

GEORGE E. COLE® No. 822 REC  
LEGAL FORMS February 1996

QUIT CLAIM DEED  
Statutory (Illinois)  
(Individual to Individual)

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.

Above Space for Recorder's use only

THE GRANTOR(S)

Ralph Franklin, as survivor of himself and his deceased joint tenant Jacqueline D. Franklin, whose death certificate is recorded herewith of the City \_\_\_\_\_ of Chicago County of Cook State of Illinois for the consideration of One and no/100 (\$1.00) DOLLARS, and other good and valuable considerations \_\_\_\_\_ in hand paid, CONVEY(S) \_\_\_\_\_ and QUIT CLAIM(S) \_\_\_\_\_

TO Ralph Franklin, a widower  
(Name and Address of Grantees)

all interest in the following described Real Estate, the real estate situated in Cook County, Illinois, commonly known as 712 S. Keeler (st. address) legally described as:

Lot 39 in Block 1 in William Hale Thompson's Subdivisio of that part of the East 1/2 of the Northwest 1/4 of the Southeast 1/4 of Section 15, Township 39 North, Range 13 East of the Third Principal Meridian, lying North of Barry Pointe Road, 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): 16-15-404-034-0000

Address(es) of Real Estate: 712 S. Keeler, Chgo IL 60624

DATED this: 9th day of Jan, 98

Please print or type name(s) below signature(s)

(SEAL) Ralph Franklin (SEAL)

Ralph Franklin

(SEAL) \_\_\_\_\_ (SEAL)

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

personally known to me to be the same person \_\_\_\_\_ whose name \_\_\_\_\_ subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that \_\_\_\_\_ 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.

"OFFICIAL SEAL"  
Roberta Wilson  
Notary Public of Illinois  
My Commission Exp. 11/05/2001

File # 1952e

3/6/98

# UNOFFICIAL COPY

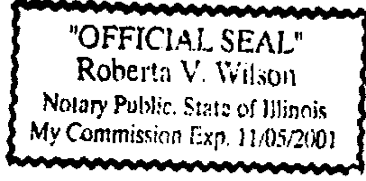
## Quit Claim Deed INDIVIDUAL TO INDIVIDUAL

TO

GEORGE E. COLE  
LEGAL FORMS

Property of Cook County

95034557



Given under my hand and official seal, this 9th day of Jan 19 9

Commission expires 19 Roberta V. Wilson  
NOTARY PUBLIC

This instrument was prepared by R. Franklin, 712 S. Keeler, Chicago, IL  
(Name and Address)

MAIL TO: {  
R. Franklin  
(Name)  
712 S. Keeler  
(Address)  
Chicago IL 60624  
(City, State and Zip)

SEND SUBSEQUENT TAX BILLS TO:  
R. Franklin  
(Name)  
712 S. Keeler  
(Address)  
Chicago, IL, 60624  
(City, State and Zip)

OR RECORDER'S OFFICE BOX NO. \_\_\_\_\_

# UNOFFICIAL COPY

WE HEREBY CERTIFY THIS TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL.

BY: Anthony Romano 5-31-95  
LONG BEACH MORTGAGE COMPANY

STATE OF ILLINOIS  
County of Cook

ss. DAVID D. ORR. County Clerk

MAY 30 1995

I, 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

95015557

- 67 AUG '84

STATE OF ILLINOIS  
MEDICAL EXAMINER'S CERTIFICATE OF DEATH 615406

|  |  |  |  |  |                       |
|--|--|--|--|--|-----------------------|
| <input checked="" type="checkbox"/> PERMANENT CERTIFICATE                              | <input type="checkbox"/> TEMPORARY CERTIFICATE | REGISTRATION DISTRICT NO. <b>16.10</b>         |  |  |                       |
| DECEASED NAME  |  | AGE  |  | SEX                                    | DATE OF DEATH         |
| <b>JACQUELINE FRANKLIN</b>   |  | <b>38</b>                                      |  | <b>FEMALE</b>                          | <b>AUGUST 4, 1984</b> |
| RACE   |  | ETHNIC ORIGIN                                  |  | COUNTY OF DEATH                        |                       |
| <b>BLACK</b>   |  | <b>AMERICAN</b>                                |  | <b>COOK</b>                            |                       |
| RESIDENCE STREET AND NUMBER  |  | HOSPITAL OR OTHER INSTITUTION                  |  | MANNER OF DEATH                        |                       |
| <b>711 CHICAGO</b>   |  | <b>RUSH-PRESBYTERIAN-ST. LUKE'S HOSP.</b>      |  | <b>DOA</b>                             |                       |
| STATE OF BIRTH   |  | CITY OF BIRTH                                  |  | MARRIED NEVER MARRIED                  |                       |
| <b>ILLINOIS</b>  |  | <b>CHICAGO</b>                                 |  | <b>MARRIED</b>                         |                       |
| SOCIAL SECURITY NUMBER   |  | NATURAL OCCUPATION                             |  | NAME OF SURVIVING SPOUSE (IF DECEASED) |                       |
| <b>2-809</b>   |  | <b>SA</b>                                      |  | <b>RALPH FRANKLIN</b>                  |                       |
| RESIDENCE STREET AND NUMBER  |  | HOSPITAL OR OTHER INSTITUTION                  |  | MANNER OF DEATH                        |                       |
| <b>12334 W. VAN DYKE</b>   |  | <b>CHICAGO</b>                                 |  | <b>COOK</b>                            |                       |
| FATHER NAME  |  | MOTHER NAME                                    |  | COUNTY                                 |                       |
| <b>L. ABRISON</b>  |  | <b>GUSSIE (UNK)</b>                            |  | <b>COOK</b>                            |                       |
| DEATH WAS CAUSED BY  |  | IMMEDIATE CAUSE                                |  |  |                       |
| <b>18</b>  |  | <b>(a) HYPERTENSIVE CARDIOVASCULAR DISEASE</b> |  |  |                       |
| OTHER SIGNIFICANT CONDITIONS   |  | PART II  |  |  |                       |
| <b>19</b>  |  | <b>YES</b>                                     |  |  |                       |
| <b>20</b>  |  | <b>YES</b>                                     |  |  |                       |
| DATE OF INJURY   |  | HOUR   |  | NATURE OF INJURY                       |                       |
| <b>20a NATURAL</b>   |  | <b>20c M 20d</b>                               |  | <b>20e</b>                             |                       |
| PLACE OF INJURY  |  | CITY   |  | STATE                                  |                       |
| <b>20f</b>   |  | <b>20g</b>                                     |  | <b>20h</b>                             |                       |
| CERTIFIER  |  | DATE   |  | TIME                                   |                       |
| <b>EDMUND R. DONOGHUE, JR., M.D.</b>   |  | <b>AUGUST 5, 1984</b>                          |  | <b>5:55A</b>                           |                       |
| BURIAL OR CREMATION  |  | LOCATION                                       |  | DATE                                   |                       |
| <b>24 BURIAL</b>   |  | <b>24c THOMPSON, GA.</b>                       |  | <b>24d 8-11-84</b>                     |                       |
| FURNERAL HOME  |  | FURNERAL HOME SIGNATURE                        |  |  |                       |
| <b>25 JORDAN S. LEPPARD FURNERAL HOME, INC. 418 S. CICERO AVE. CHICAGO, ILL. 60644</b> |  | <b>25c 4436</b>                                |  |  |                       |
| LOCAL REGISTRAR SIGNATURE  |  | DATE   |  |  |                       |
| <b>26a Annis C. Edwards, M.D., MPA</b>   |  | <b>26b AUG 7 1984</b>                          |  |  |                       |

File # 19520

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# UNOFFICIAL COPY

EXEMPT AND ABI TRANSFER DECLARATION STATEMENT  
REQUIRED UNDER PUBLIC ACT 87-543  
COOK COUNTY ONLY

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 1-9, 1998

Signature: Ralph Frankl

Grantor or Agent

Subscribed and sworn to before  
me by the said \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_

19\_\_\_\_.

Notary Public Roberta V. Wilson

"OFFICIAL SEAL"

Roberta V. Wilson

Notary Public, State of Illinois

My Commission Exp 11-05/2001

The grantee of 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 1-9, 1998

Signature: Ralph Frankl

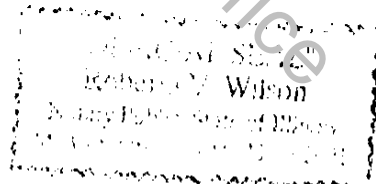
Grantee or Agent

Subscribed and sworn to before  
me by the said \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_

19\_\_\_\_.

Notary Public Roberta V. Wilson



**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.)

28015857