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QUIT CLAIM DEED

97113305

Statutory (ILLINOIS)
(Individual to Individual)

THE GRANTORS:

DENNIS WAWRZYNIAK,
Bachelor
WAYNE WAWRZYNIAK,
Bachelor

COOK COUNTY RECORDS 121.50
715545 DEED 7115 02/19/97 17:33:00
1302 + 80 4-97-1133305
COOK COUNTY RECORDER

of the City of Chicago, County of Cook, State of Illinois, for and in consideration of Ten and 00/100 (\$10.00) DOLLARS, and other good and valuable consideration in hand paid, CONVEYS and QUIT CLAIMS to:

WAYNE WAWRZYNIAK, Bachelor
5144 South California
Chicago, IL 60632

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

LOT NINETEEN (19) IN BLOCK ONE (1) IN PHARE'S SUBDIVISION OF THE EAST ONE-HALF (E.1/2) OF THE SOUTH WEST QUARTER (S.W. 1/4) OF SECTION TWELVE (12), TOWNSHIP THIRTY-EIGHT (38) NORTH, RANGE THIRTEEN (13), 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.

Permanent Real Estate Index Number(s): 19-12-307-040

Address(es) of Real Estate: 5144 South California Avenue,
Chicago, Illinois 60632

DATED this 30th day of January, 1997


DENNIS WAWRZYNIAK


WAYNE WAWRZYNIAK

Exempt under provisions of Paragraph E, Section 4,
Real-Estate Transfer Tax Act.
Date: 1/30/97
Buyer, Seller or Representative

97113305
Cook County Clerk's Office

State of Illinois, County of Cook ss: I the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY



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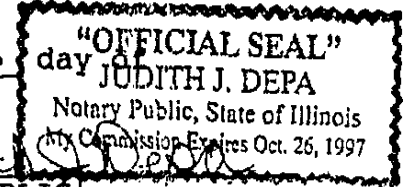
EXHIBIT

SOCIETY

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CERTIFY that DENNIS WAWRZYNIAK, Bachelor and WAYNE WAWRZYNIAK, Bachelor personally known to me to be the same persons whose names subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that they signed, sealed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and official seal, this 30th day of January, 1997.



Commission expires 10-26 19 97

Judith J. DePa
NOTARY PUBLIC

This instrument was prepared by DARSI M. KLING, Attorney at Law, 2650 West 51st Street, Chicago, IL 60632

MAIL TO:

DARSI M. KLING, Attorney
2650 West 51st Street
Chicago, IL 60632

Send Subsequent Tax Bills to:

WAYNE WAWRZYNIAK
5144 South California
Chicago, IL 60632

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REGISTRATION DISTRICT NO. 16.10
REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
612298

1. DECEASED-NAME: **Joanne A. Wawrzyniak** LAST: **Wawrzyniak** SEX: **Female** DATE OF DEATH (MONTH, DAY, YEAR): **June 28, 1994**

2. COUNTY OF DEATH: **Cook** DATE OF BIRTH (MONTH, DAY, YEAR): **June 2, 1916**

3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Chicago** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **Holy Cross Hospital**

4. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (CHECK): **Widowed** USUAL OCCUPATION: **Homemaker**

5. AGE - LAST BIRTHDAY (YRS): **78** UNDER 1 DAY (HOURS): **50** UNDER 1 YEAR (DAYS): **50** DATE OF BIRTH (MONTH, DAY, YEAR): **June 2, 1916**

6. SOCIAL SECURITY NUMBER: **10-359-05-0197** RESIDENCE (STREET AND NUMBER): **5144 S. California** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **Chicago**

7. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): **White** ZIP CODE: **60632** 11b. **Qual Home** 12. EDUCATION (SPECIFY ONE, TWO, THREE OR MORE): **High School Graduate**

8. FATHER-NAME: **John Morines** MOTHER-NAME: **Mary Bank** 13a. **Illinois** 13b. **Chicago** 13c. **Cook** 13d. **Cook**

9. 14a. **WNO** 14b. **WNO** 14c. **Yes** 14d. **Yes** 14e. **Yes** 14f. **Yes** 14g. **Yes** 14h. **Yes** 14i. **Yes** 14j. **Yes** 14k. **Yes** 14l. **Yes** 14m. **Yes** 14n. **Yes** 14o. **Yes** 14p. **Yes** 14q. **Yes** 14r. **Yes** 14s. **Yes** 14t. **Yes** 14u. **Yes** 14v. **Yes** 14w. **Yes** 14x. **Yes** 14y. **Yes** 14z. **Yes**

10. RELATIONSHIP: **Son** 11. MAILING ADDRESS (STREET AND NO., CITY OR TOWN, STATE, ZIP): **170514 S. California - Chicago, IL 60632**

11. IMMEDIATE CAUSE (Final cause of condition resulting in death): **(a) Sepsis**

12. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **(b) Severe renal failure**

13. PART II: Other medical conditions contributing to death but not resulting in the underlying cause given in PART I: **(c) Diabetes mellitus**

14. MAJOR FINDINGS OF OPERATION: **Hypernatremia, cardiac arrhythmia, exophthalmos**

15. DATE OF OPERATION, IF ANY: **06/26/94** 16. TIME OF DEATH: **10:46 P.M.**

17. NAME AND ADDRESS OF CERTIFIER: **Dr. H. Ryan, M.D., 3740 W. Foster Ave., Suite 312, Chicago, IL 60651**

18. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: **Dr. F. Tan**

19. REMOVAL OPERATION: **None** 20. CITY/TOWN: **Chicago** STATE: **IL**

21. FUNERAL HOME: **Funeral Home of 2746 W. 51st - Chicago, IL 60637**

22. SIGNATURE: **Joanne A. Wawrzyniak**

23. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **JUL 0 1 1994**

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, JOYCE A. BRAHNER, 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 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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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 1-30-, 1997

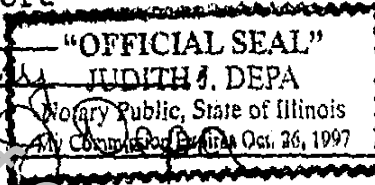
Signature: _____

Grantor or Agent

Subscribed and sworn to before me by the said Person

this 30th day of January, 1997.

Notary Public _____



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 1/28, 1997

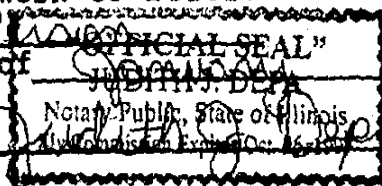
Signature: _____

Grantee or Agent

Subscribed and sworn to before me by the said Person

this 30th day of January, 1997.

Notary Public _____



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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EX-100-1272