. P. ADDRESS: [Address]  
27. A. A. P. CITY: [City]  
28. A. A. P. STATE: [State]  
29. A. A. P. ZIP: [ZIP]

30. A. A. P. SIGNATURE: [Signature]  
31. A. A. P. NAME: [Name]  
32. A. A. P. ADDRESS: [Address]  
33. A. A. P. CITY: [City]  
34. A. A. P. STATE: [State]  
35. A. A. P. ZIP: [ZIP]

36. A. A. P. SIGNATURE: [Signature]  
37. A. A. P. NAME: [Name]  
38. A. A. P. ADDRESS: [Address]  
39. A. A. P. CITY: [City]  
40. A. A. P. STATE: [State]  
41. A. A. P. ZIP: [ZIP]

42. A. A. P. SIGNATURE: [Signature]  
43. A. A. P. NAME: [Name]  
44. A. A. P. ADDRESS: [Address]  
45. A. A. P. CITY: [City]  
46. A. A. P. STATE: [State]  
47. A. A. P. ZIP: [ZIP]

48. A. A. P. SIGNATURE: [Signature]  
49. A. A. P. NAME: [Name]  
50. A. A. P. ADDRESS: [Address]  
51. A. A. P. CITY: [City]  
52. A. A. P. STATE: [State]  
53. A. A. P. ZIP: [ZIP]

54. A. A. P. SIGNATURE: [Signature]  
55. A. A. P. NAME: [Name]  
56. A. A. P. ADDRESS: [Address]  
57. A. A. P. CITY: [City]  
58. A. A. P. STATE: [State]  
59. A. A. P. ZIP: [ZIP]

60. A. A. P. SIGNATURE: [Signature]  
61. A. A. P. NAME: [Name]  
62. A. A. P. ADDRESS: [Address]  
63. A. A. P. CITY: [City]  
64. A. A. P. STATE: [State]  
65. A. A. P. ZIP: [ZIP]

66. A. A. P. SIGNATURE: [Signature]  
67. A. A. P. NAME: [Name]  
68. A. A. P. ADDRESS: [Address]  
69. A. A. P. CITY: [City]  
70. A. A. P. STATE: [State]  
71. A. A. P. ZIP: [ZIP]

THIS CERTIFIED COPY VALID  
WHEN MULTICOLOR SEAL AND  
BLUE SIGNATURE ARE AFFIXED

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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 9-11, 1997 Signature: [Signature]  
Grantor or Agent

Subscribed and sworn to before me by the said [Name] this 11 day of August, 1997.  
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 9-11, 1997 Signature: [Signature]  
Grantee or Agent

Subscribed and sworn to before me by the said [Name] this 11 day of August, 1997.  
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.)

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