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GEORGE E. COLE
LEGAL FORMS

No. 822 REC
February 1996

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

97713787

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

Arnealia James, as survivor of herself and her deceased husband, Odia James, whose death certificate is recorded herewith of the 11th Township of Proviso 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 Arnealia James, a widow
(Name and Address of Grantees)

all interest in the following described Real Estate, the real estate situated in _____ County, Illinois, commonly known as 2 S. 17th Avenue, (st. address) legally described as:

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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): 2 S. 17th Avenue

Address(es) of Real Estate: 15-10-120-030-0000

DATED this: 8th day of Sept 19 97

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

(SEAL) Arnealia James (SEAL)

Arnealia James

(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 Arnealia James, a widow

IMPRESS
SEAL
HERE

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 _____ free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead

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LEGAL FORMS

Quit Claim Deed
INDIVIDUAL TO INDIVIDUAL

TO

Property of Cook County Clerk's Office

Given under my hand and official seal, this _____
Commission expires _____ 19 _____ day of _____ 19 _____

This instrument was prepared by _____

William
NOTARY PUBLIC

MAIL TO:
Annelia James
(Name)
25 17th St Av.
(Address)
Maywood, IL 60153
(City, State and Zip)

SEND SUBSEQUENT TAX BILLS TO:

(Name)

(Address)

(City, State and Zip)

RECORDER'S OFFICE BOX NO _____

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The land referred to in this Quit Claim is situated in the Township of Proviso, County of Cook, State of IL, and is described as follows:

All that part of Lot 1, in Block 2, in P.W. Hart's Subdivision hereinafter described, lying between the East and West boundaries of said Lot 1 and Southerly of a line drawn parallel to and 80 feet by rectangular measurements Southerly of the Southerly line of the Chicago and Northwestern Railroad right of way measured at right angles, said P.W. Hart's Subdivision being a Subdivision of Blocks 1 and 2 of Ashland Subdivision (vacated alleys and the North 7 feet of St. Charles Road included) being a Subdivision of part of Section 10, Town 59 North, Range 12 East of the Third Principal Meridian, ALSO: the North 26 feet of Lot 2, Block 2 in P.W. Hart's Subdivision of Blocks 1 and 2 of Ashland Subdivision (vacated alleys and the North 7 feet of St. Charles Road included) being a Subdivision of part of Section 10, Town 59 North, Range 12 East of the Third Principal Meridian.

Commonly known as: 2 South 17th Street

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STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

FEB 18 1997

L SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT THE KEPTER 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 MULTICOLOR SIGNATURE SEAL IS AFFIXED.

NUMBER
602862

MEDICAL CERTIFICATE OF DEATH

1 DECEASED NAME Odia James		2 SEX Male		3 DATE OF DEATH February 15, 1997	
4 REGISTERED NUMBER Cook		5 UNDER 15 YEARS None		6 DATE OF BIRTH February 15, 1920	
7 CITY, TOWN, VILLAGE, OR DISTRICT Chicago		8 HOSPITAL OR OTHER INSTITUTION WHERE DEATH OCCURRED 1615 S. Harding		9 SPECIAL INQUIRY (SEE INSTRUCTIONS)	
10 SOCIAL SECURITY NUMBER 426-24-1986		11 USUAL OCCUPATION Laborer		12 EDUCATION (SEE INSTRUCTIONS)	
13 STATE IL		14 RACE Black		15 INSIDE CITY (YES/NO) Yes	
16 FATHER NAME David James		17 MOTHER NAME Daisy Williams		18 COUNTY Cook	
19 RELIGION Catholic		20 RELATIONSHIP Wife		21 MAILING ADDRESS (SEE INSTRUCTIONS)	
22 ZIP CODE 60623		23 CITY, TOWN, VILLAGE, OR DISTRICT Chicago		24 STATE Ill.	
25 DEATH CERTIFICATE NUMBER 602862		26 DEATH CERTIFICATE NUMBER 602862		27 DEATH CERTIFICATE NUMBER 602862	
28 SIGNATURE OF CERTIFIER Dr. Anicka		29 ADDRESS OF CERTIFIER 5120 N. Jackson		30 DATE SIGNED 2/17/97	
31 NAME OF ATENDING PHYSICIAN Dr. Anicka		32 ADDRESS OF PHYSICIAN 5120 N. Jackson		33 ILLINOIS LICENSE NUMBER 085-291	
34 SOCIAL CREMATION REMOVAL AUTHORITY Buffy		35 CREMATION REMOVAL AUTHORITY Oakridge		36 STATE Ill.	
37 FUNERAL HOME A.R. Ienk Memorial Chapels		38 ADDRESS OF FUNERAL HOME 5740 W. North Ave Chicago, IL 60639		39 DATE 2/21/97	
40 LOCAL HEALTH DEPARTMENT Cook		41 HEALTH DEPARTMENT Cook		42 HEALTH DEPARTMENT Cook	
43 LOCAL HEALTH DEPARTMENT Cook		44 HEALTH DEPARTMENT Cook		45 HEALTH DEPARTMENT Cook	

Handwritten notes:
 1) Hypertension
 2) Crystalline Heart Failure
 3) Probable Cerebral Embolus

PROPERTY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH
 FEB 18 1997

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6842746

UNOFFICIAL COPY
EXEMPT AND ADE TRANSFER DECLARATION STATEMENT
REQUIRED UNDER PUBLIC ACT 87-543
COOK COUNTY ONLY

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 9-25, 19 97

Signature: [Signature]
Grantor or Agent

Subscribed and sworn to before

me by the said [Signature]
this 25 day of Sept
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 9-25, 19 97

Signature: [Signature]
Grantee or Agent

Subscribed and sworn to before

me by the said [Signature]
this 25 day of Sept
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 ADE 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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