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FIDELITY NATIONAL TO Doc#: 1111249055 Fee: \$42.00 Eugene "Gene" Moore RHSP Fee:\$10.00 WARRANTY DEED Cook County Recorder of Deeds Date: 04/22/2011 03:00 PM Pg: 1 of 4 MAIL TO: NAME & ADDRESS OF TAXPAYER:

GRANTOR, HAESIN BLIZNIK, married to David Bliznik, of the Village of Schaumburg, County of Cook, State of Illinois, for and in consideration of Ten Dollars (10.00) and other good and valuable consideration in hand paid, CONVEYS and WARRANTS to the GRANTEES, CHRISTOPHER GORCIK and MARGARET GORCIK, husband and wife, of 9455 Harrison Street, Des Plaines, Illinois, not as Tenants In Common, or as Joint Tenants, but as Tenants By The Entirety, the following described real estate;

LOT 1898 IN STRATHMORE SCHAUMBURG UNIT 22, BEING A SUBDIVISION OF PART OF THE SOUTHWEST 1/4 OF SECTION 17, TOWNSHIP 41 NOPTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN ACCORDING TO THE PLATER EREOF RECORDED AUGUST 22, 1978 AS DOCUMENT 24594904, ALL IN COOK COUNTY, ILLINOIS.

Permanent Index No: 07-17-306-009-0000

Christophe and Margaret Gorcik

1808 Cottington Drive Schaumburg, JL 30194

Property Address: 1808 Cottington Drive, Schaumburg, Illinois 60194 VILLAGE OF SCHAUMBURG

\$370.DU

SUBJECT TO: (1) General real estate taxes for the year 2010 second installment and subsequent years. (2) Covenants, conditions and restrictions of record. (3) Building line and use and occupancy restriction.

(4) Zoning laws and ordinances. (5) Easements of record.

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

DATED this /3 day of April, 2011.

DAVID BLIZNIK



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STATE OF)
COUNTY OR) SS
I the undersigned, a Notary Public in and for the County and State aforesaid, DO HEREBY CERTIFY that HAESIN BLIZNIK, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.
Given und r riv hand and notary seal, this day of April, 2011.
See ATTACHMENT FOR Notary Public
My commission expires
STATE OF ILLINOIS)) SS COUNTY OF COOK)
I the undersigned, a Notary Public in and for the County and State aforesaid, DO HEREBY CERTIFY that DAVID BLIZNIK, personally known to me to be the same person whose nation 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 notary seal, this \(\frac{1}{3} \) day of April, 2011.
RICHARD G. ROSS OFFICIAL SEAL Notary Public RICHARD G. ROSS MY COMMISSION EXPIRES NOVEMBER 1, 2011
My commission expires

This instrument was prepared by Richard G. Ross, 851 Providence Drive, Algonquin, IL 60102

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FIDELITY NATIONAL TITLE INSURANCE COMPANY

1990 E. ALGONQUIN RD. #100, SCHAUMBURG, ILLINOIS 60173

PHONE: (847) 397-1300

FAX:

(847) 885-5728

ORDER NUMBER:2010

013014153

SCF

STREET ADDRESS: 1808 COTTINGTON DRIVE

CITY: SCHAUMBURG

TAX NUMBER: ()7-17-306-009-0000

COUNTY: COOK COUNTY

LEGAL DESCRIPTION:

LOT 1898 IN STRATHMORE SCHAUMBURG UNIT 22, BEING A SUBDIVISION OF PART OF THE SOUTHWEST 1/4 OF SECTION 17, TOWNSHIP 41 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN ACCOPAING TO THE PLAT THEREOF RECORDED AUGUST 22, 1978 AS DOCUMENT 24594904, ALL IN COOK COUNTY, ILLINOIS.

AGENT:

RICHARD G. ROSS 851 PROVIDENCE DR. ALGONQUIN, ILLUNOIS 60102









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UNOFFICIAL COPY CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California	
County of OPANGE	
On 4/13/2011 before me, 1/1/20	ey (Son Wery not any Purse) C (Here insert name shd title of the officer)
personally appeared Hesin Build	
the within ins current and acknowledged to me capacity(ies), and that by his/her/their signature, which the person(s) acted, executed the instrument of PERJURY under	ridence to be the person(s) whose name(s) is are subscribed to that he she they executed the same in his he their authorized s) on the instrument the person(s), or the entity upon behalf of ent. the laws of the State of California that the foregoing paragraph
is true and correct.	· · · · · · · · · · · · · · · · · · ·
WITNESS my hand and official seal.	HARVEY GONZALEZ Commission # 1878398 Notary Public - California Orange County My Comm. Expires Jan 29, 2014
	<u></u>
ADDITIONAL O	OPTIONAL INFORMATION
	LISTRUCTIONS FOR COMPLETING THIS FORM
DESCRIPTION OF THE ATTACHED DOCUMENT WARDAN Deed (Title or description of attached document)	Any acknowled men, completed in California must contain verbiage exactly as appears above in the rutary section or a separate acknowledgment form must be properly completed or attached to that document. The only exception is if a document is to be rec vic doutside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the
(Title or description of attached document continued)	verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the auth wited capacity of the signer). Please check the document carefully for proper now all working and attach this form if required.
Number of Pages Document Date	 State and County information must be the Same and County where the document signer(s) personally appeared before the near public for acknowledgment. Date of notarization must be the date that the regree(s) personally appeared which
(Additional information)	must also be the same date the acknowledgment's completed. The notary public must print his or her name as it ppears 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
CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer (Title) Partner(s) Attorney-in-Fact Trustee(s) Other	notarization. Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording. The notary seal impression must be clear and photographically reproducible. Impression 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. 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
1	corporate officer, indicate the title (i.e. CEO, CFO, Secretary). • Securely attach this document to the signed document