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Record at:

113 Q. 1 OK

Eugene Moore

Cook County Recorder of Deeds Recording Division 118 N. Clark Street, Room 120 Chicago, Illinois 60602

Phone: (312) 603-5050 Fax: (312) 603-5063

Doc#: 0836411013 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 12/29/2008 09:59 AM Pg: 1 of 3

WARRANTY DEED DINT TENANCY

| 6                                                                                                                 | Space Above for Recorder's Use                                                                                |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Mail to:<br>PANIEN HAMMONK<br>P.O. BOX 6561<br>AURORA TO 605                                                      | Name & Address of Taxpaver:  Daniel C. Hammons & Patricia L. Malone Hammons  P.O. BOX 6561  AVROPA, IL 605000 |
| THE GRANTOR(s), Success Enter                                                                                     | orises, LLC, a limited liability company duly organized under the                                             |
| laws of the State of Nebraska, of the C                                                                           | ity/Village cf_I incoln_, County of Lancaster_, State of Nebraska                                             |
| for and in consideration of TEN and                                                                               | NO/100 Dollars, and other good and valuable consideration,                                                    |
| CONVEY(s) and WARRANT(s) to The                                                                                   | HE GRANTEE(s) Daniel C. Hammons and Patricia L. Malone-                                                       |
| Hammons, a married couple, P.O. Be                                                                                | City//illage of Aurora, State of Illinois 10598                                                               |
| in the form of ownership Not 4                                                                                    | enants in common, but joint tenants,                                                                          |
| all interest in the following described I wit:                                                                    | REAL ESTATE situated in the County of Cook, State of Illinois, to                                             |
| Legal Description: See attached Exhibit A, incorporated via reference note in                                     |                                                                                                               |
| Permanent Index Number(s) (P.I.N.): 28-14-207-070-0000  Real Estate Address: 15321 Willow Lane, Markham, IL 60428 |                                                                                                               |
| subject only to the following, if any: general real estate taxes not due and payable at the time of the Closing,  |                                                                                                               |
| covenants, conditions, and restrictions of record, and building lines and easements, if any, so long as they      |                                                                                                               |
| do not interfere with the current use and enjoyment of the Real Estate; and                                       |                                                                                                               |
| Affirmatively averring that the Real Estate is not homestead property by and under the Homestead                  |                                                                                                               |
| Exemption Laws of the State of Illinoi                                                                            | is. CITY OF MARKHAM                                                                                           |

Water Stamp

56 60

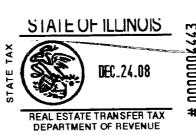
Date

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0836411013D Page: 2 of 3

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| -bv , 2008.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |
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| Dis will (Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
| David B. Miller, Member                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |
| (Printed Name & Title)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
| STATE OF _ \( \frac{1 \frac{1}{2} \frac{1}{2}}{2} \) COUNTY OF \( \frac{1}{2} |  |  |
| Longaste                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |
| I, the undersigned, a Notary Lublic in and of said County, in said State, DO HEREBY CERTIFY THAT  Stary A. Comby & Source (1) (name/s of person/s)  as manager + manber (type of authority, e.g., officer, trustee, etc.) of  Success Enterprises, the chamber (name of party on behalf of whom instrument was executed) is  personally known to me to be the same person whose name(s) is/are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he/she/they signed, sealed and delivered said instrument as his/her/their free and voluntary act, for the purposes therein set forth, including the release and waiver of the right of homestead.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| Given under my hand and notarized seal, this 214 day of November, 2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| Patricia or Inche                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
| My commission expires September 12, 2011 Notary Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| C <sub>A</sub>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| GENERAL NOTARY - State of Nebraska<br>PATRICIA J. FRICKE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |
| My Comm. Exp. Sept. 12, 2011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |
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| fix: State of Illinois / Cook County Transfer Stamp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
| or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |
| tempt under provisions of Paragraph ction 4, Real Estate Transfer Act                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
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| mature of Davis Call                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
| STATE OF ILLINOIS MIREAL ESTATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
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REAL ESTATE TRANSFER TAX
00035,00
# FP 102808

0836411013D Page: 3 of 3

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### CHICAGO TITLE INSURANCE COMPANY

ORDER NUMBER: 1401 SA4184005 F1

STREET ADDRESS: 15321 WILLOW

CITY: MARKHAM COUNTY: COOK

TAX NUMBER: 28-14-207-070-0000

#### LEGAL DESCRIPTION:

LOT 65 IN COUNTRY AIRE ESTATES, A SUBDIVISION OF THE SOUTH 1/2 OF THE NORTHEAST SEC AN, IN

OPERATOR COLUMN CLERK'S OFFICE 1/4 OF FRACTIONAL SECTION 14, TOWNSHIP 36 NORTH, RANGE 13 EAST OF THE THIRD

PRINCIPAL MERICIAN, IN COOK COUNTY, ILLINOIS

LEGALD

CN

12/23/08