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DERIN IN 2016507

SPECIAL WARRANTY DEED Corporation to Individual



Doc#: 1107612112 Fee: \$44.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 03/17/2011 10:27 AM Pg: 1 of 5

THIS INDENTURE, made this 15 day of February, 2011 between THE BANK OF NEW YORK MELLON, FORMERLY KNOWN AS THE BANK ON NEW YORK, AS TRUSTEE FOR BENEFIT OF THE CERTIFICATE HOLDERS OF CWABS 2005-1, INC., a corporation created and existing under and by virtue of the laws of the State of and duly authorize 1 to ransact business in the State of Illinois, party of the first part, and Nicholas J. Brannigan, party of the second part.

WITNESSETH, that the said party of the first part, for and in consideration of the sum of TEN & 00/100 DOLLARS, and other good and valuable consideration in hand paid by the party of the second part, the receipt whereof is hereby acknowledged, and pursuant to authority of the soard of Directors of said corporation, by these presents does hereby acknowledged, and pursuant to authority of the soard of Directors of said corporation, by these presents does hereby acknowledged, and pursuant to authority of the second part, and to their heirs and assigns, REMISE, RELEASE, ALIEN AND CONVEY unto the said party of the second part, and to their heirs and assigns, FOREVER, all the following described land, situate in the County of Cook and State of Illinois known and described as follows, to wit:

LOT 96 IN ALSIP HOWDY HOMES ESTATES WEST, BEING A SUBDIVISION OF PART OF THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 22, TOWNS HIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN AND LOTS 281 TO 296 INCLUSIVE IN HOMEOPAFT'S SUBDIVISION IN THE SOUTHWEST QUARTER OF SAID SECTION 22, ALL IN COOK COUNTY, ILLINOIS.

SUBJECT TO:

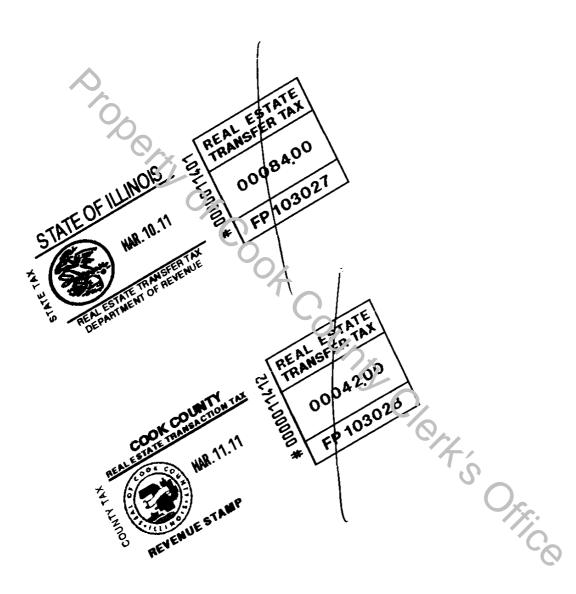
Permanent Real Estate Index Number(s): 24-22-334-014-0000 Address(es) of Real Estate: 11669 S. Joalyce Dr., Alsip, IL 60803

Together with all the singular and hereditaments and appurtenances thereunto belonging, or in enywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof, and all the appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof, and all the astate, right, title, interest, claim or demand whatsoever, of the said party of the first part, either in law or equity, of, in and to the above described premises, with the hereditaments and appurtenances: TO HAVE AND TO HOLD the said premises as above described, with the appurtenances, unto the said party of the second part, their heirs and assigns forever.

And the said party of the first part, for itself and its successors, does covenant, promise and agree, to and with said party of the second part, their heirs and assigns, that it has not done or suffered to be done, anything whereby the said premises hereby granted are, or may be, in any manner incumbered or charged, except as herein recited; and that the said premises, against all persons lawfully claiming, or to claim the same, by, through or under it, it WILL WARRANT AND FOREVER DEFEND.

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name to be sign	red to these presents by its <u>A</u>	ssistant Secretary,	and attested by its/	Assistant Secretary
	r first above written.	***************************************		•
	NEW YORK MELLON, IOWN AS THE BANK ON NE	NA.		
	ISTEE FOR BENEFIT OF THI		:	Section of the section of
	HOLDERS OF CWABS 2005-		,	
	IOME LOANS SERVICING,		•	
	ITRYWIDE HOME LOANS		1	
ERVICING, LI	AS ATTORNEY IN FACT			
	un Woums	TEST:	<u> </u>	and the second
Frances M	oren J, Assistant Secertary	Veronica Casillas, As	ssistant Secretary	\$ •
TATE OF	COUNTY	ne .		1.
MOLE OF	COURTY	DF		
I, the ur	ndersigned, a Notary Public in	and for said County and Sta	te aforesaid, DO HE	REBY CERTIFY, that
	personally k	nown to me to be the		of
he	NEW YORK AS TRUCTED	FOR THE BANK OF NEV	V YORK MELLON, FO	UKIMEKLY KNUVYN AS LOF CWARS 2005-1 INC
HE BANK ON	NEW YORK, AS TRUSTEL: F LOANS SERVICING, LP., F	MACCUNTRYWIDE HOME I	OANS SERVICING.	LP AS ATTORNEY IN
FACT and		barranally known to me to b	e the	, of said
corporation and	d personally known to me to b	e the same person(s) whose	name(s) are subscri	oed to the forgoing
instrument, app	eared before me this day in p	erenn ar diseverally acknowle	edged that as such	
	and `	<u> </u>	nev signed and delive	red the said instrument
Directors of sak	corporate seal of said corporate corporation, as their free and the uses and purposes therei	voluntary act, and as the fo	ee and voluntary act	and deed of said
		3		
Given under my	\prime hand and official seal, this _	day of February, 2017		
		·	(Notar	y Public)
			0	
	Fisher and Observing 11.0		T	
Prepared by:	Fisher and Shapiro, LLC 200 N. LaSalle, Suite 2840		0.	
	Chicago, IL 60601			
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				Co
Mail To:		VILLAGE OF ALSI	- OLTDANGEED	ATE
Nicholas J. Bra	nnigan		- INMISTER	
11669 S. Joaly				
Alsip, IL 60803		4	00294	00
		:- :1 >		
Name & Addre	ss of Taxpayer:	BEAL ESTATE TRANSACTION TO DEPARTMENT OF REVENUE	[™] [#] / FP3267	06
Nicholas J. Bra	nnigan		/ 	——— i
11669 S. Joaly		•	(•
Alsip, IL 60803				

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CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California					
County of Ventura					
On 215 before me, Brittni Bain go. Notary Public (Here insert name and title of the officer)					
personally appeared 114/11/5 MO	<u> </u>				
the within instrument and acknowledged to me t	idence to be the person(s) whose name(s) is/are subscribed to hat he/she/they executed the same in his/her/their authorized on the instrument the person(s), or the entity upon behalf of int.				
I certify under PENALTY OF PEPUURY under to is true and correct.	he laws of the State of California that the foregoing paragraph				
WITNESS my hand and official seal. WITNESS my hand and official seal. WENTURA COUNTY My Commission Expires July 23, 2014 (Nounty Seal)					
ADDITIONAL OPTIONAL INFORMATION					
DESCRIPTION OF THE ATTACHED DOCUMENT	INSTRUCTIONS FOR COMPLETING THIS FORM Any: acknowledgmer completed in California must contain verbiage exactly as appears above in the stary section or a separate acknowledgment form must be properly completed and a socied to that document. The only exception is if a document is to be recorded cats as a California. In such instances, any alternative				
(Title or description of attached document)	acknowledgment verhiage as mover printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the				
(Title or description of attached document continued)	document carefully for proper notarial worder, and attach this form if required.				
Number of Pages Document Date	 State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment. Date of notarization must be the date that the signer(r) personally appeared which 				
(Additional information)	The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).				
CAPACITY CLAIMED BY THE SIGNER	 Print the name(s) of document signer(s) who personally appear at the time of notarization. Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. 				
Individual (s)	he/she/they, is /ere) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.				
☐ Corporate Officer	. The notary seal impression must be clear and photographically reproducible				
(Title)	impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.				
Partner(s) Attorney-in-Fact	 Signature of the notary public must match the signature on flie with the office of the county clerk. 				
☐ Trustee(s)	 Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document. 				
Other	indicate title or type of attached document, number of pages and date. Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).				

Securely attach this document to the signed document

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CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California	
County of Ventura	
	thi Baingo. Notary Public (Here insert name and title of the officer)
personally appeared Flances Mound	4 velonica lasillas
the within instrumer, and acknowledged to me t	dence to be the person(s) whose name(s) is/are subscribed to hat he/she/they executed the same in his/her/their authorized on the instrument the person(s), or the entity upon behalf of int.
I certify under PENALTY OF PEPJURY under to is true and correct.	he laws of the State of California that the foregoing paragraph
WITNESS my hand and official seal. Signature of Notary Public	BRITTNI BAINGO COMM. # 1806260 NOTARY PUBLIC • CALIFORNIA B VENTURA COUNTY My Commission Expires Apr 25, 5011
ADDITIONAL O	PTIONAL WYORMATION
DESCRIPTION OF THE ATTACHED DOCUMENT	INSTRUCTIONS FOR COMPLETING THIS FORM Any: acknowledgmen completed in California must contain vertiage exactly a appears above in the metar, section or a separate acknowledgment form must be properly completed and a role et to that document. The only exception is if document is to be recorded entities of California. In such instances, any alternative
(Title or description of attached document)	acknowledgment verbiage as movement for on such a document to long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.
(Title or description of attached document continued) Number of Pages Document Date	 State and County information must be the State and County where the documen signer(s) personally appeared before the notary public for acknowledgment.
(Additional information)	 Date of notarization must be the date that the signer(s, per ionally appeared which must also be the same date the acknowledgment is compresed. The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
	 Print the name(s) of document signer(s) who personally appear at the time of notarization.
CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer	 Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/shey, is /ere) or circling the correct forms. Failure to correctly indicate the iraformation may lead to rejection of document recording. The notary scal impression must be clear and photographically reproducible
(Title) □ Partner(s) □ Attorney-in-Fact	 Empression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form. Signature of the notary public must match the signature on file with the office of the county clerk.
Trustee(s) Other	Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document. Indicate title or type of attached document, number of pages and date. Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary). Securely attach this document to the signed document.