

# UNOFFICIAL COPY

## WARRANTY DEED

Statutory (ILLINOIS)  
(Individual to Corporation)

THE GRANTOR(S)

97742894

**LEWIS D. SINTRAIL**, divorced and not  
since remarried.

of the City of Chicago, County of Cook,  
State of Illinois for the consideration of  
TEN ----00/100 DOLLARS in hand paid  
CONVEY and WARRANT to

- DEPT-01 RECORDING \$31.50
- T45555 TRAN 7626 10/06/97 15:40:00
- 4418 ÷ VF \*-97-742894
- COOK COUNTY RECORDER

**AHMAD MARTINS DBA UNIONVILLE PROPERTIES**

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

THE SOUTH 25 FEET OF LOT 20 (EXCEPT THAT PART TAKEN FOR WIDENING WABASH AVENUE) IN BLOCK 11 IN PRYOR AND HOPKINS SUBDIVISION OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 3, TOWNSHIP 38 NORTH, RANGE 14, 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. TO HAVE AND TO HOLD said premises forever.

Permanent Real Estate Index Number: 20-03-119-006  
Address of Real Estate: 4223 S. Wabash, Chicago, IL

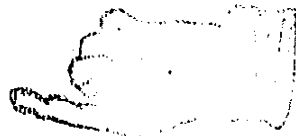
DATED THIS 31 day of July 1997.

*Lewis D. Sintrail*  
LEWIS D. SINTRAIL

Mail tax Bill to:  
Ahmad Martins  
47 W Polk  
Chicago, IL  
60605

PREPARED BY: ATTY. BOYD

MAIL TO: Robert Voth, ATTY. AT LAW  
1830 W ALBONOVIN  
INVERNESS, IL 60067



91-2540664

31/50  
6/2/97

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10/20/10

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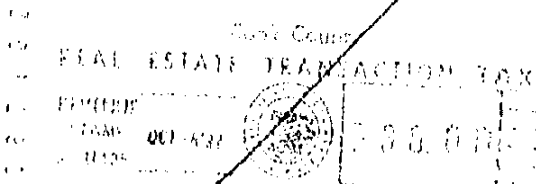
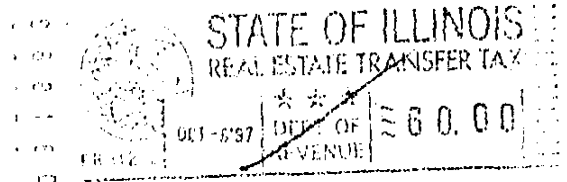
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## AFFIDAVIT OF HEIRSHIP

LEWIS D. SINTRAIL, under the penalties of perjury states:

1. The decedent, HELEN RUSHEN died at Chicago, Illinois on NOVEMBER 1, 1997.
2. I am of legal age. I reside at 4223 S. WABASH CHICAGO, Illinois.
3. All debts including public and old age assistance advancements, funeral, doctor and hospital bills have been paid in full. There are no outstanding creditors known to the affiant.
4. The decedent, HELEN RUSHEN was married to Edward Rushen who predeceased HELEN RUSHEN
5. The decedent has no children.
6. Both of the decedent's parents predeceased the decedent as well as all of decedent's siblings.
7. Except as otherwise herein specifically mentioned and set forth, there was no adoptions and no other children born out of wedlock known to affiant.
8. The decedent died testate having interest in certain personal property located at: 4223 S. Wabash Chicago, IL.
10. Based on the foregoing, decedent left surviving as decedent's only heir(s) to the above real property, the following, all of whom survived the decedent, and in the absence of any indication to the contrary, are of legal age and mentally competent:

LEWIS D. SINTRAIL.



*Lewis D. Sintrail* 7-31-97  
LEWIS D. SINTRAIL

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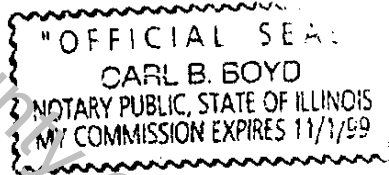
STATE OF ILLINOIS, COUNTY OF COOK ) ss.

The affiant, LEWIS D. SINTRAIL being duly sworn states that he read the above and foregoing Affidavit of Heirship by HIM subscribed and knows the contents thereof, and that the statements therein are true.

 7-31-97  
LEWIS D. SINTRAIL

I, CARL B. BOYD, am an attorney, duly licensed to practice law in the State of Illinois. I have prepared the foregoing affidavit on behalf of the party signing it. Further, based upon the information supplied to me, which I have no reason to believe is not true and accurate, paragraph correctly reflect the appropriate heirship and distribution under the applicable law and any will.

 7-31-97  
CARL B. BOYD



**This instrument was prepared by:**

STARKS & BOYD  
Attorneys at Law  
11528 South Halsted  
Chicago, IL 60628  
(773) 995-7900

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## LAST WILL AND TESTAMENT OF

### HELEN RUSHEN

I, HELEN RUSHEN, in the City of Chicago, in the County of Cook and State of Illinois, being of sound mind and memory, and not acting under duress, fraud, or undue influence of any person or persons, do hereby make, publish, and declare this instrument to be my Last Will and Testament, and I do hereby revoke any and all former wills, codicils, and testamentary disposition made by me at any time heretofore.

#### ARTICLE I

I hereby nominate and appoint my niece, ORA PICKETT, of Chicago, Illinois as my Executor of this my Last Will and Testament and I hereby order and direct that no bond or other security shall be required of her to insure the faithful performance of her duties as said Executor.

#### ARTICLE II

I direct that the funeral expenses and the expenses of my last illness be first paid from my estate.

#### ARTICLE III

I give and bequeath the contents of all my bank accounts, in my name only, wheresoever found and wheresoever situated to be given to LEWIS D. SINTRAIL of Fairfield, Alabama.

#### ARTICLE IV

I give and bequeath my real property, a 2-Flat building, located at 4223 South Wabash, Chicago, Illinois and the contents thereof to LEWIS D. SINTRAIL to do with as he sees fit and proper.

#### ARTICLE V

I give and bequeath the residue of my estate, whatsoever found and wheresoever situated, to LEWIS D. SINTRAIL to do with as he sees fit and proper.

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## ARTICLE VI

In the event that my Estate shall be entered in Probate Court, I request that my Executor retain as the attorney for my Estate the law firm of STARKS & ASSOCIATES.

**IN WITNESS WHEREOF**, I have hereunto set my hand and seal at Chicago, Illinois this 20<sup>th</sup> day of December, 1993.

  
HELEN RUSHEN

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## ATTESTATION

The foregoing instrument consisting of three (3) typewritten pages, including this page, was on this the 20<sup>th</sup> day of December, 1993, signed, sealed, published and declared by the said Testatrix, HELEN RUSHEN, to be her Last Will and Testament in the presence of us, who at the request of the Testatrix and in her presence, and in the presence of each other, have subscribed our names hereto as witnesses to said document, believing that the said Testatrix is of sound and disposing mind and memory at the time of our subscribing our names as such witnesses.

[Signature] Residing at 11528 S. Halsted Ave. St.

[Signature] Residing at 12116 S. Stewart Chgo., Ill

STATE OF ILLINOIS

COUNTY OF COOK

) SS  
)

WE, the attesting witnesses to the Will of HELEN RUSHEN, on oath state that each of us was present and saw the Testatrix sign the Will, of which this affidavit is a part, in our presence; that the Will was attested by each of us in the presence of the Testatrix and that each of us believe the Testatrix to be of sound mind and memory at the time of signing.

[Signature]  
[Signature]

SUBSCRIBED and SWORN to before me this 20<sup>th</sup> day of December, 1993.

[Signature]  
NOTARY PUBLIC

This instrument was prepared by:

STARKS & ASSOCIATES  
Attorneys at Law  
11528 South Halsted  
Chicago, IL 60628  
(312) 995-7900



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IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS  
PROBATE DIVISION

I HEREBY CERTIFY THAT THE DOCUMENT TO WHICH  
THIS CERTIFICATION IS AFFIXED IS A TRUE AND  
CORRECT COPY OF AN INSTRUMENT IN WRITING  
SUPPORTING TO BE THE LAST WILL AND TESTAMENT  
OF Helen Rusher

DECEASED FILED IN THE OFFICE OF THE CLERK OF  
THE CIRCUIT COURT OF COOK COUNTY PROBATE  
DIVISION ON December 31, 1996

December 31, 1996  
Aurelia [Signature]  
CLERK OF THE CIRCUIT COURT  
OF COOK COUNTY, ILLINOIS

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STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16-10**  
REGISTERED NUMBER

STATE FILE NUMBER  
**618706**

DECEASED-NAME: **HELEN RUSHEN COOK** (FIRST, MIDDLE, LAST)  
 COUNTY OF DEATH: **COOK**  
 DATE OF BIRTH: **NOVEMBER 01, 1996** (MONTH, DAY, YEAR)  
 SEX: **2 FEMALE**  
 DATE OF DEATH: **NOVEMBER 01, 1996** (MONTH, DAY, YEAR)  
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **CHICAGO**  
 HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **54. August 13 1922**  
 IF HOSP OR INST. INDICATED O.A. OF EMER. RM. # (PATIENT) (SPECIFY): **9. NO**  
 WAS RECORDS FOR INFLUENZA AND/OR POLIO MADE (YES/NO): **9. NO**  
 NAME OF SURVIVING SPOUSE (MARRIAGE NAME, IF WIFE): **None**  
 NAME OF BUSINESS OR INDUSTRY: **None**  
 EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **12. 12th**  
 COUNTY: **COOK**  
 KIND OF BUSINESS OR INDUSTRY: **11b. Own Home**  
 CITY, TOWN, OR ROAD DISTRICT NO.: **CHICAGO**  
 RACE: **14a. BLACK**  
 ZIP CODE: **13. 60653**  
 STATE: **ILLINOIS**  
 FATHER-NAME: **n/a**  
 MOTHER-NAME: **14b. n/a**  
 INFORMANT'S NAME (TYPE OR PRINT): **17a. SILVESTRE B. SANCHEZ JR. ADMITTING OFFICER**  
 MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY, TOWN, STATE, ZIP): **17c. 2525 S MICHIGAN AVE, CHGO, IL 60616**  
 IMMEDIATE CAUSE (Final disease or condition resulting in death): **(b) CARCINOMA OF RIGHT BREAST**  
 CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **(c) DUE TO, OR AS A CONSEQUENCE OF**  
 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I:  
 DATE OF OPERATION, IF ANY: **20b. OCTOBER 21, 1996**  
 MAJOR FINDINGS OF OPERATION: **20c. NO**  
 (100) (DO NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: **21a. OCTOBER 21, 1996**  
 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.  
 SIGNATURE: **Evelyn Taylor Currie**  
 NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **22. EVELYN TAYLOR CURRIE, M.D. 8541 S STATE #1, CHICAGO, IL 60619**  
 NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): **22d. 036-055495**  
 ILLINOIS LICENSE NUMBER: **22c. 036-055495**  
 NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE COMMISSIONER OF MEDICAL EXAMINER MUST BE NOTIFIED.  
 BURIAL CREMATION, REMOVAL (SPECIFY): **24a. Burial**  
 CEMETERY OR CREMATORY-NAME: **24b. Mt. Hope**  
 LOCATION: **24c. Chicago, Illinois**  
 CITY OR TOWN: **Chicago, Illinois**  
 STATE: **Illinois**  
 DATE: **24d. Nov. 6, 1996**  
 STREET AND NUMBER OR R.F.D.: **4114 South Michigan Ave, Chgo. Ill.**  
 FUNERAL HOME: **Unity Funeral Parlors, Inc.**  
 FUNERAL DIRECTOR'S SIGNATURE: **25a. [Signature]**  
 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **25c. 34-11559**  
 LOCAL REGISTRAR'S SIGNATURE: **26a. [Signature]**  
 LOCAL REGISTRAR'S ILLINOIS LICENSE NUMBER: **26c. NOV 5 1996**  
 DATE FOR LOCAL REGISTRATION (MONTH, DAY, YEAR): **NOV 5 1996**

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

NOV 5 1996

I, SHEILA LYNE, PSW, 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 MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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