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Eugene "Gene" Moore Fee: \$26.00
Cook County Recorder of Deeds
Date: 05/23/2003 08:00 AM Pg: 1 of 2

WARRANTY DEED

ILLINOIS STATUTORY
(Individual to Individual)

SA 8389007 D1820

MAIL TO:

Timothy K. Hinckman
Charity & Assoc., P.C.
20 N. Clark Street, #700
Chicago, IL 60602

NAME & ADDRESS OF TAXPAYER:

Roosevelt Tower - II, LLC
c/o Boulevard Realty Services, Corp.
1120 S. Homan Avenue
Chicago, IL 60624

RECORDER'S STAMP

THE GRANTOR(S) Holy Cross Hospital, an Illinois not-for-profit corporation,
of the City of Chicago County of Cook State of Illinois
for and in consideration of Ten Dollars (\$10.00) DOLLARS

and other good and valuable considerations in hand paid,
CONVEY(S) AND WARRANT(S) to Roosevelt Tower-II, LLC, an Illinois limited
liability company,

(GRANTEES' ADDRESS) 1120 S. Homan Ave.
of the City of Chicago County of Cook 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 45 AND THE EAST 12 FEET OF LOT 44 IN BLOCK 10, IN 12th STREET ADDITION TO CHICAGO,
BEING A SUBDIVISION OF THE SOUTHEAST 1/4 OF SECTION 14, TOWNSHIP 39 NORTH, RANGE 13,
EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

NOTE: If complete legal cannot fit in this space, leave blank and attach a
separate 8.5" x 11" sheet with a minimum of .5" clear margin on all sides

hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois.

Permanent Index Number(s): 16-14-426-032

Property Address: 3500 W. Roosevelt, Chicago, IL

Dated this 25 day of April 2003

Michael C. [Signature] (Seal) _____ (Seal)
PRESIDENT AND CEO OF HOLY CROSS HOSPITAL (Seal) _____ (Seal)

NOTE: PLEASE TYPE OR PRINT NAME BELOW ALL SIGNATURES

COMPLIMENTS OF Chicago Title Insurance Company

CTIC Form No. 1159

BOX 333-CT

UNOFFICIAL COPY

STATE OF ILLINOIS } ss.
County of Cook }

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, CERTIFY THAT Michael Rindler, President/CEO OF Holy Cross Hospital 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 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 notarial seal, this 25th day of April, 2003.

My commission expires on December 20, 2005. Matthew J. Cleveland Notary Public



IMPRESS SEAL HERE

Cook COUNTY - ILLINOIS TRANSFER STAMP

* If Grantor is also Grantee you may want to strike Release & Waiver of Homestead Rights.

NAME and ADDRESS OF PREPARER:
Matthew J. Cleveland
205 N. Michigan Avenue, Suite 4300
Chicago, IL 60601

EXEMPT UNDER PROVISIONS OF PARAGRAPH 2 SECTION 4,
REAL ESTATE TRANSFER ACT
DATE: 4/29/03
Matthew J. Cleveland
Signature of Buyer, Seller or Representative

** This conveyance must contain the name and address of the Grantee for tax billing purposes: (55 ILCS 5/3-5020) and name and address of the person preparing the instrument: (55 ILCS 5/3-5022).

WARRANTY DEED
ILLINOIS STATUTORY

FROM

Holy Cross Hospital

TO

Roosevelt Tower II, LLC