



UNOFFICIAL COPY

GEORGE E. COLE  
LEGAL FORMS

050070  
STATE OF ILLINOIS  
REAL ESTATE TRANSFER TAX  
JUL 18 '00 DEPT. OF REVENUE  
PR. 10616 \*\*\* 63.00

0050340  
Cook County  
REAL ESTATE TRANSACTION TAX  
REVENUE STAMP JUL 18 '00  
PR. 10848 31.50

Warranty Deed  
Individual to Individual

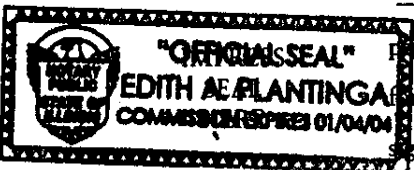
TO

PARCEL 1: UNIT 114 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENT IN STONEBRIDGE CONDOMINIUM NO. 2 AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NO. 21942754, AS AMENDED, IN THE NORTHWEST 1/4 OF SECTION 36, TOWNSHIP 36 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 2: EASEMENT APPURTENANT TO AND FOR THE BENEFIT OF PARCEL 1 AS SET FORTH AND DEFINED IN THE DECLARATION OF EASEMENTS RECORDED AS DOCUMENT NO. 21670891 FOR INGRESS AND EGRESS, ALL IN COOK COUNTY, ILLINOIS.

PROFESSIONAL NATIONAL  
TITLE NETWORK, INC.

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 Darryl K. Evans,  
a bachelor



Personally known to me to be the same person \_\_\_\_\_ whose name 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 27th day of July, 2000

Commission expires \_\_\_\_\_ 20\_\_\_\_\_

*Thomas A. Gilley*  
NOTARY PUBLIC

This instrument was prepared by Thomas A. Gilley, 525 E. 162nd Street, South  
(Name and Address) Holland, IL  
60473

SEND SUBSEQUENT TAX BILLS TO:

MAIL TO: Ms. Patricia Davis  
(Name)  
5 E. Carriage Way #114  
(Address)  
Hazel Crest, IL 60429  
(City, State and Zip)

Patricia Davis  
(Name)  
5 East Carriage Way, #114  
(Address)  
Hazel Crest, IL 60429  
(City, State and Zip)

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

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