

## **UNOFFICIAL COPY**

### WARRANTY DEED

MAIL TO: Barry Rosenbloom 750 W. Lake Cook Road, Suite 140

Buffalo Grove, IL 60089

Doc#: 1212955070 Fee: \$42.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 05/08/2012 01:21 PM Pg: 1 of 3

NAME AND ADDRESS OF TAXPAYER:

Bobby L. Beckman 15 W. Brookwood Arlington Heights, IL 60005

The Granter(s) PAWEL FRACZEK, MARTHA MEZYK, AND RENATA CWYNAR, all single people, of the Village/City of Arlington Heights, State of Illinois, for and in consideration of Ter and 00/100 Dollars (\$10.00) and other good and valuable consideration in hand paid Convey(s) and Warrant(s) to the Grantee(s) BOBBY L. BECKMAN ALSO KNOWN AS ROBERT BECKMAN, of 15 Decicles, Arling by legitly \$2. | Ar

#### SEE EXHIBIT "A" ATTACHED HERETO.

Subject only to the following, if any:

general real estate taxes not due and payable at the time of closing, covenants, conditions, and restrictions of record, building lines and easements, if any, so long as they do not interfere with the current use and enjoyment of the real estate.

DE.

Commonly Known As: 15 W. Brookwood, Arlington Heights, IL 6000

Permanent Index Number: 03-17-113-025-0000

Hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois. To have and to hold said premises forever

Dated this

25

day of

2012

PAWEL PRACZEK

MARTHA! M

PENATA CWYNAR

PREPARED BY:

Susan M. Manrose Attorney at Law 105 Schelter Road, Suite 201 Lincolnshire, IL 60069

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1212955070 Page: 2 of 3

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| STATE OF ILLINOIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                     |                                                                                                      |                              |
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| COUNTY OF COOK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | )SS<br>)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                     |                                                                                                      |                              |
| I, the undersigned, a hereby certify that PAWEL same person(s) whose name(me this day in person, and a said instrument as a free aringluding the release and wait including the release an | FRACZEK, a sing<br>s) is/are subscribed<br>cknowledged that<br>and voluntary act,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | gle person, personally<br>d to the foregoing inst<br>he/she/they signed, s<br>for the uses and pur-<br>homesteed                    | known to me to<br>trument, appeared<br>sealed, and delive<br>rposes therein se                       | be the before ered the       |
| STATE OF ILLINO'S COUNTY OF COOK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | )<br>)SS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | OFFICIAL SEAL MARTHA MEZYK Notary Public - State of Illii My Commission Expires Jul 25                                              |                                                                                                      |                              |
| I, the undersigned, a hereby certify that MARTH same person(s) whose name(me this day in person, and a said instrument as a free a including the release and war Given under my hand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | A MEZYK, a singles) is/are subscribe acknowledged that not voluntary act, ver of the right of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | and for said County, in gle person, personally d to the foregoing instance, the/she/they signed, so for the uses and put homestead. | n the State afores<br>known to me to<br>trument, appeared<br>sealed, and delive<br>rposes therein se | be the<br>before<br>ered the |
| Notary Public  STATE OF ILLINOIS  COUNTY OF COOK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | )<br>)SS<br>)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NOTAL N                                                                                                                             | FFICIAL SEAL NA M SALVADOR VALC - STATE OF ILLINOR R SHON EXPIREM MARSH                              |                              |
| I, the undersigned, a hereby certify that RENATA same person(s) whose name(me this day in person, and a said instrument as a free a including the release and was Given under my hand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | A CWYNAR, a single of the control of | d to the foregoing ins he/she/they signed, for the uses and puthomestead.                                                           | y known to me to<br>trument, appeared<br>sealed, and delive<br>rposes therein se                     | be the discourse before the  |
| Notary Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Ne<br>My C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | OFFICIAL SEAL<br>MARTHA MEZYK<br>otary Public - State of Illinois<br>commission Expires Jul 25, 2013                                |                                                                                                      |                              |

1212955070 Page: 3 of 3

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PROPERTY LEGAL DESCRIPTION:

LOT 9 IN CHATELAINE SUBDIVISION UNIT 3, BEING A SUBDIVISION OF PART OF THE WEST ½ OF THE NORTHWEST ¼ OF SECTION 17, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN THE VILLAGE OF ARLINGTON HEIGHTS, IN COOK COUNTY, ILLINOIS.

