



# UNOFFICIAL COPY

**This instrument was prepared by:**


Kori M. Bazanos  
Law Offices of Kori M. Bazanos  
115 S. LaSalle St., Ste. 2600  
Chicago, Illinois 60603



**and after recording should be mailed to:**

Victoria Perez  
4126 N. Lincoln, Unit 1  
Chicago, Illinois 60618

**Send Subsequent tax bills to:**

Jose Guadalupe Franco  
10411 S. Avenue M  
Chicago, IL 60617

REAL ESTATE TRANSFER TAX		21 Aug-2014
	CHICAGO:	255.00
	CTA:	102.00
	<b>TOTAL:</b>	<b>357.00</b>
26-08-320-005-0000   20140801621434   1-812-789-376		

REAL ESTATE TRANSFER TAX		21-Aug-2014
	COUNTY:	17.00
	ILLINOIS:	34.00
	<b>TOTAL:</b>	<b>51.00</b>
26-08-320-005-0000   20140801621434   0-902-363-264		

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## CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of Los Angeles

On Aug. 6th 2014 before me Danny Ward-Herrera, Notary Public  
(Here insert name and title of the officer)

personally appeared Lourdes Gonzalez De Aviles

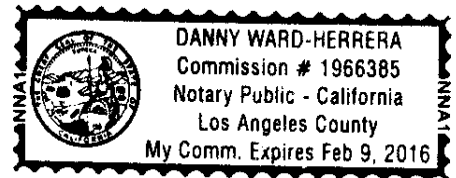
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) ~~is~~ is are subscribed to the within instrument and acknowledged to me that he ~~she/they~~ she executed the same in his ~~her/their~~ her authorized capacity ~~(ies)~~, and that by his ~~her/their~~ signature ~~(s)~~ on the instrument the person ~~(s)~~ or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public

(Notary Seal)



### ADDITIONAL OPTIONAL INFORMATION

#### INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be 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 document carefully for proper notarial wording and attach this form if required.

- 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(s) personally appeared which must also be the same date the acknowledgment is completed.
- 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
- 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 corporate officer, indicate the title (i.e. CEO, CFO, Secretary)
- Securely attach this document to the signed document

DESCRIPTION OF THE ATTACHED DOCUMENT

Warranty Deed  
(Title or description of attached document)

Aviles Higer Investments, LLC  
(Title or description of attached document continued)

Number of Pages 2 Document Date Aug 6th 2014

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

Individual (s)

Corporate Officer

(Title)

Partner(s)

Attorney-in-Fact

Trustee(s)

Other \_\_\_\_\_