

QUIT CLAIM DEED
Statutory (ILLINOIS)
(General)

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 (NAME AND ADDRESS)

EDWARD L. WASHINGTON, WIDOWER

(The Above Space For Recorder's Use Only)

of the CITY OF COOK of CHICAGO County
of COOK, State of ILLINOIS
for and in consideration of TEN (10.00) DOLLARS,
in hand paid, CONVEY and QUIT CLAIM to

EDWARD L. WASHINGTON and TOLIS WHITEHEAD, HIS DAUGHTER

(NAME AND ADDRESS OF GRANTEE)

all interest in the following described Real Estate situated in the County of COOK
in the State of Illinois, to wit: (See reverse side for legal description.) hereby releasing and waiving all rights under and
by virtue of the Homestead Exemption Laws of the State of Illinois.

Permanent Index Number (PIN): 25-03-326-039 & 25-03-326-040

Address(es) of Real Estate: 9456 CALUMET AVENUE CHICAGO, IL 60619

DATED this 4 day of December 1997

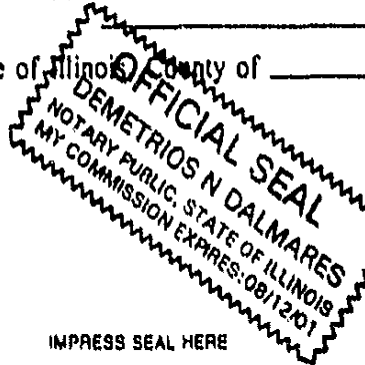
PLEASE
PRINT OR
TYPE NAME(S)
BELOW
SIGNATURE(S)

Edward L. Washington
EDWARD L. WASHINGTON

(SEAL) _____ (SEAL)

(SEAL) _____ (SEAL)

State of Illinois, County of _____ ss. I, the undersigned, a Notary Public in and for
said County, in the State aforesaid, DO HEREBY CERTIFY that



personally known to me to be the same person whose name is subscribed to
the foregoing instrument, appeared before me this day in person, and acknowledged
that he signed, sealed and delivered the said instrument as his
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 4 day of December 1997

Commission expires 8/12 192001

This instrument was prepared by DEMETRIOS N. DALMARES 9533 W. 143rd St. ORLAND PARK, IL 60462
(NAME AND ADDRESS)

Legal Description

of premises commonly known as 9456 CALUMET AVENUE CHICAGO, IL. 60619

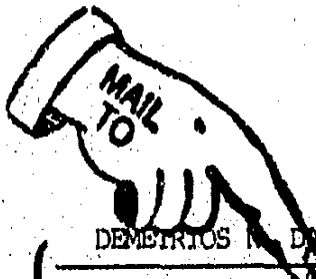
P.I.N. 25-03-326-039 & 25-03-326-040

LOTS 26 AND 27 IN FAIRMOUNT, BEING A SUBDIVISION OF THE EAST 1/2 OF THE SOUTHWEST 1/4 AND THE NORTHWEST 1/4 OF THE SOUTHEAST 1/4 SOUTH OF THE C.R.I. & P. RAILROAD, OF SECTION 3, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Exempt under the provisions of Paragraph (e) 35 ILCS 200/31-45

12/4/97
Date

Buyer, Seller or Representative



MAIL TO:

DEMETRIOS N. DALMARES

(Name)

9533 W. 143rd Street

(Address)

Orland Park, Il. 60462

(City, State and Zip)

SEND SUBSEQUENT TAX BILLS TO:
EDWARD L. WASHINGTON

(Name)

9456 CALUMET

CHICAGO, IL. 60619

(City, State and Zip)

OR RECORDER'S OFFICE BOX NO. _____

STATE OF ILLINOIS
County of Cook

DAVID D. ORR, County Clerk

DAVID D. ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David D. Orr
County Clerk

673

REGISTRATION DISTRICT NO. 16.10
REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER 606962

MEDICAL CERTIFICATE OF DEATH

DECEASED—NAME: Beatrice Washington, SEX: Female, DATE OF DEATH: March 3, 1972

RACE: Negro, AGE: 50, UNDER 1 YEAR: 2, UNDER 1 DAY: 2, DATE OF BIRTH: December 25, 1909, PLACE OF DEATH: Cook

CITY: Chicago, 7c. Yes, 7d. St. Bernard's Hospital

BIRTHPLACE: Arkansas, CITIZEN: U.S.A., MARRIED: Married, NAME OF SURVIVING SPOUSE: Edward Washington

SOCIAL SECURITY NUMBER: 343-20-1075, USUAL OCCUPATION: Housewife, KIND OF BUSINESS: at home, U.S. WAR VETERAN: No

RESIDENCE: Illinois, Cook, Chicago, 14c. Yes, 14d. 9456 S. Calumet Ave

FATHER: Louis Shaw, MOTHER: Bessie Wilkerson

INFORMANT: Delphine Cummings, RELATIONSHIP: Medical Records, ADDRESS: 26337 S. Harvard Chgo, Ill 60621

DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE)

1a) Heart Failure

1b) Carcinomatosis

1c) Carcinoma of the Fallopian tube

4 years

PART II OTHER SIGNIFICANT CONDITIONS: Pulmonary Edema, ADIPOSITY: Yes

DATE OF OPERATION: 2-2-67, 3-2-72, MAJOR FINDINGS OF OPERATION: 3-2-72, 8:30 P.M.

70a. 2-2-67, 70b. 3-2-72, 70c. 3-2-72, 70d. 8:30 P.M.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE AT THE TIME AND PLACE AND FROM THE CAUSES STATED

SIGNATURE: [Signature], DATE: 3-2-72, 36-32910

21. 108 E. Marguerite Rd Chicago Ill 60637

BURIAL INFORMATION: 74a. Burial, 74b. Oakwoods, 74c. Chicago, Illinois, 74d. 3/9/1972

75a. COLLINS FUNERAL PARLORS 1411 East 67th St/Chicago, Ill/60637

75b. [Signature]

LOCAL REGISTRAR'S SIGNATURE: [Signature], CHICAGO BOARD OF HEALTH, Chicago Civic Center, Room 103, Concourse Level, Chicago 60607, MAR 7 1972

UNOFFICIAL COPY



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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.

Dated: Dec. 4, 19 97

Signature: [Signature]
Grantor or Agent

Subscribed and sworn to before me
this 4 day of Dec., 19 97

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: Dec. 4, 19 97

Signature: [Signature]
Grantee or Agent

Subscribed and sworn to before me
this 4 day of Dec., 19 97

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 for subsequent offenses.

(Attach to deed or ABI to be recorded in Cook County, Illinois, if exempt under provisions of Section 4 of the Illinois Real Estate Transfer Tax Act.)

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