

**Illinois Title Agency of Illinois, Inc.**  
246 E. Jarels Blvd. Ste. 300  
Aurora, IL 60118  
98-2195

THE ABOVE SPACE FOR RECORDER'S USE ONLY

**MORTGAGE**

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THIS INDENTURE WITNESSETH That the undersigned, JANET KENZY BIGGS AN UNMARRIED PERSON  
residing at 4314 N. HAMLIN, CHICAGO, IL.  
County of COOK, State of Illinois, hereafter referred to as "Mortgagors," do hereby convey and warrant to

Beneficial Illinois Inc. d/b/a BENEFICIAL MORTGAGE CO. OF ILLINOIS,  
 BENEFICIAL ILLINOIS INC..

a Delaware corporation qualified to do business in Illinois, having an office and place of business at 1000 IORIE BLVD.  
#115, OAK BROOK, IL 60523, hereafter referred to as "Mortgagee," the following real property  
situate in the County of COOK, State of Illinois, hereafter referred to as the "Property," to-wit:

See Schedule A attached for legal description, which is incorporated in the mortgage.

TOGETHER with all the buildings and improvements now or hereafter erected on the Property and all appurtenances, apparatus  
and fixtures and the rents, issues and profits of the Property of every name, nature and kind.

This box is checked, this Mortgage is subject to a prior mortgage dated \_\_\_\_\_, 19\_\_\_\_, executed by  
Mortgagors to \_\_\_\_\_  
as mortgagee, which prior mortgage secures payment of a promissory note in the principal amount of \$\_\_\_\_\_  
That prior mortgage was recorded on \_\_\_\_\_, 19\_\_\_\_ with the Register of Deeds of  
\_\_\_\_\_ County, Illinois in Book \_\_\_\_\_ of Mortgages at page \_\_\_\_\_.

TO HAVE AND TO HOLD the Property unto Mortgagee forever, for the uses and purposes herein set forth, free from all rights and  
benefits under the Homestead Exemption laws of the State of Illinois, which rights and benefits Mortgagors do hereby release and  
waive.

This Mortgage is given to secure: (1) The payment of a certain Indebtedness payable to the order of Mortgagee, evidenced by  
Mortgagors' Loan Agreement ("Agreement") of even date herewith in the Principal or Actual Amount of Loan of  
\$ 71,000, together with interest on unpaid balances of the Actual Amount of Loan at the Rate of  
Charge set forth in the Agreement, together with interest on unpaid balances of the Actual Amount of Loan at the rate set forth in  
the Agreement and (2) any additional advances made by Mortgagee to Mortgagors or their successors in title, prior to the  
cancellation of this Mortgage and the payment of any subsequent Agreement evidencing the same.

It is the intention hereof to secure the payment of the total Indebtedness of Mortgagors to Mortgagee within the limits prescribed  
herein whether the entire amount shall have been advanced to Mortgagors at the date hereof or at a later date. All such future  
advances so made shall be liens and shall be secured by this Mortgage equally and to the same extent as the amount originally  
advanced on the security of this Mortgage, and it is expressly agreed that all such future advances shall be liens on the Property as  
of the date hereof.

**MORTGAGORS' COVENANTS:** The term "Indebtedness" shall include all sums owed or agreed to be paid to Mortgagee by  
Mortgagors or their successors in title, either under the terms of the Agreement as originally executed or as modified and  
amended by any subsequent agreement or under the terms of this Mortgage or any supplement thereto. Mortgagors shall: (1) repay  
to Mortgagee the Indebtedness secured by this Mortgage whether such sums shall have been paid or advanced at the date hereof or  
at any time hereafter; (2) pay when due all taxes and assessments levied against the Property or any part thereof and to deliver  
receipts for such payments to Mortgagee promptly upon demand; (3) keep the buildings and improvements situated on the  
Property continually insured against fire and such other hazards in such amount and with such carrier as Mortgagee shall approve,  
with loss payable to Mortgagee as its interest may appear; (4) not commit nor suffer any strip, waste, impairment or deterioration



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## ACKNOWLEDGMENT

I, a Notary Public, in and for the county in the state aforesaid do hereby certify that JANET KENZY BIGGS whose name JAN UNMARRIED PERSON is/are subscribed to the foregoing instrument appeared before me this day in person and acknowledged that signed, sealed and delivered the instrument as own 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 Notarial Seal this 24th day of APRIL 1998.

OFFICIAL SEAL  
RANDY L. LARSON  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 8/12/99

Notary Public RANDY L. LARSON

98342168

Property of Cook County Clerk's Office

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## SCHEDULE A

### "Description of Property"

LOT 34 AND THE SOUTH 1/2 OF LOT 35 IN BLOCK 4 IN WILLIAMS B. WALKER'S SUBDIVISION OF BLOCKS 1 TO 31 INCLUSIVE OF W.B. WALKER'S SUBDIVISION OF ADDITION TO CHICAGO IN THE SOUTHWEST 1/4 OF SECTION 14, TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PTN 13-14-303-033  
4314 N. HAMLIN  
CHICAGO, IL.

60618

Property of Cook County Clerk's Office  
98342183

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

607119

FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR) DATE OF BIRTH (MONTH, DAY, YEAR)

CLAYTON RAYMOND JR. Male 9 April 10, 1995

AGE (LAST BIRTHDAY) UNDER 1 YEAR UNDER 1 DAY UNDER 1 HOUR UNDER 1 MIN

56 56 56 56

HOSPITAL OR OTHER INSTITUTION NAME (IF NOT MEDICAL CENTER STREET AND NUMBER) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)

RAVENSWOOD HOSPITAL JANET KENDZY

EDUCATION (SEE INSTRUCTIONS) (12) KIND OF BUSINESS OR INDUSTRY (11b) RECEPTION

INSIDE CITY (13c) YES YES

CITY, TOWN, TWP, OR ROAD DISTRICT NO. (13d) CHICAGO COUNTY (13d) COOK

RELATIONSHIP (17b) WIFE

MOTHER-NAME FIRST MIDDLE LAST (14b) RUTH BARKER

MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY/TOWN STATE, ZIP) (17c) 4314 N. HAMLIN CHICAGO ILLINOIS

ZIP CODE (13f) 60618

RACE (WHITE, BLACK, AMERICAN INDIAN, OTHER) (14a) WHITE

OF HISPANIC ORIGIN? (14c) YES NO YES NO YES SPECIFY CUBAN MEXICAN (PERIODIC) IN

14b X NO YES SPECIFY: MIDDLE LAST (MAIDEN) LAST

CAUSE OF DEATH (15) *Asplenic septic meningitis*

15a) DUE TO, OR AS A CONSEQUENCE OF

15b) DUE TO, OR AS A CONSEQUENCE OF

15c) *Refractory ulcer disease*

16) *Asplenic septic meningitis*

17) *Refractory ulcer disease*

18) *Asplenic septic meningitis*

19) *Refractory ulcer disease*

20) *Asplenic septic meningitis*

21) *Refractory ulcer disease*

22) *Asplenic septic meningitis*

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24) *Asplenic septic meningitis*

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26) *Asplenic septic meningitis*

27) *Refractory ulcer disease*

28) *Asplenic septic meningitis*

29) *Refractory ulcer disease*

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31) *Refractory ulcer disease*

32) *Asplenic septic meningitis*

33) *Refractory ulcer disease*

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

APR 13 1995

I, SHEILA LYNE, RSW, 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.

*Sheila Lyne*  
APR 13 1995

1. NAME (LAST, FIRST, MIDDLE) RAYMOND JR. CLAYTON

2. SEX Male

3. DATE OF DEATH (MONTH, DAY, YEAR) 9 APRIL 10, 1995

4. DATE OF BIRTH (MONTH, DAY, YEAR) 56 DECEMBER 7, 1938

5. PLACE OF BIRTH (CITY, TOWN, TWP, OR ROAD DISTRICT NO., COUNTY, STATE) CHICAGO COOK ILLINOIS

6. USUAL OCCUPATION RECEPTION

7. CITY, TOWN, TWP, OR ROAD DISTRICT NO. CHICAGO

8. COUNTY COOK

9. STATE ILLINOIS

10. RELATIONSHIP WIFE

11. MOTHER-NAME FIRST MIDDLE LAST RUTH BARKER

12. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY/TOWN STATE, ZIP) 4314 N. HAMLIN CHICAGO ILLINOIS

13. ZIP CODE 60618

14. RACE (WHITE, BLACK, AMERICAN INDIAN, OTHER) WHITE

15. CAUSE OF DEATH (a) *Asplenic septic meningitis*  
(b) *Refractory ulcer disease*  
(c) *Refractory ulcer disease*

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100. *Asplenic septic meningitis*

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