

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

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

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Above Space for Recorder's use only

THE GRANTOR(S)

Bobbie B. Polk, now known as Bobbie Jennings, as survivor of herself and her deceased husband Franklin Polk, 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 Bobbie Jennings, _____ (Name and Address of Grantee)

all interest in the following described Real Estate, the real estate situated in Cook County, Illinois, commonly known as 9138 S. Harper _____, (st. address) legally described as:

Lot 16 in Block 2 of that certain Subdivision made by the Calumet and Chicago Canal and Dock Company, of that part of the Southeast 1/4 of Section 2, Township 37 North, Range 14 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): 25-02-404-034-0000

Address(es) of Real Estate: 9138 S. Harper

DATED this: 20th day of Oct, 1997

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

(SEAL) Bobbie B Jennings (SEAL)
Bobbie B. Polk, nka Bobbie Jennings
(SEAL) Bobbie B Polk (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 Bobbie B. Polk, nka Bobbie Jennings

IMPRESS
SEAL
HERE

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 _____ her _____ free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

144102 3/27/98

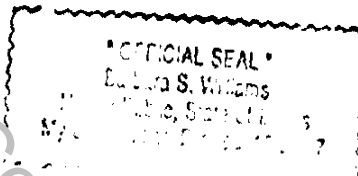
UNOFFICIAL COPY

Quit Claim Deed INDIVIDUAL TO INDIVIDUAL

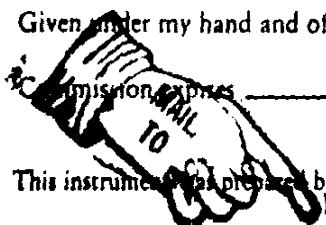
GEORGE E. COLE
LEGAL FORMS

TO

Property of Cook County Clerk's Office



Given under my hand and official seal, this 20th day of Oct 19 97



Commission Expires _____ 19 _____
NOTARY PUBLIC

This instrument was prepared by B. Jennings, 9138 S. Harper, Chicago, IL 60619
(Name and Address)

B. Jennings
(Name)
9138 S. Harper
(Address)
Chicago, IL 60619
(City, State and Zip)

MAIL TO:

SEND SUBSEQUENT TAX BILLS TO:

B. Jennings
(Name)
9138 S. Harper
(Address)
Chicago, IL 60619
(City, State and Zip)

OR RECORDER'S OFFICE BOX NO. _____

STATE OF ILLINOIS
County of Cook.

DAVID D. ORR, County Clerk

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

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 600055

DECEASED'S BIRTH NO.	REGISTRATION (DISTRICT NO) 16.10	REGISTERED NUMBER
DECEASED NAME: FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH DAY YEAR)		
1 Franklin Polk Male January 2, 1995		
COUNTY OF DEATH: 1 Cook		
AGE LAST BIRTH (DAY MONTH YEAR) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH DAY YEAR)		
4a 65 50 30 July 10, 1929		
CITY, TOWN, TWP OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN STREET) (STREET AND NUMBER) (CITY, TOWN, TWP OR ROAD DISTRICT NUMBER)		
6a Chicago 6b EHS-TRINITY HOSPITAL 3 6c D.O.A.		
BIRTHPLACE (CITY AND STATE) (COUNTRY) MARRIED NEVER MARRIED (WIDOWED DIVORCED) (SEPARATED) NAME OF SURVIVING SPOUSE (MAIDEN NAME IF DIFFERENT) (CITY AND STATE)		
Grand Junction, CO 6d Married 6e Bobbie Jean Jennings 6f yes		
SOCIAL SECURITY NUMBER (TYPE OR PRINT) KIND OF BUSINESS OR INDUSTRY (CITY AND STATE) (CITY AND STATE)		
10 412-50-0402 11 laborer 11a Steel Mill 12 12		
RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP OR ROAD DISTRICT NO (CITY AND STATE) COUNTY		
13a 9138 South Harper 13b Chicago 13c Yes 13d Cook		
STATE ZIP CODE (CITY AND STATE) OF HISPANIC ORIGIN (IF ANY) (YES OR NO) (SPECIFY COUNTRY OF BIRTH IF NOT AN AMERICAN CITIZEN)		
13e Illinois 13f 60617 14a Black American 14b (X) NO 14c YES SPECIFY		
FATHER'S NAME FIRST MIDDLE LAST MOTHER'S NAME FIRST MIDDLE LAST (MAIDEN LAST)		
15 Fred Polk 16 Ollie D. Barnes		
INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP TO DECEASED MARITAL ADDRESS (STREET AND NO OR P.O. BOX) CITY OR TOWN STATE ZIP		
17a Bobbie Jean Polk 17b Wife 17c 9138 South Harper		
18 PART I: Enter the disease or complication that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		
Immediate Cause (Final disease or condition resulting in death) (a) Carcinoma - Lung DUE TO OR AS A CONSEQUENCE OF		
(b) CVA DUE TO OR AS A CONSEQUENCE OF		
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST (c)		
PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in PART I		
AUTOPSY (YES OR NO) (YES OR NO) (19a No 19b)		
DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION (20a) (20b)		
DID (YOU) DID NOT ATTEND THE DECEASED AND LAST SAW HIM HER ALIVE ON (MONTH DAY YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES OR NO) (21a 12/12/94 21b No)		
TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED (21c 12:48 P.M. DATE SIGNED (MONTH DAY YEAR) 22b 1/3/95)		
22a SIGNATURE (TYPE OR PRINT) NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER		
22c Lisa Boggio, M.D. 211 East Chicago Chgo, IL 22d 125 029541		
23 BURIAL (CREMATION REMOVAL) (SPECIFY) CEMETERY OR CREMATORY NAME LOCAL ADDR CITY OR TOWN STATE DATE (MONTH DAY YEAR)		
23a Burial 23b Homewood 23c Homewood, Illinois 23d 1/6/95		
FUNERAL HOME NAME STREET AND NUMBER OR P.O. BOX CITY OR TOWN STATE ZIP		
25a Doty Nash Funeral Home, Ltd 8620 S. Stony Island Chicago, IL 60617 25b 9655		
FUNERAL DIRECTOR'S SIGNATURE (TYPE OR PRINT) (FURNERAL DIRECTOR'S LICENSE NUMBER) (DATE) (FURNERAL DIRECTOR'S LOCAL ALI CERTIFICATION (MONTH DAY YEAR))		
25c 25d JAN 04 1998		

DECLARED 4803

PARENTS 1629

CAUSE 436

CERTIFIED

POSTED

900278145 Page 3 of 4

UNOFFICIAL COPY 98278045
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 _____, 19____

Signature: Bobbie B. Penney
Grantor or Agent

Subscribed and sworn to before
me by the said _____
this _____ day of _____
19____.
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 _____, 19____

Signature: Bobbie B. Polk
Grantee or Agent

Subscribed and sworn to before
me by the said _____
this _____ day of _____
19____.
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.)