UNOFFICIAL COMMISSIONION

Doc#: 1018816004 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 07/07/2010 08:46 AM Pg: 1 of 2

WARRANTY DEED Statutory (Illinois)

THE GRANTOR, KENNETH RILEY, of the City of Chicago, County of Cook, State of Illinois, for and in consideration of TEN AND NO/100 (\$10.00) DOLLARS, and other good are valuable considerations, the receipt and sufficiency of which is hereby acknowledged in hand paid, CONVEYS and WARRANTS to:

LAWNDALE CHRISTIAN HEALTH CENTER,
An Illinois Corporation
3860 W. Ogden Avenue
Chicago, IL 60623

the following described Real Istate situated in the County of Cook, in the State of Illinois, to wit:

LOT 236 IN DOWNING'S SUBDIVISION OF LOTS 7 TO 14 INCLUSIVE, IN J.H. KEDZIE'S SUBDIVISION IN THE SOUTHWEST 1/4 OF SECTION 23, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

To have and to hold the same unto said Grantce forever, and hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois.

SUBJECT TO: Covenants, conditions, and restrictions of record; public and utility easements; zoning and building ordinances and restrictions; and general real estate taxes for 2009 and subsequent years.

Permanent Real Estate Index Number: 16-23-320-045-0000

Address of Real Estate: 3822-24 W. Ogden Avenue

Chicago, Illinois 60623

DATED this: \$\frac{1}{2}\text{ th day of }\frac{1}{2}\text{une}, 2010.

KENNETH RILEY

(SEAL)

ANERICAN

RECEIVED



REAL ESTATE TRANSFER TAX 0105000 State of Illinois) SS FP 102812 County of Cook I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that KENNETH RILEY, personally known to me to be the same persons whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered the said instrument as his 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 $\frac{8}{2}$ day of $\frac{1}{2}$, 2010. My Commission expires OFFICIAL SEAL MARGARET IUORIO FLEMING, MARKS & IUORIO This instrument was prepared by: 902 Maple Avenue Grove, Illinois 60515 SEND SUBSEQUENT TAX BILLS TO: MAIL TO: Lawndale Christian Health Center (Name) (Name) 3860 W. Ogden Avenue (Address) (Address) Chicago, IL 60623 (City, State and Zip) (City, State and Zip) COOK COUNTY STATE OF ILLINOIS REAL ESTATE REAL ESTATE 0000000603 TRANSFER TAX TRANSFER TAX JUL.-1.10 JUL.-1.10 0035000 0017500 **REAL ESTATE TRANSFER TAX** FP 103027 FP 103028 DEPARTMENT OF REVENUE

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