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1999-11-12 10:51:20
Cook County Recorder 25.50

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AMERICAN LEGAL FORMS, CHICAGO, IL (312) 372-1922

WARRANTY DEED
Statutory (ILLINOIS) (General)

CAUTION: Consult a lawyer before using or acting under this form. Neither the publisher nor the seller of this form makes any warranty with respect thereto, including any warranty of merchantability or fitness for a particular purpose.

THE GRANTOR (NAME AND ADDRESS)
ALBERT SCHONBERG and
SARA SCHONBERG, his wife
7548 - D Crawford
Skokie, Illinois 60076



(The Above Space For Recorder's Use Only)

of the _____ City _____ of _____ Skokie _____ County
of _____ Cook _____, State of _____ Illinois

for and in consideration of (10.00) Ten _____ DOLLARS,
in hand paid, CONVEY _____ and WARRANT _____ to

GRACE SHAW divorced and not since remarried
4730 Pratt
Lincolnwood, IL 60646

(NAMES AND ADDRESS OF GRANTEE(S))

the following described Real Estate situated in the County of _____ Cook _____ in the State of Illinois, to wit:
(See reverse side for legal description.) hereby releasing and waiving all rights under and by virtue of the Homestead
Exemption Laws of the State of Illinois. SUBJECT TO: General taxes for _____ 1999 _____ and subsequent years and

VILLAGE OF SKOKIE, ILLINOIS
Economic Development Tax
Skokie Code Chapter 10
Paid: \$645.00
Skokie Office 11/04/99

Permanent Index Number (PIN): _____ 10-27-407-061-1008

Address(es) of Real Estate: _____ 7548 - D Crawford, Skokie, Illinois 60076

DATED this _____ 5th day of NOVEMBER _____ 19 99

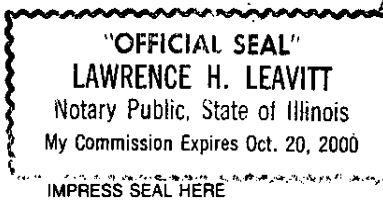
PLEASE
PRINT OR
TYPE NAME(S)
BELOW
SIGNATURE(S)

Albert Schonberg (SEAL) Sara Schonberg (SEAL)
ALBERT SCHONBERG SARA SCHONBERG

_____(SEAL) _____(SEAL)

State of Illinois, County of _____ COOK _____ ss. I, the undersigned, a Notary Public in and for
said County, in the State aforesaid, DO HEREBY CERTIFY that

ALBERT SCHONBERG and SARA SCHONBERG, his wife



personally known to me to be the same persons whose names _____
subscribed to the foregoing instrument, appeared before me this day in person,
and acknowledged that _____ t h e y _____ signed, sealed and delivered the said
instrument as _____ t h e i r _____ 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 _____ 5 _____ day of _____ winter _____ 1999

Commission expires _____ 19 _____

This instrument was prepared by _____ Lawrence H. Leavitt, 79 W. Monroe St., Suite 912, Chicago, IL
(NAME AND ADDRESS) 60603

SASA DIVISION OF INTERCOURTY
DIS 81532 B 12

3

Legal Description

of premises commonly known as 7548 - D Crawford, Skokie, Illinois 60076

UNIT 8 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN HOWARD CRAWFORD TOWNHOUSE CONDOMINIUMS AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NUMBER 23450269, AS AMENDED FROM TIME TO TIME, IN THE SOUTHEAST 1/4 OF SECTION 27, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

COUNTY TAX



COOK COUNTY REAL ESTATE TRANSACTION TAX

NOV. 11.99

REVENUE STAMP

0000009422

REAL ESTATE TRANSFER TAX

00107.50

FP326679

STATE TAX



STATE OF ILLINOIS

NOV. 11.99

COOK COUNTY

REAL ESTATE TRANSFER TAX

00215.00

FP326700



SEND SUBSEQUENT TAX BILLS TO:

MAIL TO:

Grace Shaw

(Name)

7548 Crawford #D

(Address)

Skokie Il 60076

(City, State and Zip)

Grace Shaw

(Name)

7548 Crawford #D

(Address)

Skokie Il 60076

(City, State and Zip)

OR RECORDER'S OFFICE BOX NO. _____

UNOFFICIAL COPY MAP SYSTEM

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CHANGE OF INFORMATION FORM

INFORMATION TO BE CHANGED

Use this form for name / address desired on real property tax record of Cook County Illinois. It is also to acquire PROPERTY ADDRESSES for each PIN in our records.

Such changes must be kept within the space limitations shown. DO NOT use punctuation. Allow one space between names and initials, numbers and street names, and unit or apt numbers. PLEASE PRINT IN CAPITAL LETTERS WITH BLACK PEN ONLY! This is a SCANNABLE DOCUMENT - DO NOT XEROX THE BLANK FORM. All completed original forms must be returned to your supervisor or Jim Davenport each day.

If a TRUST number is involved, it must be put with the NAME. Leave a space between the name and the trust number. A single last name is adequate if you don't have enough room for the full name. Property Index Numbers MUST be included on every form.

PIN:

10 - 27 - 407 - 061 - 1008

NAME:

GRACE SHAW

MAILING ADDRESS:

STREET NUMBER STREET NAME APT or UNIT

7548 - D CRAWFORD

CITY:

SKOKIE

STATE:

IL

ZIP CODE:

60076 -

PROPERTY ADDRESS:

STREET NUMBER STREET NAME APT or UNIT

7548 - D CRAWFORD

CITY:

SKOKIE

STATE:

IL

ZIP CODE:

60076 -