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QUIT CLAIM DEED

with

2 EXHIBITS

99815237

7313/0051 49 001 Page 1 of 6
1999-08-26 10:29:49
Cook County Recorder 31.50



The Grantor(s),
JOSEPH MICHAEL DARBY,
of the City of McCandless Township County of Allegheny
State of Pennsylvania for and in consideration of \$
TEN (\$10.00) DOLLARS and other valuable
considerations in hand paid,
CONVEYS and QUIT CLAIMS to:

KENNETH V. DARBY,
7805 Golf Road, Morton Grove, Illinois 60053

IN FEE SIMPLE, the following described Real Estate situated
in the County of Cook in the State of ILLINOIS, to wit:

LOT 167 IN GLEN GROVE TERRACE, BEING A SUBDIVISION OF PART OF THE EAST
HALF OF THE NORTH WEST QUARTER OF SECTION 13, TOWNSHIP 41 NORTH,
RANGE 12, 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 INDEX NUMBER: 09-13-103-002-0000
COMMONLY KNOWN AS: 7805 Golf Road, Morton Grove, Illinois 60053

DATED this 6th day of Aug, 1999

JOSEPH MICHAEL DARBY

KENNETH V. DARBY

EXEMPT-PURSUANT TO SECTION 1-11-5
VILLAGE OF MORTON GROVE REAL ESTATE TRANSFER STAMP
EXEMPTION NO. 03613 DATE 8-24-99
ADDRESS 7805 GOLF RD
BY [Signature]
(VOID IF DIFFERENT FROM DEED)

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State of PA
County of Allegheny

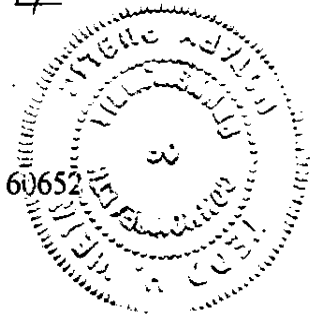
I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that JOSEPH MICHAEL DARBY, personally known to me to be the same person(s) whose name(s) is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, 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 6th day of Aug 1999

Tedd H. Wein
NOTARY PUBLIC

Notarial Seal
Tedd H. Wein, Notary Public
Ross Twp., Allegheny County
My Commission Expires June 24, 2003

Member, Pennsylvania Association of Notaries

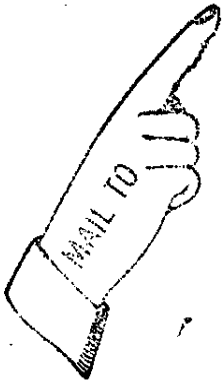


This instrument was prepared by DARYL R. BERRY, 2609 W. 79TH ST., CHGO., 60652

MAIL TO:

SEND SUBSEQUENT TAX BILLS
TO:

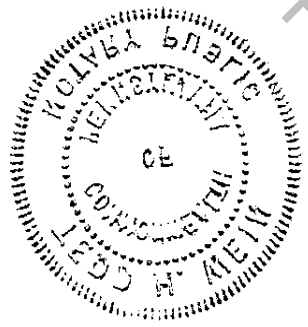
10952 South Western Avenue
Chicago, IL 60648



Exempt under Real Estate Transfer Tax Law 35 PaCS 200/31-45
sub par. and Cook County Ord. 93-0-27 per
Date 8/26/99 Sign. [Signature]

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Property of Cook County Clerk's Office

STATE OF ILLINOIS
COUNTY OF COOK

Affidavit of Heirship
for
Anne Darby

I, KENNETH V. DARBY, on oath state:

1. (a) My residence address is 7805 Golf Road, Morton Grove, Illinois;
(b) I understand that I submit myself to the jurisdiction of Illinois courts for all matters related to the preparation and use of this affidavit. My agent for service of process in Illinois is:

NAME: Donald E. Amos, Attorney at Law
ADDRESS: 10952 South Western Avenue, Chicago, Illinois 60643
TELEPHONE: 773-445-5003

2. The decedent's name is Anne Darby.
3. The date of decedent's death was December 25, 1997 and Anne Darby, was a resident of the City of Morton Grove, County of Cook, and State of Illinois, immediately before her death.
4. Anne Darby at the time of her death, was married to KENNETH V. DARBY, her spouse.
5. There are three (3) surviving children none of whom is a minor child. That there were no children born to the decedent who died before her death and that there were no other children were born to or adopted by the decedent
6. The names, places of residence and relationship of the decedent's heirs, and the portion of the estate to which each heir is entitled under the law where the decedent died intestate are as follows:

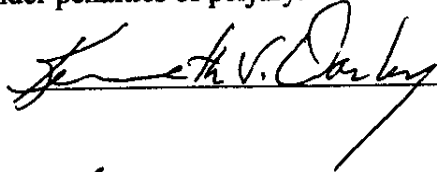
<u>Name</u>	<u>Residence</u>	<u>Relationship</u>	<u>Share</u>
Kenneth V. Darby	Morton Grove, IL.	Husband	50%
Joseph M. Darby	McCandless T'ship, PA.	Son	16-2/3%
Joanne Sue Metz	Ross Township, PA.	Daughter	16-2/3%
Jodi Lynn Hockett	Mundelein, Illinois	Daughter	16-2/3%

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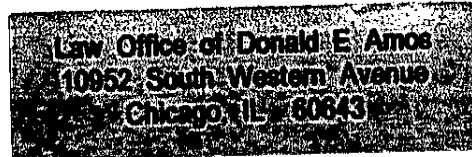
7. Affiant further states that he is an heir or legatee hereinabove mentioned in this affidavit and that he resides at 7805 Golf Road, Morton Grove, Illinois and has personal knowledge of the facts stated above.

The foregoing statement is made under penalties of perjury.



Signed and sworn to before me this 18th day of August 19 99.


Notary Public



99815237

DECEASED'S BIRTH NO.

REGISTRATION DISTRICT NO. 16.0B
REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER 2

UNOFFICIAL COPY MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK
Funeral Directors, Coroner, or Physicians
Handbook for INSTRUCTIONS

DECEASED

B

C

D

E

PARENTS

CAUSE

CERTIFIER

DISPOSITION

1. DECEASED-NAME FIRST Anne MIDDLE LAST Darby SEX Female DATE OF DEATH (MONTH, DAY, YEAR) December 25, 1997

4. COUNTY OF DEATH Cook AGE-LAST BIRTHDAY (YRS) 62 UNDER 1 YEAR MOS. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) January 26, 1935

6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Park Ridge 6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Lutheran General Hospital 6c. IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) Emergency Room

7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, IL 8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married 8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Kenneth Darby 9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) No

10. SOCIAL SECURITY NUMBER 327-28-4846 11a. USUAL OCCUPATION Book Keeper 11b. KIND OF BUSINESS OR INDUSTRY Election 12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) 12 College (1-4 or 5+) _____

13a. RESIDENCE (STREET AND NUMBER) 7805 Golf Rd. 13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Morton Grove 13c. INSIDE CITY (YES/NO) Yes 13d. COUNTY Cook

13e. STATE Illinois 13f. ZIP CODE 60053 14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White 14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) NO

15. FATHER-NAME FIRST MIDDLE LAST Stefan Smandra 16. MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST Agnes Sroka

17a. INFORMANT'S NAME (TYPE OR PRINT) Kenneth Darby 17b. RELATIONSHIP Husband 17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 7805 Golf Rd Morton Grove, IL 60053

18. PART I. Enter the disease, or complications 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. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (MINUTES)

Immediate Cause (Final disease or condition resulting in death) (a) MYOCARDIAL INFARCTION minutes

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) _____ (c) _____

PART II. Other significant conditions contributing to death but not resulting in the immediate cause given in PART I. UNCONTROLLED HYPERTENS 19a. AUTOPSY (YES/NO) No 19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) _____

20a. DATE OF OPERATION, IF ANY _____ 20b. MAJOR FINDINGS OF OPERATION _____ 20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES NO

21a. I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 8-22-97 21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) Yes 21c. HOUR OF DEATH 11:58am

22a. SIGNATURE [Signature] 22b. DATE SIGNED (MONTH, DAY, YEAR) 12-30-97

22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) CITIZENSHIP ROSE MORTON GROVE ILLINOIS 22d. ILLINOIS LICENSE NUMBER 076 061232

22e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) _____ 22f. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 24a. CEMETERY OR CREMATORY-NAME Elmwood Cemetery 24b. LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) River Grove Illinois Dec 29, 1997

25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP Malec & Sons Funeral Home 6000 N. Milwaukee Ave Chicago Illinois 60646

25b. FUNERAL DIRECTOR'S SIGNATURE [Signature] 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-011612

26a. LOCAL REGISTRAR'S SIGNATURE [Signature] 26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) December 30, 1997

VR200 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named as Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DECEMBER 30, 1997 SIGNED [Signature] LOCAL REGISTRAR
EVANSTON, Illinois OFFICIAL TITLE

original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

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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 August 18, 1999

Signature: _____

[Handwritten Signature]

Grantor or Agent

Subscribed and sworn to before me
by the said Donald C. Hirs
this 18th day of August, 1999
Notary Public Tammie M. Singleton



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 August 18, 1999

Signature: _____

[Handwritten Signature]

Grantee or Agent

Subscribed and sworn to before me
by the said Daryl R. Boy
this 18th day of August, 1999
Notary Public Tammie M. Singleton



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.)

99815237



JESSE WHITE

RECORDER OF DEEDS / REGISTRAR OF TORRENS TITLES
COOK COUNTY, ILLINOIS