UNOFFICIAL CO

TRUSTEE'S DEED

MAIL TO:

15549699096.1

Claffey Properties and Investments, LLC 3011 Lakes of Katy Lane Katy, TX 77493

NAME AND ADDRESS OF TAXPAYER:

Claffey Properties and Investments, LLC 3011 Lakes of Katy Lane Katy, TX 77493

1520526000 Fee: \$48.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Affidavit Fee: \$2.00 Karen A. Yarbrough

Cook County Recorder of Deeds Date: 07/24/2015 09:24 AM Pg: 1 of 6

RECORDER'S STAMP

THE GRANTOR, DONNA SCOTT as trustee for THE MLODINOW-SCOTT FAMILY TRUST, for and in consideration of Te1DOLLARS and other good and valuable consideration in hand paid,

CONVEYS AND WARRANTS to CLAFFEY PROPERTIES AND INVESTMENTS, a Texas Limited Liability Company, all interest in the following described real estate situated in the County of Cook, in the State of Illinois, to wit:

SEE ATTACHED LEGAL DESCRIPTION

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

PERMANENT INDEX NUMBER:

20-21-321-033-0000

PROPERTY ADDRESS:

7040-42 S. Emerald Avenue, Chicago, IL 60621

DATED:

REAL ESTATE TRANSFER TAX 13-Jul-2015

COUNTY: ILLINOIS: TOTAL: 124 00 248.00

20-21-321-033-0000 20150701603770 0-235-500-416

The Mlodinow-Scott Family Trust

Donna Scott, Trustee

REAL ESTATE TRANSFER TAX

CHICAGO: CTA: TOTAL: 1,860.00 744.00 2,604.00

13-Jul-2015

20-21-321-033-0000 20150701603770 0-700-550-016

BOX 334 CT

1520526000D Page: 2 of 6

UNOFFICIAL COPY

STATE OF }
STATE OF } County of }
I, the undersigned, a Notary Public in and for said County, in the State aforesaid, CERTIFY THAT Donna Scott known to me to be the same person(s) whose name(s) subscribed to the
foregoing instrument, appeared before me this day in person, and acknowledged that they signed.
sealed and delivered the instrument as a 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 notarial seal, this DAY OF June, 2015
SEE ATTACHED CERTIFICATE
Notary Public
My commission expires on
iviy commission expires on
NAME AND ADDRESS OF PREPARER: Keli L. Knight Knight, Morris & Reddick Law Group 233 S. Wacker Drive, Suite 8400 Chicago, IL 60606
NAME AND ADDRESS OF PREPARER:
Keli L. Knight
Knight, Morris & Reddick Law Group
233 S. Wacker Drive, Suite 8400
Cnicago, IL 60606
\bigcirc_{\sim}

1520526000D Page: 3 of 6

UNOFFICIAL COPY

EXHIBIT "A"

Order No.: 15SA9699009LP

For APN/Parcel ID(s): 20-21-321-033-0000

Lot 17 (except the North 10 feet thereof) and lot 18 in Block 5 in Beck's subdivision of the southwest 1/4 of the southwest 1/6 of Section 21, township 38 north, range 14 east of the Third Principal Meridian, in Cook County, Illinois

1520526000D Page: 4 of 6

UNOFFICIAL COPY

CALIFORNIA ALL-PURPOSE ACKNOWLEDGM	ENT CIVIL CODE § 1189
A notary public or other officer completing this certificate document to which this certificate is attached, and not the	e verifies only the identity of the individual who signed the truthfulness, accuracy, or validity of that document.
State of California County of	Nevine F. Ayad, Notary Public Here Insert Name and Title of the Officer Coll Name(s) of Signer(s)
subscribed to the within instrument and acknowle his/her/their authorized capacity(les), and that by his or the entity upon behalf of which the personal actor is	cartify under PENALTY OF PERJURY under the laws fathe State of California that the foregoing paragraph true and correct.
COMM. #1992268 W Notary Public - California	ignature Signature of Notary Public
Place Notary Seal Above	9 %.
Though this section is optional, completing this is	nformation can deter alteration of the document or form to an unintended document.
Description of Attached Document Title or Type of Document: Number of Pages: Signer(s) Other Than	Document Date: Named Above:
Capacity(ies) Claimed by Signer(s)	Signer's Name:
Signer's Name: Corporate Officer — Title(s):	☐ Corporate Officer — Title(s):
☐ Partner — ☐ Limited ☐ General	□ Partner — □ Limited □ General
☐ Individual ☐ Attorney in Fact	
☐ Trustee ☐ Guardian or Conservator	☐ Individual☐ Attorney in Fact☐ Trustee☐ Guardian or Conservator
☐ Other:	
Signer Is Representing:	Signer Is Representing:

1520526000D Page: 5 of 6

UNOFFICIAL COPY

STATEMENT BY GRANTOR AND GRANTEE

The grantor or his agent affirms that, to the best of his knowledge, the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

Dated	, 20/5	<u> </u>
Ž-		Signature: Dove Soll
Ox		Grantor or Agent
Subscribed and sworn to before me By the said This, day of Notary Public SEE ATTACHE The grantee or his agent affirms and v	P	CERTIFICATE
Notary Public SEE ATTACHE	T	
assignment of beneficial interest in a lar foreign corporation authorized to do business or	nd trus siness acquin do bus	st is either a natural person, an Illinois corporation or s or acquire and hold title to real estate in Illinois, a re and hold title to real estate in Illinois or other entity siness or acquire time to real estate under the laws of the
		Signature:
		Grantee cr Agent
Subscribed and sworn to before me By the said		
By the said, day of	, 20	
Notary Public		
Note: Any person who knowingly submit	s a fals	se statement concerning the identity of a Grantee shall

Note: Any person who knowingly submits a false statement concerning the identity of a Grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

(Attach to deed or ABI to be recorded in Cook County, Illinois if exempt under provisions of Section 4 of the Illinois Real Estate Transfer Tax Act.)

1520526000D Page: 6 of 6

UNOFFICIAL COPY

A notary public or other officer completing this certificate verifies only the identity of the individual who signed to document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. State of California Subscribed and sworm to (or affirmed) before on this 30 day of 50 merch on this 50 merch on the basis of satisfactory evided to be the person(s) who appeared before Signature of Notary Public Signature of Notary Public Signature of Notary Public Signature of Notary Public Seal Place Notary Seal Above Though this section is optional, completing this information can deter alteration of the document of fraudulent reattachment of this form to an unintended document. Description of Attached Document	CALIFORNIA JURAT WITH AFFIANT STA	ATEMENT GOVERNMENT CODE § 8202
Signature of Document Signer No. 2 (if any Signature of Document Signer No. 2 (if any A notary public or other officer completing this certificate verifies only the identity of the individual who signed to document to which this certificate is attached, and not the truthfilm's, accuracy, or validity of that document. State of California Subscribed er.d sworn to (or affirmed) before on this 30 day of 30 month 100 month 10	 □ See Attached Document (Notary to cross o □ See Statement Below (Lines 1–6 to be com 	
A notary public or other officer completing this certificate verifies only the identity of the individual who signed to document to which this certificate is attached, and not the truthfilm ss, accuracy, or validity of that document. State of California County of NeVINE F. AYAD COMM. #1992266 Notary Public - California LOS ANGELES COUNTY 4 My Comm. Exp. Oct. 24, 2016 f Signature Place Notary Seal Above OPTIONAL Though this section is optional, completing this information can deter alteration of the document of fraudulent reattachment of this form to an unintended document.	Open Open	
State of California County of Subscribed and sworm to (or affirmed) before on this Signature Notary Public County of Signature of Notary Public Signature of	Signature of Document Signer No. 1	Signature of Document Signer No. 2 (if any)
on this 30 day of Month by Date (1) Name(s) of Signer(s) (and (2) Name(s) of Signer(s) (by Date (and (2) Name(s) of Signer(s) (and (2) Name(s) of Signer(s) (by Date (by Date (and (2) Name(s) of Signer(s) (by Date		
Place Notary Seal Above OPTIONAL Though this section is optional, completing this information can deter alteration of the document of fraudulent reattachment of this form to an unintended document.	NEVINE F. AYAD COMM. #1992268 Notary Public - California	(and (2)
fraudulent reattachment of this form to an unintended document.	Place Notary Seal Above	OPTIONAL —
Fitle or Type of Document:	fraudulent reattachment of	this form to an unintended document.
inde or Type or bookinent	Fitle or Type of Occument	Pooliment Octor
Number of Pages: Signer(s) Other Than Named Above:	Number of Pages: Signer(s) Other Than	Named Above: