

QUIT CLAIM DEED  
(Individual to Individual)

MAIL TO:  
Surathye Tantikanchanakul  
3951 Rutgers  
Northbrook, Illinois 60062

SEND SUBSEQUENT TAX BILLS TO:  
Surathye Tantikanchanakul  
3951 Rutgers  
Northbrook, Illinois 60062

THE GRANTOR,

Surathye Tantikanchanakul,

of the Village of Northbrook, County of Cook, State of Illinois for the consideration of Ten and 00/XX---  
-----(\$10.00) DOLLARS, CONVEY and QUIT CLAIM to Surathye Tantikanchanakul as Trustee of the  
Surathye Tantikanchanakul Living Trust, dated November 17, 1997,

3951 Rutgers  
Northbrook, Illinois 60062

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

(see attached legal description)

Commonly known as: 226 Linden Street  
Northbrook, Illinois 60062

P.I.N. 04-03-109-027-0000

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COOK COUNTY  
CLERK'S OFFICE  
ORDER  
WHITE  
OFFICE

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TO HAVE AND TO HOLD the said premises with the appurtenances upon the trusts and for the uses and purposes herein and in said trust agreement set forth.

Full power and authority are hereby granted to said trustee to improve, manage, protect and subdivide said premises or any part thereof; to dedicate parks, streets, highways or alleys; to vacate any subdivision or part thereof, and to resubdivide said property as often as desired; to contract to sell; to grant options to purchase; to sell on any terms; to convey either with or without consideration; to convey said premises or any part thereof to a successor or successors in trust and to grant to such successor or successors in trust all of the title, estate, powers and authorities vested in said trustee; to donate, to dedicate, to mortgage, pledge or otherwise encumber said property, or any part thereof; to lease said property, or any part thereof, from time to time, in possession or reversion, by leases to commence in praesenti or in futuro, and upon any terms and for any period or periods of time, not exceeding in the case of any single demise the term of 198 years, and to renew or extend leases upon any terms and for any period or periods of time and to amend, change or modify leases and the terms and provisions thereof at any time or times hereafter; to contract to make leases and to grant options to lease and options to renew leases and options to purchase the whole or any part of the reversion and to contract respecting the manner of fixing the amount of present or future rentals; to partition or to exchange said property, or any part thereof, for other real or personal property; to grant easements or charges of any kind; to release, convey or assign any right, title or interest in or about or easement appurtenant to said premises or any part thereof; and to deal with said property and every part thereof in all other ways and for such other considerations as it would be lawful for any person owning the same to deal with the same, whether similar to or different from the ways above specified, at any time or times hereafter.

In no case shall any party dealing with said trustee in relation to said premises, or to whom said premises or any part thereof shall be conveyed, contracted to be sold, leased or mortgaged by said trustee, be obliged to see to the application of any purchase money, rent, or money borrowed or advanced on said premises, or be obliged to see that the terms of this trust have been complied with, or be obliged to inquire into any of the terms of said trust agreement; and every deed, trust deed, mortgage, lease or other instrument executed by said trustee in relation to said real estate shall be conclusive evidence in favor of every person relying upon or claiming under any such conveyance, lease or other instrument, (a) that at the time of the delivery thereof the trust created by this Indenture and by said trust agreement was in full force and effect; (b) that such conveyance or other instrument was executed in accordance with the trusts, conditions and limitations contained in this indenture and in said trust agreement or in some amendment thereof and binding upon all beneficiaries thereunder; (c) that said trustee was duly authorized and empowered to execute and deliver every such deed, trust deed, lease, mortgage or other instrument; and (d) if the conveyance is made to a successor or successors in trust, that such successor or successors in trust have been properly appointed and are fully vested with all the title, estate, rights, powers, authorities, duties and obligations of its, his or their predecessor in trust.

The interest of each and every beneficiary hereunder and of all persons claiming under them or any of them shall be only in the earnings, avails and proceeds arising from the sale or other disposition of said real estate, and such interest is hereby declared to be personal property, and no beneficiary hereunder shall have any title or interest, legal or equitable, in or to said real estate as such, but only

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LOT 75 IN BLOCK 8 IN GLEN-BROOK COUNTRYSIDE, A SUBDIVISION OF PART OF THE NORTHWEST 1/4 OF SECTION 3 AND PART OF THE NORTHEAST 1/4 OF SECTION 4, ALL IN TOWNSHIP 42 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT RECORDED MAY 23, 1946 AS DOCUMENT 13802722 IN COOK COUNTY, ILLINOIS.

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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.

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 title to real estate under the laws of the State of Illinois.

Date: 11-17-97  
Signature: [Signature]  
Grantor or Agent

Date: 11-17-97  
Signature: [Signature]  
Grantee or Agent

Subscribed and Sworn to before me this 17<sup>th</sup> day of November, 1997.

Subscribed and Sworn to before me this 17<sup>th</sup> day of November, 1997.

[Signature]  
Notary Public  
"OFFICIAL SEAL"  
MARLENA S. PORTNOY  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 11/19/01

[Signature]  
Notary Public  
"OFFICIAL SEAL"  
MARLENA S. PORTNOY  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 11/19/01

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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STATE OF ILLINOIS

STATE FILE NUMBER 5 of 6

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <b>16008</b>	REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>			
DECEASED-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)				
1. <b>YUPA Y TANTIKANCHANAKUL</b>		2. <b>FEMALE</b>	3. <b>FEBRUARY 4, 1997</b>				
COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR MOS.	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)		
4. <b>COOK</b>		5a. <b>56</b>	5b. <b>56</b>	5c. <b>56</b>	5d. <b>AUGUST 7, 1940</b>		
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			IF HOSP. OR INST. INDICATE D.O.A. OR EMER. RM. INPATIENT (SPECIFY)		
A. <b>6a. PARK RIDGE</b>		6b. <b>LUTHERAN GENERAL HOSPITAL</b>			6c. <b>INPATIENT</b>		
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)			WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
7. <b>Thailand</b>		8a. <b>Married</b>	8b. <b>Surathye Tantikanchanikul</b>			9. <b>No</b>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		
10. <b>336-52-1305</b>		11a. <b>Registered Nurse</b>	11b. <b>Medical</b>		12. <b>4</b>		
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY		
13a. <b>3951 Rutgers Lane</b>		13b. <b>Northbrook, IL</b>		13c. <b>Yes</b>	13d. <b>Cook</b>		
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)			
13e. <b>Illinois</b>		13f. <b>60062</b>	14a. <b>Asian</b>	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE LAST		(MAIDEN) LAST			
15. <b>Jian Tiban</b>		16. <b>Cheng-im</b>		N/A			
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)				
17a. <b>PAMELA KING, REGISTRAR</b>		17b. <b>HOSP REC</b>	17c. <b>1775 DEMPSTER, PARK RIDGE, ILLINOIS 60068</b>				
18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or renal failure. List only one cause on each line.		APPROPRIATE INTERVAL BETWEEN DEATH AND DEATH					
Immediate Cause (Final disease or condition resulting in death)		(b) <b>Carcinoma Left Breast</b>			Years		
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) <b>Metastatic disease of Liver and Bone</b>			Months		
		(c) <b>Diabetes mellitus</b>			Many		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO)			
19a. <b>NO</b>		19b. <b>NO</b>		19c. <b>NO</b>			
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?			
20a. <b>NO</b>		20b. <b>NO</b>		20c. <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/> <b>NO</b>			
1 (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH			
21a. <b>2-4-97</b>		21b. <b>NO</b>		21c. <b>12:50 P.M.</b>			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR)					
22a. SIGNATURE <b>[Signature]</b>		22b. <b>2-5-97</b>					
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER					
22c. <b>Jordan M. [Signature] 1600 Dempster, Suite 103 Park Ridge, IL 60068</b>		22d. <b>36-48772</b>					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.					
23. <b>[Signature]</b>							
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)
24a. <b>Crementation</b>		24b. <b>Woodlawn Cemetery</b>		24c. <b>Forest Park, IL</b>	60130	24d. <b>February 8, 1997</b>	
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	ZIP
25a. <b>Barr Funeral Home, Ltd. 6222 N. Broadway, Chicago, IL 60660</b>		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
25b. <b>[Signature]</b>		25c. <b>34-14478</b>					
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
26a. <b>KAREN L SCOTT, M.D. [Signature]</b>		26b. <b>February 6, 1997</b>					

VR200 (Rev. 5/88)

Illinois Department of Public Health - Division of Vital Records

(BASED ON 1969 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE FEBRUARY 6, 1997

SIGNED

[Signature]

EVANSTON

LOCAL REGISTRAR

AT Illinois OFFICIAL TITLE

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

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