

WARRANTY DEED

Mail to: Vasquez & Badiano, P.C.
20063 N. Rand Road
Palatine, IL 60074



Name and address of tax payer:
Armando & Natalia Torres
455 Shady Lane
Palatine, IL 60074

EM
7M
83405817

The Grantor(s) HERBERT CAPLIN and OLGA CAPLIN, husband and wife, of the City of Palatine, County of Cook and State of Illinois, for and in consideration of Ten Dollars (\$10.00) and other good and valuable consideration in hand paid, **CONVEYS AND WARRANTS** to ARMANDO TORRES and NATALIA TORRES, husband and wife, the following described Real Estate situated in the County of Cook, in the State of Illinois to be held in TENANCY BY THE ENTIRETY, and not as tenants in common or joint tenancy, to wit: SEE ATTACHED LEGAL DESCRIPTION.

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Grantor(s) hereby releases and waives all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois.

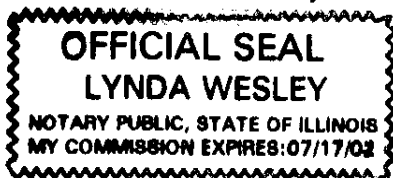
Subject to: covenants, conditions, restrictions and easements of record, real estate taxes for 1999 and subsequent years.
Permanent Tax Index No. 02-03-108-026-0000
Address of Real Estate: 455 Shady Lane, Palatine, IL 60074

Dated this 17th day of May, 2000.

HERBERT CAPLIN

OLGA CAPLIN

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that Herbert Caplin and Olga Caplin, personally known to me to be the same person(s) whose names are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that they signed, sealed and delivered the said instrument as their 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 17th day of May, 2000.



NOTARY PUBLIC

-This instrument was prepared by Lynda Wesley, 800 E. Northwest Hwy, Suite 821, Palatine, IL

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City of Chicago
Department of Public Health
1601 N. Dearborn St.
Chicago, IL 60610

Chicago Health Department
1601 N. Dearborn St.
Chicago, IL 60610
(773) 554-3300

On this day, I, the undersigned, being duly sworn, certify that the following information is true and correct to the best of my knowledge and belief. I am a duly licensed and qualified professional in the field of public health and have been duly appointed to the position of [Title] in the Chicago Health Department. I have reviewed the information provided and it is true and correct to the best of my knowledge and belief.

Witness my hand and seal of office this [Day] day of [Month], 20[Year].

Signature of [Name]

[Title]

I, the undersigned, being duly sworn, certify that the following information is true and correct to the best of my knowledge and belief. I am a duly licensed and qualified professional in the field of public health and have been duly appointed to the position of [Title] in the Chicago Health Department. I have reviewed the information provided and it is true and correct to the best of my knowledge and belief.

Signature of [Name]

Notarized and signed by [Name] on [Date] at [Location].

[Signature]

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Legal Description of 455 Shady Lane, Palatine, IL 60074

Lot 70 (except the West 15 feet thereof) and the West 9 feet of Lot 71 in Barrington Woods, a subdivision of the North 30 acres of the Northeast ¼ of the Northwest ¼ of Section 3, Township 42 North, Range 10 East of the Third Principal Meridian, (except therefrom the West 435.6 feet of the North 200 feet of said 30 acres) in Cook County, Illinois.

Property of Cook County Clerk's Office

