

# UNOFFICIAL COPY



## PTAX-203-NR

### Illinois Real Estate Transfer Tax Payment Document (non recorded transfers)

This document is recorded for the purpose of affixing Real Estate Transfer Tax stamps that were purchased for the following transferring document under provisions of Public Act 93-1099.

#### Property information

1220 South 60th Ct.

Street address of property (or 911 address, if available)

Cicero 60804 Cicero

City or village

ZIP

Township

Parcel identifying number 06-20-106-081-0000

Legal description See attached.

Date of transferring document: 12 / 2014

Month Year

Type of transferring document: Purchase and Sale Agreement

#### Signature

Thomas Weber  
Seller, Buyer, Agent, or Preparer

12/09/2014

Date

#### Preparer Information (Please print.)

Thomas Weber, U.S. Cellular Corporation

Preparer's and company's name

Preparer's file number (if applicable)

8410 West Bryn Mawr

Chicago

IL

60631

Street address

City

State

ZIP

Preparer's signature

773-393-8900

Preparer's daytime phone

Preparer's e-mail address (if available)

#### Transfer Tax

Net consideration subject to transfer tax

\$ 39,683

Illinois Tax

\$ 40

County Tax

\$ 20

Total amount of transfer tax due

\$ 60

#### Affix Revenue stamps here

If stamps are not affixed, please state the exemption provision under 35 ILCS 200/31-45 (see Page 2).

COOK COUNTY  
REAL ESTATE TRANSACTION TAX



JAN. 14. 15

REVENUE STAMP

REAL ESTATE  
TRANSFER TAX  
00020.00  
FP 103042  
# 0000022359

STATE OF ILLINOIS




JAN. 14. 15

REAL ESTATE TRANSFER TAX  
DEPARTMENT OF REVENUE

REAL ESTATE  
TRANSFER TAX  
00040.00  
FP 103037  
# 0000022413

This form is authorized in accordance with 35 ILCS 200/31-1 et seq. Disclosure of this information is REQUIRED. This form has been approved by the Forms Management Center. IL-492-4443

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 U.S. Collector <small>U.S. DEPARTMENT OF THE TREASURY          INTERNAL REVENUE SERVICE</small>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="font-size: 8px;">NAME</td><td></td></tr> <tr><td style="font-size: 8px;">ADDRESS</td><td></td></tr> <tr><td style="font-size: 8px;">CITY</td><td></td></tr> <tr><td style="font-size: 8px;">STATE</td><td></td></tr> <tr><td style="font-size: 8px;">ZIP</td><td></td></tr> <tr><td style="font-size: 8px;">DATE</td><td></td></tr> <tr><td style="font-size: 8px;">TIME</td><td></td></tr> <tr><td style="font-size: 8px;">BY</td><td></td></tr> <tr><td style="font-size: 8px;">FOR</td><td></td></tr> <tr><td style="font-size: 8px;">REMARKS</td><td></td></tr> <tr><td style="font-size: 8px;">SIGNATURE</td><td></td></tr> <tr><td style="font-size: 8px;">TITLE</td><td></td></tr> <tr><td style="font-size: 8px;">OFFICE</td><td></td></tr> <tr><td style="font-size: 8px;">AGENCY</td><td></td></tr> <tr><td style="font-size: 8px;">PROJECT NO.</td><td></td></tr> <tr><td style="font-size: 8px;">BLOCK NO.</td><td></td></tr> <tr><td style="font-size: 8px;">LOT NO.</td><td></td></tr> <tr><td style="font-size: 8px;">SUBJECT</td><td></td></tr> </table>	NAME		ADDRESS		CITY		STATE		ZIP		DATE		TIME		BY		FOR		REMARKS		SIGNATURE		TITLE		OFFICE		AGENCY		PROJECT NO.		BLOCK NO.		LOT NO.		SUBJECT		<b>WT</b> <small>WARRANTY TITLE</small>	<b>8831193</b> <small>IDENTITY</small> <small>U.S. DEPARTMENT OF THE TREASURY</small> <small>INTERNAL REVENUE SERVICE</small>	<b>L9-2</b> <small>FORM 8831-2</small> <small>10-1-80</small>
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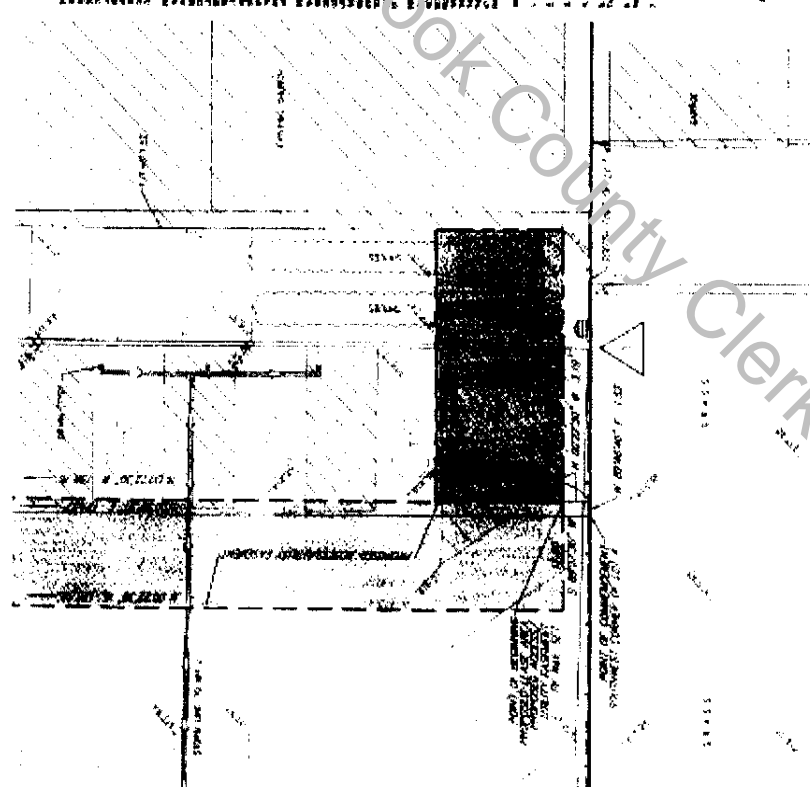
## PLAT OF SURVEY

THIS PLAT OF SURVEY WAS PREPARED BY ME OR UNDER MY CLOSE PERSONAL SUPERVISION AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT COMES INTO ACCORD WITH THE ORIGINAL FIELD NOTES AND DATA ON WHICH IT IS BASED. I AM A LICENSED SURVEYOR AND AM NOT PROVIDING ANY GUARANTEE OF ACCURACY OR LIABILITY FOR ANY ERRORS OR OMISSIONS. THE USER OF THIS PLAT OF SURVEY SHALL BE RESPONSIBLE FOR VERIFYING THE ACCURACY OF THE INFORMATION CONTAINED HEREIN.

I, the Surveyor, hereby certify that the above is a true and correct copy of the original field notes and data on which this plat of survey is based. I am not providing any guarantee of accuracy or liability for any errors or omissions. The user of this plat of survey shall be responsible for verifying the accuracy of the information contained herein.



DATE: 10/10/2014  
 TIME: 10:00 AM  
 BY: [Signature]  
 FOR: [Signature]

Tax Parcel No.:

Site 8831193  
ACTIVE 8543014