

QUIT CLAIM DEED  
ILLINOIS STATUTORY

1998-11-18 14:32:33

MAIL TO/PREPARED BY:

MAURICE F. HOULIHAN AND MARY  
T. HOULIHAN, HIS WIFE, IN JOINT  
TENANCY 2943 WEST 100TH PLACE  
EVERGREEN PARK, ILLINOIS 60805

NAME & ADDRESS OF TAXPAYER:  
MARUICE F. HOULIHAN AND MARY  
T. HOULIHAN 2943 WEST 100TH  
PLACE EVERGREEN PARK, ILLINOIS  
60805

THE GRANTOR(S) MAURICE F. HOULIHAN AND MARY T. HOULIHAN, HIS WIFE, IN  
JOINT TENANCY of the County of Cook State of Illinois for and in consideration  
of Ten and no/100 -----DOLLARS  
and other good and valuable considerations in hand paid,  
CONVEY(S) AND QUIT CLAIM(S) to MICHAEL HOULIHAN

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

THE EAST 3 FEET OF LOT 300, ALL OF LOT 299 AND LOT 298 (EXCEPT THE EAST  
13FEET THEREOF) IN FRANK DELUGACH BEVERLY HILL CREST, BEING A SUBDIVISION  
IN THE EAST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 12, TOWNSHIP 37 NORTH RANGE  
13, 3AST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index Number(s): 24-12-307-073  
Property Address: 2943 WEST 100TH PLACE  
EVERGREEN PARK, ILLINOIS 60805

VILLAGE OF EVERGREEN PARK  
EXEMPT C  
REAL ESTATE TRANSFER TAX

Dated this 28<sup>TH</sup> April day of 1998.

DECEASED  
MAURICE F. HOULIHAN

(Seal) Mary T. Houlihan (Seal)  
MARY T. HOULIHAN

STATE OF ILLINOIS ) ss.  
County of Cook }

I, the undersigned, Notary Public in and for said County, in the State aforesaid, CERTIFY THAT  
Mary T. Houlihan and \_\_\_\_\_ personally known to me to be the same  
persons whose names are subscribed to the foregoing instrument, appeared before me this day  
in person, and acknowledged that they signed, sealed and delivered the 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 notarial seal, this 28th day of April, 1998.

My commission expires on 11-18, ~~19~~ 2000.

Exempt under the provisions of Paragraph (e), Section 4, Estate Transfer Tax Act.

Date:

4-28-98 Sharon M. Scesniak



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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item I and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

Date September 3, 1997 signed Rich. Conant

At Cook County Department of Public Health Official Title Chief Deputy Registrar, 1010 Lake Street, Oak Park, Illinois 60301

18-9-97  
STATE OF ILLINOIS  
MEDICAL EXAMINER'S - CORONER'S  
CERTIFICATE OF DEATH  
STATE FILE NUMBER

REGISTRATION DISTRICT NO	18-9-97	REGISTERED NUMBER	No. 0
DECEASED-NAME	FIRST	MIDDLE	LAST
Maurice	F.	Houlihan	
CITY TOWN TWP OR ROAD DISTRICT NUMBER	AGE - LAST BIRTHDAY (Y/M/D)	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
Oak Lawn, Cook	77	Male	9-1-97
BIRTHPLACE (City and State or Foreign Country)	HOSPITAL OR OTHER INSTITUTION - NAME (If not in either code street number)		
Chicago, IL	Charlottesville Hospital		

CITY TOWN TWP OR ROAD DISTRICT NUMBER	MARRIED, NEVER MARRIED, DIVORCED, SEPARATED	NAME OF SURVIVING SPOUSE (Last, first, middle, if wife)	EDUCATION (SPECIFY ONE, HIGHEST GRADE COMPLETED)
Oak Lawn	Married	Mary T. Muir	High School
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	
326-18-2120	Supervisor / Meter Dept.	Com Ed	
RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP, OR ROAD DISTRICT NO	CITY	COUNTY
3443 W. Clark Dr.	Evergreen Park	Evergreen Park	Cook
STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, OR ALASKA NATIVE)	
IL	60805	White	
FATHER-NAME	FIRST	MIDDLE	LAST
John			Houlihan
15. INFANT'S NAME (TYPE OR PRINT)	RELATIONSHIP	MAILING ADDRESS (STREET AND NO OR P.O. CITY OR TOWN, STATE, ZIP)	
Mary T. Houlihan	Wife	1763443 1/2 W. Clark Dr. Evergreen Park, IL	

18. PART I. Immediate Cause (From medical records or autopsy report) (a) Enter the diseases, injuries, or complications which 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. (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF

(a) Cerebral injuries

(b) Sept 11

(c) Arterio-sclerotic cardiovascular disease

PART II. Other significant conditions contributing to death (due to or resulting in the underlying cause given in PART I)

20a. NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, ISE (45)

20b. DATE OF INJURY (MONTH, DAY, YEAR)

20c. HOUR

20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN INJURY AT WORK)

20e. PLACE OF INJURY (AT HOME, FARM, STREET, PUBLIC PLACE, OFFICE BUILDING, ETC.) (SPECIFY)

20f. LOCATION (CITY, TWP, OR TOWN, OR TWP, OR ROAD DISTRICT NO., COUNTY, STATE)

20g. THE DECEDENT WAS PRONOUNCED DEAD ON (MORNING, DAY, YEAR)

20h. AT (MORNING, DAY, YEAR)

20i. FEMALE - WAS THERE A PREGNANCY IN LAST THREE MONTHS? (YES/NO)

20j. YES/NO

20k. M.

21. I CERTIFY THAT IN MY OFFICIAL CAPACITY AS MEDICAL EXAMINER AND/OR CORONER, I HAVE EXAMINED THE BODY AND FOUND THE CAUSE(S) STATED, AND THAT I HAVE SIGNED THE CERTIFICATE OF DEATH.

22. SIGNATURE OF PHYSICIAN'S NAME (Type or Print)

Dr. Jae Lyong An, M.D.

23a. BURIAL CREMATION, REMOVAL, SPECIFY

23b. BURIAL

23c. CEMETERY OR CREMATORY-NAME

23d. LOCATION (CITY OR TOWN, STATE)

23e. FUNERAL HOME

23f. STREET AND NUMBER OR R.F.D. CITY OR TOWN, STATE

23g. DATE SIGNED (MONTH, DAY, YEAR)

23h. DATE (MONTH, DAY, YEAR)

24a. FUNERAL DIRECTOR'S SIGNATURE

24b. NAME

24c. STREET AND NUMBER OR R.F.D. CITY OR TOWN, STATE

24d. DATE (MONTH, DAY, YEAR)

24e. LOCAL REGISTRAR'S SIGNATURE

24f. NAME

24g. STREET AND NUMBER OR R.F.D. CITY OR TOWN, STATE

24h. DATE (MONTH, DAY, YEAR)

24i. LOCAL REGISTRAR'S SIGNATURE

24j. NAME

24k. STREET AND NUMBER OR R.F.D. CITY OR TOWN, STATE

24l. DATE (MONTH, DAY, YEAR)

24m. LOCAL REGISTRAR'S SIGNATURE

24n. NAME

24o. STREET AND NUMBER OR R.F.D. CITY OR TOWN, STATE

24p. DATE (MONTH, DAY, YEAR)

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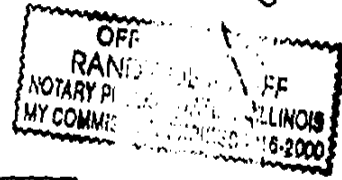
EXEMPT AND ABI TRANSFER DECLARATION STATEMENT  
REQUIRED UNDER PUBLIC ACT 87-543  
COOK COUNTY ONLY

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 April 27, 1998

Signature: *[Handwritten Signature]*  
Grantor or Agent

Subscribed and sworn to before me by the said \_\_\_\_\_  
this 27th day of April  
19 98.  
Notary Public *[Handwritten Signature]*

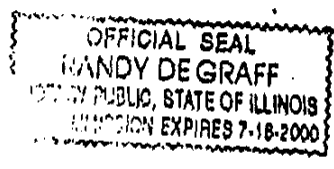


The grantee of his agent affirms and verifies that the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois a 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 April 27, 1998

Signature: *[Handwritten Signature]*  
Grantee or Agent

Subscribed and sworn to before me by the said \_\_\_\_\_  
this 27th day of April  
19 98.  
Notary Public *[Handwritten 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 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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