QUIT CLAIM DEENOFFICIAL COPY

THE GRANTOR(S):

PATRICK A. PAINE **BENISE L. PAINE**

of the Village of ARLINGTON HEIGHTS, County of COOK, State of Illinois for and in consideration of the sum of TEN DOLLARS and other valuable consideration, in hand paid does by these presents Grant Sell and convey unto:

PATRICK A. PAINE AND DENISE L. PAINE, TRUSTEES OR THEIR SUCCESSORS IN TRUST UNDER THE PATRICK A. PAINE AND DENISE L. PAINE REVOCABLE LIVING TRUST, **DATED AUGUST 4, 2000 AND ANY** AMENDMENTS THERETO.



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Cook County Recorder

Grantee's: Address: 911 E. PROOKWOOD DR.

the following described property situated in COOK County, Illinois, to-wit:

LOT 275 IN IVY HILL SUBDIVISION UNIT NUMBER 8, BEING A SUBDIVISION OF PART OF THE SOUTH 1/2 OF THE NORTH EAST 1/4 OF SECTION 17. TOWNSHIP 42 NORTH, RANGE 11 EAST OF THE THIRD PRINCIPAL MERIDIAN IN THE VILLAGE OF ARLINGTON HEIGHTS, IN COOK COUNTY, ILLINOIS.

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This document is exempt under the provisions of Paragraph E, Section 4, of the Real Estate Transfer Tax Act.	
Signed: Potrol A Coine Date: 11 N-00	
Property Identification Number: 03-17-208-020-0000	
Address Of Real Estate: 911 E. BROOKWOOD DR., ARLINGTON HTS., IL 6000.4	
Dated: 1/~ 1/~00	
October O Carre (SEAL)	(SEAL)
PATRICK A. PAINE DENISE L. PAINE	
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 PATRICK A. PAINE AND DENISE L. PAINE personally known to me to be the same person(s) whose name(s) are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that the ey signed, sealed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth.

JERRY GUTMAN

ARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES: 09/20/01

Given under my hand and offical seal, this NOV. //, 2000 Commission Expires: September 20, 2001

This instrument prepared by: IRA MOLTZ, 3800 WILKE RD., ARLINGTON HTS., IL

MAIL TO:

SEND SUBSEQUENT TAX BILLS TO:

Scott F. Goldman 395 E. Dundee Road, Suite 350 Wheeling, Illinois 60090

Mr. and Mrs. Patrick A. Paine 911 E. Brookwood Dr. Arlington Hts., IL 60004

STATEMENT BY GRANTOR AND GRANTEE

-or-

STATEMENT BY ASSIGNOR AND ASSIGNEE

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.

Signature: Dated: Grantor or Agent Subscribed and (worn to before me by the said URINTOK , day of this H

Notary Public

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 buzipass 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.

Signature: Dated: Grantse or Agent

Subscribed and sworn to before

me by the said GRANTED , day of

LEOU

Notary Public

this //

JERRY GUTMAN

NOTARY PUBLIC, STATE OF ILLINOIS

MY COMMISSION EXPIRES: 09/20/01

NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES: 09/20/01

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 provisions of Section 4 of the Illinois Real Estate Transfer Tax Act.] DATE: //-//- 00

FROM:

Mr. and Mrs. Patrick Paine 911 E. Brookwood Dr.

Arlington Heights, IL 60004

CHANGE OF ACCOUNT NAME REQUEST

NAME OF BANK:

ST. PAUL FEDERAL

TYPE OF ACCOUNT:

CHECKING / SAVING

ACCOUNT #:

858-001070-3 / 885-223711-7

Please change the account name to the new name of the LIVING TRUST listed below:

PATRICK A. PAINE AND DENISE L. PAINE, TRUSTEES OR THEIR SUCCESSORS IN TRUST UNDER THE PATRICK A. PAINE AND DENISE L. PAINE REVOCABLE LIVING TRUST, DATED AUGUST 4, 2000, AND ANY AMENDMENTS THERETO.

All privileges and instructions in the account are to remain the same. The Social Security number for the trust is 318-44-3133.

We are relying on you to make these changes on an accurate and timely basis. If your computer system doesn't have enough space, please make sure that you make the change in the file.

Sincerely yours,

PATRICK A. PAINE

DENISE L. PAINE