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WARRANTY DEED

97887135

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GRANTOR(S) :

KURT W. SCHUGT, MARRIED TO
JOAN A. SCHUGT, HIS WIFE

COOK COUNTY RECORDER
13-17-315-032-0000
13-17-315-032-0000
COOK COUNTY RECORDER

OF THE CITY OF CHICAGO,
COUNTY OF COOK, STATE OF
ILLINOIS

=====FOR RECORDER'S USE=====

for and in consideration of Ten Dollars (\$10.00) and other good and valuable consideration in hand paid, CONVEY(S) and WARRANT(S) to:

KATARZYNA SZAFRANCKA

the following described real estate, to wit:

SEE EXHBIT "A" ATTACHED HERETO, INCORPORATED HEREIN BY REFERENCE AND MADE A PART HEREOF

P.I.N. : 13-17-315-032-0000

Known as : 4031 N. MEADE, CHICAGO, ILLINOIS 60634

hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws if the State of Illinois. TO HAVE AND TO HOLD said premises forever.

DATED this 16 day of SEPTEMBER, 19 97.

Kurt W. Schugt
KURT W. SCHUGT

Joan A. Schugt
JOAN A. SCHUGT

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STATE OF ILLINOIS, COUNTY OF COOK) SS : I, the undersigned, a notary public in and for the said County, in the State aforesaid, DO HEREBY CERTIFY that KURT W. SCHUGT, MARRIED TO JOAN A. SCHUGT, HIS WIFE

personally known to me to be the same person(s) whose name(s) is subscribed to the foregoing instrument, appeared before me this day, in person and acknowledged that he/she/they signed, sealed and delivered the said instrument as his/her/their free and voluntary act, for the uses and purposes therein set forth. GIVEN UNDER MY HAND AND OFFICIAL SEAL, this 16 day of SEPTEMBER, 1997.

OFFICIAL SEAL
STANLEY CZAJA

NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 07/30/01

Notary Public

Prepared by Stanley Czaja, Attorney at Law, 6121 N. Northwest Highway, Chicago, Illinois 60631

Return to: Katarzyna Szafrańska
4031 N. Meade, Chicago IL 60634

NOTICE
MAINTAIN TO FILE

25.50
175

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EXHIBIT "A"

ADDRESS OF PROPERTY: 4031 N. MEADE, CHICAGO, ILLINOIS 60634

PERMANENT INDEX NO : 13-17-315-032-0000

LEGAL DESCRIPTION

LOT 52 AND LOT 53 IN LAVINIA ELDRED'S SUBDIVISION BEING A SUBDIVISION OF THE WEST 1/2 OF THE EAST 1/2 OF THE SOUTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 17, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

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★ CITY OF CHICAGO ★
★ REAL ESTATE TRANSACTION TAX ★
★ DEPT. OF REVENUE NOV-5-97 ★
★ 731.25 ★

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★ 731.25 ★

STATE OF ILLINOIS
REAL ESTATE TRANSACTION TAX
NOV 26 1997 DEPT. OF REVENUE
195.00

Cook County
REAL ESTATE TRANSACTION TAX
REVENUE
STAMP NOV 26 1997
197.50

11/26/97
TB

Property of Cook County Clerk's Office

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STATE OF ILLINOIS

STATE FILE NUMBER

SEP 03 1985

REGISTRATION NO 16:10
DISTRICT NO
REGISTERED NUMBER

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

617298

DECEASED - NAME **WILLIE C. SCHULT** SEX **Female** DATE OF DEATH **Sept 3 1985**

AGE - (WRITE IN FULL NUMBERS) **43** ORIGIN OR DESCENT **German** BIRTH DATE **Nov. 13, 1912** COUNTY OF DEATH **Cook**

CITY, TOWN, OR VILLAGE **Chicago** HOSPITAL OR OTHER INSTITUTION - NAME (IF KNOWN) **Northwest Hospital** DOA

CITIZENSHIP **United States** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (CHECK ONE) **Widowed** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **None**

USUAL OCCUPATION **Housewife** KIND OF BUSINESS OR INDUSTRY **Own Home** MARITAL STATUS (IF FEMALE) **None** WAR OR CATEGORIES OF SERVICE **None**

RESIDENCE STREET AND NUMBER **4031 N. Meade** CITY, TOWN, OR VILLAGE **Chicago** INSIDE CITY **Yes** COUNTY **Cook** STATE **Illinois**

FATHER - NAME **Kurt W. Schugt** MIDDLE **n/a** MOTHER - MAIDEN NAME **n/a** MAILING ADDRESS (STREET AND NO OR P O BOX) **R. R. Box 116 A Beecher, IL 60401**

DEATH WAS CAUSED BY **HEART FAILURE** IMMEDIATE CAUSE **HEART FAILURE** (a) **HEART FAILURE** (b) **HEART FAILURE** (c) **HEART FAILURE**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (IF ANY) **HEART FAILURE**

DATE OF INJURY (MONTH, DAY, YEAR) **201** LOCATION (CITY, STATE) **Chicago, IL**

TIME OF DEATH (HOUR, MINUTE) **3:05A**

PLACE OF DEATH (STREET AND NO OR P O BOX, CITY, STATE) **5917 W. Irving Park, Chicago, IL 60634**

DATE SIGNED **Sept 3 1985**

SIGNATURE **JOHN RICHMOND M.D.**

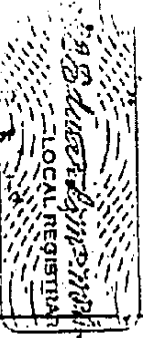
CEMETERY OR CREMATORY NAME **St. Joseph** LOCATION **River Grove, Illinois** DATE, MONTH, DAY, YEAR **24 Sept, 3, 1985**

FUNERAL HOME **Gibbons Funeral Home** STREET AND NUMBER OR P O BOX **5917 W. Irving Park** CITY OR TOWN **Chicago, IL 60634**

FUNERAL DIRECTOR SIGNATURE **Thomas A. Gibbons** LOCAL REGISTRAR SIGNATURE **John R. Edwards, M.D., M.P.A.** DATE RECEIVED BY LOCAL REGISTRAR **SEP 03 1985**

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JOHNIE C. EDWARDS M.D. M.P.A., 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.



DEPARTMENT OF HEALTH CITY OF CHICAGO

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

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RECORDED & INDEXED
47093 11/26/97 10:28:00
150013 FROM 5897 11/26/97 10:28:00
\$25.50

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