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KAP CALL O

RELEASE DEED

3915318

F. 217 R. 12/73

THE ABOVE SPACE FOR REGISTRARS USE ONLY

KNOW ALL MEN BY THESE PRESENTS That CHICAGO TITLE AND TRUST COMPANY, a corporation of the State of Illinois, as Trustee

in consideration of one dollar, and other good and valuable considerations, the receipt whereof is hereby acknowledged, does hereby release, convey and quit-claim unto

Alexander F. Zales and Irene E. Zales, his wife

the heirs, legal representatives (or if a corporation, its successors) and assigns, all the right, title, interest, claim, or demand whatsoever which the grantor may have acquired in, through or by a certain Trust Deed, recorded in the Recorder's Office (or if the property is registered, filed in the Registrar's Office) of Cook County, in the State of Illinois, as Document Number 2087063

to the premises situated in the County of Cook, State of Illinois, described as follows, to-wit:

LOT FOURTEEN..... (14)

IN SADIN'S ADDITION TO KATHERINE PARK being a Subdivision of part of the Northeast Fractional Quarter (1/4) of Section 12, Township 41 North, Range 12, East of the Third Principal Meridian, according to Plat thereof registered in the Office of the Registrar of Titles of Cook County, Illinois, on December 16, 1959, as Document Number 1900751.

421 Elm Street
Glenview, IL 60025

09-12-206-0308 3915318

together with all the appurtenances and privileges thereunto belonging or appertaining.

IN WITNESS WHEREOF, Said CHICAGO TITLE AND TRUST COMPANY, as Trustee as aforesaid, has caused these presents to be signed by its Assistant Vice President, and attested by its Assistant Secretary, and its corporate seal to be hereto affixed,

(Date)

May 11, 1983

CHICAGO TITLE AND TRUST COMPANY,
as Trustee as aforesaid,

By

Don Helm
Assistant Vice-President

Attest

Janet Heister
Assistant Secretary



FOR THE PROTECTION OF THE OWNER, THIS RELEASE SHALL BE FILED WITH THE RECORDER OF DEEDS IN WHOSE OFFICE THE MORTGAGE OR DEED OF TRUST WAS FILED.

STATE OF ILLINOIS, }
COUNTY OF COOK } ss.

I, the undersigned, a Notary Public in and for the County and State aforesaid, DO HEREBY CERTIFY, that the above named Assistant Vice President and Assistant Secretary of the CHICAGO TITLE AND TRUST COMPANY, Grantor, personally known to me to be the same persons whose names are subscribed to the foregoing instrument as such Assistant Vice President and Assistant Secretary respectively, appeared before me this day in person and acknowledged that they signed and delivered the said instrument as their own free and voluntary act and as the free and voluntary act of said Company for the uses and purposes therein set forth; and the said Assistant Secretary then and there acknowledged that said Assistant Secretary, as custodian of the corporate seal of said Company, caused the corporate seal of said Company to be affixed to said instrument as said Assistant Secretary's own free and voluntary act and as the free and voluntary act of said Company for the uses and purposes therein set forth.

Given under my hand and Notarial Seal

George E. ...
Date MAY 12 1983
Notary Public

DELIVERY INSTRUCTIONS

OR

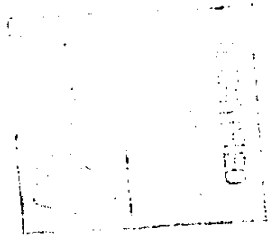
FOR INFORMATION ONLY
INSERT STREET ADDRESS OF ABOVE DESCRIBED PROPERTY HERE

THIS INSTRUMENT IS A RELEASE OF MORTGAGE AND DEED OF TRUST. NO OTHER NOTES ARE EXHIBITED.

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9/18/79
IN DUPLICATE

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3915318
REGISTRAR OF TITLES
COURT HOUSE
SEP 28 11:39 AM '79



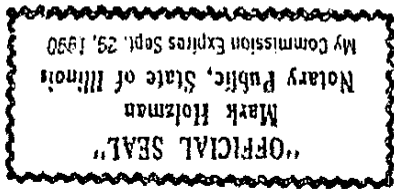
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F. Kathryn Witt
3012 N. Waterloo Ct. #8
Chicago, Illinois 60657

Property of Cook County Clerk's Office

3915318

Mark Holzman



1989

me this 24th day of September

Subscribed and sworn to before

Arlene (Mrs) Zales

truth of the statements herein contained.

ment as true, and in consideration thereof affiant guarantees the
without additional evidence of non-liability, relying on this state-
of Titles of Cook County, Illinois, to issue a Certificate of Title
and I make this affidavit for the purpose of inducing the Registrar

- 1) that no tax is due; or _____
 - 2) that if any tax due, there are sufficient other assets to pay such tax; or _____
 - 3) that any tax due has been paid. _____
- (select one - initial choice)

that regarding Federal Estate Tax or State Inheritance Tax:

(3) That as a consequence, I represent to the Registrar of Titles

Alexander Zales, who died on July 10, 1989

(2) I am personally acquainted with the affairs of the Estate of

and reside at 421 Elm Street, Glenview, Illinois 60025

(1) I am Arlene (a/x/a Irene) Zales (name and capacity)

oath, deposes and states as follows:

The Affiant, regarding the possible liability for State Inheritance Tax for the Estate of decedent herein, being first duly sworn upon

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

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SIGNED [Signature]

DATE JUL 13 1989

AT HIGHLAND PARK, Illinois, OFFICIAL TITLE REGISTRAR

The 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 or the local registrar or the county clerk shall be considered as prima facie evidence of the facts therein stated.

BUREAU OF STATISTICS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SPRINGFIELD 62706

VS 2018 (1968)

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
STATE FILE NUMBER

REGISTRATION DISTRICT NO.	49.6				
REGISTERED NUMBER	324				
DECEASED-NAME	ALEXANDER				
FIRST	MIDDLE	LAST	SEX	DATE OF DEATH	MONTH DAY YEAR
			2 MALE	3 JULY 10, 1989	

1. COUNTY OF DEATH	LAKE	AGE LAST BIRTHDAY (MRS)	58	72	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, ONE STREET AND NUMBER)	2. HIGHLAND PARK HOSPITAL	DATE OF BIRTH	3. FEBRUARY 6, 1917			
4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	HIGHLAND PARK	5. MARRIED, NEVER MARRIED, WIDOWED, UNMARRIED (SPECIFY)	AA MARRIED	6. USUAL OCCUPATION	7. ENGINEER	8. NAME OF SURVIVING SPOUSE (IF DECEASED, DATE OF DEATH)	9. NONE	10. EDUCATION (SPECIFY DEGREE, YEAR, SCHOOL, COLLEGE, ETC.)	11. INSIDE CITY (YES/NO)	12. COUNTY	13. COOK
13a. 421 ELM STREET	13b. GLENVIEW	13c. YES	13d. COOK	14. FATHER-NAME	15. BRUNO	16. MOTHER-NAME	17. STELLIA	18. ADDRESS (STREET AND NO. OR R.F.D.) CITY OR TOWN, STATE, ZIP	19. HIGHLAND PARK, ILL. 60035		

19. PART I. Enter the following facts of circumstances that caused the death (do not enter the date of death here, but indicate the approximate date, such as "about 1989" or "in the fall of 1989").

17. SHAWN I. FERGISSON

Immediate Cause (Final disease or condition resulting in death)

(a) Acute Respiratory & Cardiac Arrest

24 hours

Conditions, if any, which gave rise to immediate cause (a)

(b) Myocardial infarction

(c) Multiple left coronary artery disease

1989

20. DATE OF OPERATION, IF ANY

21. A. ADDRESS OF OPERATION

22. B. ADDRESS OF OPERATION

23. DATE OF OPERATION, IF ANY

24. MONTH DAY YEAR

25. TO THE BEST OF YOUR KNOWLEDGE, DEATH OCCURRED AT THE TIME DATE AND PLACE AND DUE TO THE CAUSE(S) STATED

26. SIGNATURE OF CERTIFIER (TYPE OR PRINT)

27. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)

28. NAME OF ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER (TYPE OR PRINT)

29. WAS CORNER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)

30. HOURS OF DEATH

31. DATE SIGNED (MONTH DAY YEAR)

32. ILLINOIS LICENSE NUMBER

33. NOTE: IF AN INQUIRY WAS MADE, YOU IN THIS DEATH, THE CONDITION OR MEDICAL EXAMINER MUST BE NOTIFIED

23. BURIAL CREMATION, REMOVAL (SPECIFY)	24a. ALL SAINTS	24b. NAME	24c. LOCATION	24d. DES PLAINES	24e. CITY OR TOWN	24f. STATE	24g. ILLINOIS	24h. DATE (MONTH DAY YEAR)	24i. 24 JULY 14, 1989
25a. SKAJA TERRACE FUNERAL HOME	25b. STREET AND NUMBER OR R.F.D.	25c. CITY OR TOWN	25d. STATE	25e. ILLINOIS	25f. 60648				
26a. LOCAL REGISTRAR'S SIGNATURE	26b. DATE (FEDERAL REGISTER MONTH DAY YEAR)	26c. 8298	26d. JUL 13 1989						

[Signature]

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