## **DOLLARS**

## 5-01530NOFFICIAL COPY

ILLINOIS STATUTORY

Mail to: Name & Address of Taxpayer: APOLINAR NAVARRO 6108 S SACRAMENTO AVE



1506222016 Fee: \$40.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A.Yarbrough

Cook County Recorder of Deeds

Date: 03/03/2015 08:50 AM Pg: 1 of 2

(Space for Recorder's Use)

THE GRANTOR(S), JOSF GUIZA, A MARRIED MAN \*\*\* AND NORMA GUIZA, A MARRIED WOMAN N/K/A NORMA GUTIERREZ \*\*\* of the CITY of CHICAGO , County of COOK State of ILLINOIS

for and in consideration of TEN DCLLARS and other good and valuable consideration, in and paid, CONVEY(S) and WARRANT(S) to

THE GRANTEE(S), APOLINAR NAVARRO, WY WAMAGE OF

(Grantee's Address) 6108 S SACRAMENTO AVE, CYCAGO, IL 60629

of the CITY of CHICAGO

CHICAGO, IL 60629

County of COOK

State of IL

in the form of ownership: INDIVIDIALY

all interest in the following described real estate situated in the County of COOK

, in the State of Illinois to wit:

LOT 4 IN BLOCK 9 IN COBE AND MCKINNON'S 63RD STREET AND KEDZIE AVENUE SUBDIVISION OF THE WEST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 13, TOWNSH'P 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

\*\*\*NOT A HOMESTEAD PROPERTY

19-13-319-022-0000

27-Feb-2015 **REAL ESTATE TRANSFER TAX** 1,260.00 CHICAGO: 504.00 CTA: 1,764.00 TOTAL:

0-074-793-344 20150201664524

REAL ESTATE TRANSFER TAX 27-Feb-2015 COUNTY: 84 00 ILLIN OIS: 168.00 707,01 252.00 19-13-319-022-0000 20150201664524 0-927-973-760

(NOTE: If additional space is required for legal, attach on a separate 8-1/2" x 11" sheet.)

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

Permanent Index Number(s): 19-13-319-022-0000

Property Address: 6108 S SACRAMENTO AVE, CHICAGO, IL 60629

1506222016 Page: 2 of 2

| Dated this 25th day of Egolley                                                                                                                                                                                       | ICIAL                                      | COPY                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| 100                                                                                                                                                                                                                  | leal) $\bigvee_{N/K}$                      | OMA Dutusse (Seal)                                                                                                         |
| (S                                                                                                                                                                                                                   | deal) Jos                                  | SE GUIZA (Seal)                                                                                                            |
| (NOTE: Please type or print names below all signatures.)                                                                                                                                                             |                                            |                                                                                                                            |
| STATE OF ILLINOIS ) ss                                                                                                                                                                                               |                                            |                                                                                                                            |
| I, the undersigned, a Note y Public in and for said County JOSE GUIZA, A MARKIND MAN *** AND NORM                                                                                                                    | y, in the State aforesa<br>IA GUIZA, A MAR | aid, DO HEREBY CERTIFY THAT<br>RIED WOMAN N/K/A NORMA GUTIERREZ ***                                                        |
| personally known to me to be the same person(s) whose in person, and acknowledged that he/me/they signed, se for the uses and purposes therein set for the, including the Given under my hand and notarial seal this | aled and delivered th                      | he said instrument as his/her/their free and voluntary act                                                                 |
| (Seal)  "OFFICIAL SEAL"  Anthony V Panzica  Notary Public State of Illipois                                                                                                                                          | 24                                         | Notary Public  My commission expires: 5-25-46                                                                              |
| My Commission Expires 5/25/2016                                                                                                                                                                                      | <b>~</b>                                   | 6/4/                                                                                                                       |
| Name & Address of Preparer: ANTHONY V. PANZICA ATTORNEY AT LAW 2510 W. IRVING PARK ROAD # B                                                                                                                          | СООК                                       | COUNTY / ILLINOIS TRANSFER STAMP  or  Exempt under provisions of Paragraph Section 4, Real Estate Transie, Tax Act.  Date: |
| CHICAGO, IL 60618                                                                                                                                                                                                    |                                            | Buyer, Seller or Representative                                                                                            |

\*\* This conveyance must contain the name and address of the Grantee for tax billing purposes: (Chap. 55 ILCS 5/3-5020) and name and address of the person preparing the instrument (Chap. 55 ILCS 5/3-5022).