

UNOFFICIAL COPY

0020489537

3466/0181 27 001 Page 1 of 2

2002-04-30 11:07:01

Cook County Recorder 23.50

Warranty Deed
Statutory (ILLINOIS)
(Individual to Corporation)



0020489537

Above Space for Recorder's Use Only

THE GRANTOR, CAROLYN A. NEWSOME, divorced and not since remarried, of the City of Chicago, County of Cook, State of Illinois for and in consideration of TEN AND NO/100 DOLLARS (\$10.00), in hand paid, CONVEYS and WARRANTS to

7
D

ST. JOHN'S HEALTHCARE SERVICES, INC., a corporation created and existing under and by virtue of the Laws of the State of Illinois, having its principal office at the following address 3713 W. Chicago, Chicago, IL, the following described Real Estate situated in the County of Cook in the State of Illinois, to wit:

LOT 6 IN BLOCK 3 IN MORTON'S SUBDIVISION OF THE EAST 1/2 OF THE NORTHWEST 1/4 OF SECTION 11, TOWNSHIP 39 NORTH, RANGE 13, 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. SUBJECT TO:

SUBJECT TO: covenants, conditions, and restrictions of record,

P.N.T.N.

Document No.(s) and to General Taxes for 2001 and subsequent years.

Permanent Index Number (PIN): 16-11-105-005

Address(es) of Real Estate: 3713 W. Chicago Avenue, Chicago, IL 60651

Dated this 11th day of February, 2002

Carolyn A. Newsome
CAROLYN A. NEWSOME (SELLER)

PLEASE
PRINT OR
TYPE NAMES
BELOW
SIGNATURE(S)

UNOFFICIAL COPY

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 CAROLYN A. NEWSOME, divorced and not since remarried 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 she signed, sealed and delivered the said instrument as her 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 11th day of February 2002.

Commission expires _____

Stephen P. Di Silvestro
NOTARY PUBLIC

This instrument was prepared by: Stephen P. Di Silvestro, 5231 N. Harlem Ave., Chicago, IL 60656

0020489537

★ ★ ★ ★
CITY OF CHICAGO
REAL ESTATE TRANSACTION TAX
468.75
DEPT. OF REVENUE DEC 31 '01
P.B. 11196
075888
★ ★ ★ ★

★ ★ ★ ★
CITY OF CHICAGO
REAL ESTATE TRANSACTION TAX
468.75
DEPT. OF REVENUE DEC 31 '01
P.B. 11156
075888
★ ★ ★ ★

OFFICIAL SEAL
STEPHEN P DISILVESTRO
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 03/02/02

★ ★ ★ ★
CITY OF CHICAGO
REAL ESTATE TRANSACTION TAX
DEPT. OF REVENUE DEC 31 '01
P.B. 11196
468.75
★ ★ ★ ★
075890

070643
STATE OF ILLINOIS
REAL ESTATE TRANSFER TAX
FEB 31 '01 DEPT. OF REVENUE
P.B. 10316
1187.50
★ ★ ★ ★



MAIL TO:

St John's Healthcare Services Inc.
3713 W. Chicago Ave.
Chicago, IL 60651

SEND SUBSEQUENT TAX BILLS TO:

ST. JOHN'S HEALTHCARE SERVICES, INC.
3713 W. Chicago Avenue
Chicago, IL 60651

070922
Cook County
REAL ESTATE TRANSACTION TAX
REVENUE STAMP FEB 31 '01
P.B. 10348
93.75