

UNOFFICIAL COPY

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667/0210 27 001 Page 1 of 5
1999-12-17 14:42:12
Cook County Recorder 29.00



WARRANTY DEED
Statutory (Illinois)
(Individual to Individual)

THE GRANTOR, NORA L. JOHNSON, AS TRUSTEE OF THE NORA L. JOHNSON TRUST DATED APRIL 26, 1997 and NORA L. JOHNSON, AS SUCCESSOR TRUSTEE OF THE WILLIAM L. JOHNSON TRUST DATED APRIL 26, 1997, of the City of CHICAGO, County of COOK, State of ILLINOIS, for and in consideration of TEN and no/100ths (\$10.00) Dollars and other good and valuable consideration in hand paid, CONVEYS and WARRANTS to DIDI THELMA BROWN, 15859 South LeClaire, #C-101, Oak Forest, Illinois 60452, the following described Real Estate situated in the COUNTY of COOK in the STATE of ILLINOIS, to-wit:

See Rider containing Legal Description & Subject To attached hereto as Exhibit "A" and made a part hereof.

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

PINS: 20-18-202-003 & 20-18-202-004
Property Address: 1851 WEST GARFIELD BOULEVARD, CHICAGO, ILLINOIS 60636

DATED this 16TH day of DECEMBER, 1999

Nora L. Johnson (SEAL)
NORA L. JOHNSON, as Trustee

of the Nora L. Johnson Trust dated April 26, 1997

Nora L. Johnson (SEAL)
NORA L. JOHNSON, as Successor Trustee
of the William L. Johnson Trust dated April 26, 1997

Cook County
REAL ESTATE TRANSACTION TAX
REVENUE STAMP DEC 16 '99
P.B. 11424



62.50

STATE OF ILLINOIS
REAL ESTATE TRANSFER TAX
DEC 16 '99 DEPT. OF REVENUE
P.B. 10686 125.00



CITY OF CHICAGO
REAL ESTATE TRANSACTION TAX
DEPT. OF REVENUE DEC-3'99
P.B. 11193 937.50



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146252

cbck ca. no. 010
298993

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MAP SYSTEM

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:

20 - 18 - 202 - 003 - 0000

NAME:

DIDI THEUMA BROWN

MAILING ADDRESS:

STREET NUMBER STREET NAME APT or UNIT

[Empty grid for mailing address]

CITY:

[Empty grid for mailing city]

STATE:

[Empty grid for mailing state]

ZIP CODE:

[Empty grid for mailing zip code]

PROPERTY ADDRESS:

STREET NUMBER STREET NAME APT or UNIT

1851 W GARFIELD BLVD

CITY:

CHICAGO

STATE:

IL

ZIP CODE:

60636 - [Empty grid for property zip code]

UNOFFICIAL COPY

MAP SYSTEM

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PIN:

20 - 18 - 202 - 004 - 0000

NAME:

D I D I T H E O N A B R O W N

MAILING ADDRESS:

STREET NUMBER STREET NAME APT or UNIT

[Empty address grid]

CITY:

[Empty city grid]

STATE:

[Empty state grid]

ZIP CODE:

[Empty zip code grid]

PROPERTY ADDRESS:

STREET NUMBER STREET NAME APT or UNIT

1851 W GARFIELD BLVD

CITY:

CHICAGO

STATE:

14

ZIP CODE:

60636