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Form No. 29R  
AMERICAN LEGAL FORMS, CHICAGO, IL (312) 372-1922

04/001 50 001 Page 1 of 6  
1999-03-04 10:17:39  
Cook County Recorder 31.50

**QUIT CLAIM DEED  
JOINT TENANCY  
Statutory (ILLINOIS)  
(Individual to Individual)**



99209571

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.

THE GRANTOR (NAME AND ADDRESS)

JAMES B. DAVIS

(The Above Space For Recorder's Use Only)

of the CITY of CHICAGO County  
of COOK, State of ILLINOIS  
for the consideration of NONE DOLLARS, TEN  
in hand paid, CONVEY and QUIT CLAIM to

JAMES B. DAVIS 9058 S. YATES CHICAGO, IL -  
JOY ANN DAVIS

(NAMES AND ADDRESS OF GRANTEES)

not in Tenancy in Common, but in JOINT TENANCY, all interest in the following described Real Estate situated in the County of COOK in the State of Illinois, to wit: (See reverse side for legal description.) hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois. TO HAVE AND TO HOLD said premises not in tenancy in common, but in joint tenancy forever.

Permanent Index Number (PIN): 20-02-302-019-0000

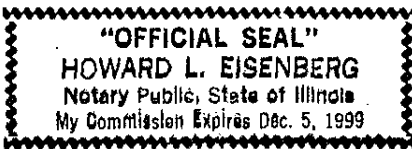
Address(es) of Real Estate: 4343 S. ELLIS CHICAGO, IL 60617

DATED this 4th day of MARCH 1999

PLEASE  
PRINT OR  
TYPE NAME(S)  
BELOW  
SIGNATURE(S)

James B. Davis (SEAL) \_\_\_\_\_ (SEAL)  
JAMES B. DAVIS  
\_\_\_\_\_  
\_\_\_\_\_  
(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 ONLY JAMES B DAVIS - ONLY -



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 \_\_\_\_\_ h \_\_\_\_\_ signed, sealed and delivered the said instrument as \_\_\_\_\_ 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 4TH day of MARCH 1999

Commission expires 5-5 1999

NOTARY PUBLIC

This instrument was prepared by JAMES B. DAVIS 9058 S. YATES CHICAGO, IL 60617  
(NAME AND ADDRESS)

Legal Description

of premises commonly known as 4343 So. Ellis Chicago, IL. 60653

Exempt under Real Estate Transfer Tax Law 35 ILCS 200/31-45  
sub par E and Cook County Ord. 99-0-27 par E

Date 3-4-99

Sign. James B. Davis

Lot 3 in Earry's Subdivision of Lots 19, 20 and the North 1  
foot of Lot 18 in Block 2 in C.C. Abell's Subdivision of the  
South 412.5 feet of Lot 2 in the subdivision by W. P. Brown,  
Executor to E. K. Hubbard of the East half of the South west  
Quarter of Section 2, Township 38 North, Range 14, East of  
the 3rd Principal Meridian, in Cook County, Illinois commonly  
known as 4343 South Ellis Avenue, Chicago, Illinois.



SEND SUBSEQUENT TAX BILLS TO:

MAIL TO: { JAMES B. DAVIS  
(Name)  
9058 S. YATES  
(Address)  
CHICAGO, IL. 60617  
(City, State and Zip)

\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City, State and Zip)

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

WILLIAM R. BLANDER  
COUNTY CLERK

DATE: 3-2-99

I do hereby certify the above to be a true and accurate copy of a vital statistics record on file in the Office of the Lake County Clerk. Certification not valid unless the Official Seal of Lake County, Illinois is affixed.

STATE OF ILLINOIS )  
COUNTY OF LAKE ) SS

STATE OF ILLINOIS DEPARTMENT OF PUBLIC HEALTH - BUREAU OF STATISTICS

**CORONER'S CERTIFICATE OF DEATH**

**1. NAME OF DECEASED:** DONALD J. HAYES

**2. USUAL RESIDENCE (When deceased lived in Illinois):** LAKE COUNTY, ILLINOIS

**3. PLACE OF DEATH:** LAKE COUNTY, ILLINOIS

**4. DATE OF DEATH:** 17, 1994

**5. SEX:** M

**6. COLOR OR RACE:** WHITE

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify Method):** MARRIED

**8. DATE OF BIRTH:** 7-15-1907

**9. AGE (In years, Months, Days, Hours, Minutes):** 87

**10. BIRTHPLACE (State or foreign country):** MISSISSIPPI

**11. KIND OF BUSINESS OR OCCUPATION (Give kind of work done, including most of working life, even if retired):** LABORER

**12. CITIZENSHIP:** USA

**13. FATHER'S NAME:** Mark Davis

**14. MOTHER'S MAIDEN NAME:** Angeline Savers

**15. SOCIAL SECURITY NO. (Last 4 of number):** 8-15-18 to 7-10-19

**16. DECEASED EVER IN U.S. ARMED FORCES (Last 4 of number):** Unknown

**17. INFORMATION:** L. E. HULL, VA HOSPITAL REC.

**18. CAUSE OF DEATH:** 1. MYocardial infarction directly leading to death. 2. Myocardial infarction, injury or complication which caused death. 3. Enter only one cause per line for (a), (b), and (c).

**19. OTHER SIGNIFICANT CONDITIONS:** Acute congestion of lungs, Grand Mal Epilepsy, 8 years.

**20. ARTIFICIAL CAUSES:** Mental conditions, if any, giving rise to the above, and to (a) or (b).

**21. ACCIDENT:** 1977

**22. TIME OF DEATH:** 10:45 AM

**23. HOW DID INJURY OCCUR:** Cholecystectomy

**24. PLACE OF ACCIDENT:** 214 (CITY, TOWN OR TOWNSHIP), 60610 (POSTAL, ZIP CODE, 5 DIGIT EXT.)

**25. SIGNATURE:** J. E. P. CORONER

**26. DATE SIGNED:** 9-15-95

**27. RECEIVED FOR FILING ON:** Sept. 15, 1995

**28. LOCAL REGISTRAR:** Local

**29. PLACE:** Mason, Georgia

**30. SIGNATURE:** JOHN PATTON

**31. LOCAL REGISTRAR:** John Patton, North Chicago

**32. PLACE:** 236 N. Genaeso

**33. LOCAL REGISTRAR:** Katherine R. Beauchamp, Lake Forest

**34. SIGNATURE:** F. M. JONES

**35. LOCAL REGISTRAR:** F. M. Jones

EXHIBIT B

STATE OF ILLINOIS  
 County of Cook  
**UNOFFICIAL COPY**  
 MAR 02 1999  
 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 appear 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

EXHIBIT A

99209571

Page 4 of 5 U.S. Standard Certificate of Death

VS. R. 202 - BUREAU OF STATISTICS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH

FILL IN WITH TYPEWRITER OR LEGIBLE PRINTING

STATE OF ILLINOIS

STATE FILE NUMBER **26732**

DECEDENT'S BIRTH NO.		CORONER'S CERTIFICATE OF DEATH		REGISTRATION DISTRICT NO. <b>6</b>	REGISTERED NUMBER
1. PLACE OF DEATH a. STATE <b>ILLINOIS</b>		b. COUNTY <b>COOK</b>		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission.) a. STATE <b>ILLINOIS</b> b. COUNTY <b>COOK</b>	
c. <input checked="" type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town <b>CHICAGO</b>		c. <input checked="" type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town <b>CHICAGO</b>		d. <input type="checkbox"/> OUTSIDE corporate limits and in Township name Road District No.	
d. <input type="checkbox"/> OUTSIDE corporate limits and in Township name Road District No.		e. LENGTH OF STAY IN IC or ID <b>35 YEARS</b>		e. LENGTH OF RESIDENCE AT 1, 9, 2d <b>35 YEARS</b>	
f. NAME OF HOSPITAL OR INSTITUTION <b>LORETO</b>		g. LENGTH OF STAY IN II <b>D.O.A</b>		f. RESIDENCE ADDRESS (Street & No. or R.F.D. and Post Office) <b>4343 SOUTH ELLIS AVENUE</b>	
h. If not in hospital or institution, give Street & No. of R.F.D. and Post Office		g. Did decedent reside ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED a. (FIRST) <b>HAROLD</b>		b. (MIDDLE) <b>DAVIS</b>		c. (LAST) <b>DAVIS</b>	
4. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>4-27-67</b>		5. SEX <b>MALE</b>		6. RACE <b>NEGRO</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>2-3-1932</b>		9. AGE (in years last birthday) <b>35</b>	
10a. USUAL OCCUPATION <b>SWITCHMAN (RAILROAD)</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or foreign country) <b>CHICAGO ILLINOIS</b>	
12. Citizen of what country? <b>U.S.A</b>		13. FATHER'S FULL NAME <b>GILBERT DAVIS</b>		14. MOTHER'S FULL MAIDEN NAME <b>THELMA FLAGG</b>	
15. Was deceased ever in U.S. Armed Forces? (Yes, no, or unknown) (Give war or dates of service) <b>YES KOREAN</b>		16. SOCIAL SECURITY NUMBER <b>UNKNOWN</b>		17. INFORMANT a. SIGNATURE <b>Dirkley Davis</b>	
18. MEDICAL CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (A), (B) and (C).) IMMEDIATE CAUSE (A) <b>SHOCK AND HEMORRHAGES</b>		b. ADDRESS <b>4343 S. Ellis</b>		c. RELATIONSHIP TO DECEASED <b>Wife</b>	
Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last? [ due to (B) <b>MULTIPLE INJURIES</b> ] [ due to (C) ]		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(A).		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <b>RAILROAD</b>		21c. INJURED AT (CITY, TOWNSHIP, OR LOCATION) (COUNTY) (STATE) <b>CHICAGO COOK ILLINOIS</b>	
21d. TIME OF INJURY (HOUR) (MONTH) (DAY) (YEAR) <b>3:00 P.M. 4-27-67</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>TUNNED BY TRAIN</b>	
22a. Upon medical investigation I find this death was caused as stated above. DATE: <b>4-27-67</b> SIGNED: <b>W. MENABOLA</b> M.D. CORONER'S PHYSICIAN		22b. Upon official investigation I find the person described died as stated above. DATE: <b>4-28-67</b> SIGNED: <b>Franklin R. Wallace</b> COUNTY CORONER		23. FUNERAL DIRECTOR'S SIGNATURE <b>Franklin R. Wallace</b> ADDRESS <b>Chicago 53, Ill.</b>	
23. DISPOSITION (BURIAL, REMOVAL, CREMATION, etc.) CEMETERY: <b>WORTH</b> LOCATION: <b>WORTH</b>		24. FUNERAL DIRECTOR'S SIGNATURE <b>Franklin R. Wallace</b> ADDRESS <b>Chicago 53, Ill.</b>		LOCAL REGISTRAR Number: <b>1192</b>	
25. Received to filing on: <b>APR 28 1967</b> (Signed) <b>Samuel A. Gendelman</b>					

UNOFFICIAL COPY

Exhibit C

MAY 24 1991

STATE FILE NUMBER 613395

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

REGISTRATION DISTRICT NO. 16.10 REGISTERED NUMBER

Form with fields for DECEASED-NAME, DATE OF DEATH, SEX, DATE OF BIRTH, HOSPITAL, MARRIAGE STATUS, OCCUPATION, RESIDENCE, RACE, RELATIONSHIP, MAILING ADDRESS, CAUSE OF DEATH, DATE OF OPERATION, SIGNATURE, and FUNERAL HOME information.

I, VIRGINIA L. PARKER, M.B.A. 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.



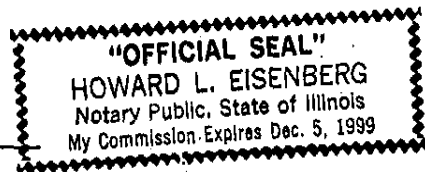
THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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 3-4, 19 99 Signature: X James B. Davis  
Grantor or Agent

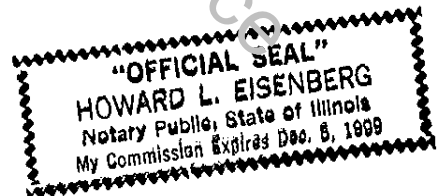
Subscribed and sworn to before me by the said JAMES B DAVIS this 4TH day of MARCH 19 99.  
Notary Public Howard L. Eisenberg



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 3-4, 19 99 Signature: X James B. Davis  
Grantee or Agent

Subscribed and sworn to before me by the said JAMES B DAVIS this 4TH day of MARCH 19 99.  
Notary Public Howard L. Eisenberg



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.)