

UNOFFICIAL COPY

QUIT CLAIM DEED

Mail to:
APRIL S. BERNS
1035 JOHN DRIVE
HOFFMAN ESTATES, IL 60194

Name & address of taxpayer:
APRIL S. BERNS
1035 JOHN DRIVE
HOFFMAN ESTATES, IL 60194

0030141154

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2003-01-30 10:26:10
Cook County Recorder



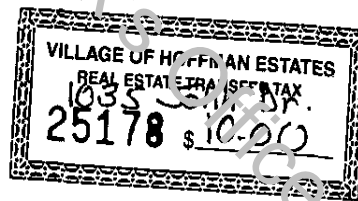
THE GRANTOR(S) APRIL S. BERNS SKAMEK AKA APRIL S. BERNS
of the VILLAGE of HOFFMAN ESTATES, County of COOK State of ILLINOIS for and in consideration of TEN and
NO/100ths DOLLARS and other good and valuable considerations in hand paid.

CONVEYS AND QUIT CLAIMS to APRIL S. BERNS of the VILLAGE of HOFFMAN ESTATES State of
ILLINOIS all interest in the following described real estate situated in the County of COOK, in the State of Illinois, to
wit:

LOT 18 IN BLOCK 7 IN HOFFMAN HILLS UNIT NO. 2, BEING A SUBDIVISION OF PART OF THE
NORTHWEST 1/4 OF SECTION 16, TOWNSHIP 41 NORTH, RANGE 10 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.
TO HAVE AND TO HOLD said premises forever

Permanent index number(s) 07-16-119-011
Property address: 1035 JOHN DRIVE, HOFFMAN ESTATES, IL 60194
DATED this 23RD day of DECEMBER, 2002.



April S. Berns

APRIL S. BERNS

LAW TITLE
20725-CC

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QUIT CLAIM DEED

State of Illinois, County of ^{DUPAGE} ~~COOK~~ ss. I, the undersigned, a Notary Public in and for said County, in the State aforesaid. DO HEREBY CERTIFY that APRIL S. BERNS



personally known to me to be the same person(s) whose name(s) is/are subscribed to the foregoing instrument, appeared before me this day in person, and the person(s) acknowledged that the person(s) signed, sealed and delivered the instrument as their free and voluntary act, for the uses and purposes therein set forth

Given under my hand and official seal this 23RD day of DECEMBER, 2002.

Commission expires 10/11/06



COUNTY- ILLINOIS TRANSFER STAMPS
EXEMPT UNDER PROVISIONS OF PARAGRAPH E SECTION 4, REAL ESTATE TRANSFER ACT.
DATE: 12/23/02

Buyer, Seller, or Representative:
April S. Berns

30141154

Recorder's Office Box No.

THIS INSTRUMENT PREPARED AT THE DIRECTION OF AND NOT IN REPRESENTATION OF THE PARTIES NAMED HEREIN

NAME AND ADDRESS OF PREPARER:

SHARON ROOS KIRKPATRICK,
LAW TITLE INSURANCE
9933 LAWLER AVENUE
SKOKIE, IL 60076