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Thrancy By bla Entiraty
WARRANTY DEED

Doc#: 0623526051 Fee: \$26.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 08/23/2006 10:00 AM Pg: 1 of 2

MAIL TO:

Tomas Padron 12509 S. Western Blue Island, Il Loro6

NAME & ADDRESS OF TAXPAYER: TOMAS PADRON AND MICHELLE PADRON 12509 S. WESTERN BLUE ISLAND, ILLINOIS 60406

THE GRANTOR (S) MARY H. BURRELL, N/K/A MARY H. HERMES, married to THOMAS HERMES of the City of Blue Island, County of Cook, State of Illinois for and in consideration of Ten and 00/100 DOLLARS and other good and valuable consideration in hand paid.

HUSBAND AND

CONVEYS AND WARRANTS TO TOMAS PADRON AND MICHELLE PADRON, We Wife.

2017 W. BROADWAY BLUE ISLAND IL 60406
Grantee's Address City State Zip

Not as Tenants in Common, not as Joint Tenants, but as Tenants by the Entirety all interest in the following described Real Estate in the County of Cook, in the State of Illinois, to wit:

THE NORTH 35 FEET OF THE SOUTH 70 FEET OF LOT 38 IN SUBDIVISION OF BLOCK 4 IN ASSESSOR'S DIVISION OF THE WEST ½ OF THE SOUTHWEST ¼ OF SECTION 30, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

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

Permanent Index Number: 25-30-308-003-0000

Property Address: 12509 S. WESTERN, BLUE ISLAND, ILLINOIS 60406

DATED this 1 day of AUSUS 0, 2006.

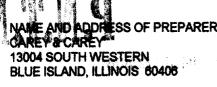
THOMAS HERMES

MARY H. HERMES

MARY H. BURRELL

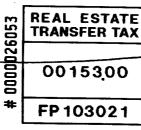
UNOFFICIAL COPY

State of Illinois)				
County of Cook) SS.			
FRTIFY that MAR	RY H BURRELL N/K/A	ic in and for said County MARY H. HERMES ar sons whose names are s	nd THOMAS HERM	IES , her Husba
appeared before me instrument as their fro	e this day in person and ee and voluntary act, as t	acknowledged that they such Guardian, for the use the right of homestead.	signed, sealed and s and purposes then	delivered the sa
•		seal, this 18 day of 0		
Jus.) Caren &		V SARA Branco Da Branco.	
Notary Public				
My commission expl		20 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 2 3 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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NAME AND ADDRESS	SO OF DDEDADED			



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







REVENUE STAMP

