	FICIAL COPY
QUIT CLAIM DEED	Doc#: 0610741006 Fee: \$26.00
Illinois Statutory	Eugene "Gene" Moore RHSP Fee:\$10.00
MAIL TO Hugela Rivas	Cook County Recorder of Deeds Date: 04/17/2006 09:32 AM Pg: 1 of 2
936 Wilcap	
Hommand, IN 46320	
NAME & ADDRESS OF TAXPAYER:	
Hugela Rives	
936 Wilson	
Hammand, IN 46320	RECORDER'S STAMP
Pioneer Services LLC, a limited	d liability company
THE GRANTOR	
Lincolnwood	Cook . Illinois
of the of Ten 2 at No/100	County ofState of
for and in consideration of	nd paid DOLLARS
CONVEY and QUIT CLAIM toArige'a Rivas	no paio.
CONVEY and QUIT CEARN to	
(GRANTEE'S ADDRESS) 936 Wilcox, Haming	orid, IN 46320
of the City of Indiana	County of State of
	ANCY, all interest in the following described Real Estate situated in the it:
THE SOUTH 1/2 OF LOT 10 AND LOT 11 IN E.B. JI THE NORTHEAST 1/4 OF THE SOUTHWEST 1/4 OF PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLIING	ENNINGS SUBDIVISION OF THE EAST 1/2 OF THE SOUTHEAST 1/4 OF DE SECTION 2, TOWNEHIP 37 NORTH, RANGE 14, EAST OF THE THIRD DIS.
	City of Chicago Real Estate
TRISTAR TITLE, LLC	Dept. of Revenue
7358 LINCOLN AVE., SUITE 120 LINCOLNWOOD, IL 60712	428788 \$1,087.50
EMODERNOOD, 1E 00712	04/14/2006 11:09 Batch 07270 69
NOTE: If additional space is	required for legal - attach on separate 8-1/2 x 11 sheet
hereby releasing and waiving all rights under and TO HAVE AND TO HOLD said premises not in	by virtue of the Homestead Exemption Laws of the State of Illinois. tenancy in common, but in joint tenancy forever.
Permanent Index Number(s) 25-02-314-025-000	
Property Address : 9224 S. WOODLAWN AVE.,	CHICAGO, IL 60619
10TH	y of MARCH 2006
M. B. (1 /2/11)	(Seal) (Seal)
Pioneer Services LLC, by Greg@ingham, Manager	

NOTE: PLEASE TYPE OR PRINT NAME BELOW ALL SIGNATURES

(Seal)

Beli attory-in- met

0610741006D Page: 2 of 2

STATE OF ILLINOIS Section (County of) STATE OF ILLINOIS (County of) Section (County of) Se

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY TH	ΑТ
personally known to me to be the same person whose name/ subscribed to the foregoing instrume appeared before me this day in person, and acknowledged that signed, sealed and delive the said instrument as free and voluntary act, for the uses and purposes therein set for	red
including the release and waiver of the right of homestead.	,
Given under my hand and notarial seal, this low day of day of, for	900
My commission expires on August 9th Zoo9, 19Notary Pub	olic
"OFFICIAL SEAL" NATALIE METOYER NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 8/9/2009 - ILLINOIS TRANSFER STAN	ЛР
IMPRESS SEAL HERE	'II
NAME AND ADDRESS OF PREPARER: Cond & Associates Date Deval 10 60015 ** This conveyance must contain the name and address of the Grantee for tax billing pur obses: (Chap. 55 ILCS 5/3-502)	
and name and address of the person preparing the instrument: (Chap. 55 ILCS 5/3-5022).	
BEVENUE STAMP # FP326670	
097/000 8	
HEALESTATE THANSACTION TAX CONTRINENT OF TENENCE TRANSFER TAX	
MAN STATE OF ILLINOIS XAT BIANS STORIE OF ILLINOIS AND STATE OF IL	
7358 LINCOLN AVE., SUITE 120 LINCOLNWOOD, IL 60712	