Warranty Deed UNOFFICIAL COPY *1781949321D* Statutory (ILLINOIS) General

Doc# 1701949321 Fee \$48.00

RHSP FEE: \$9.00 RPRF FEE: \$1.00

KAREN A YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 01/19/2017 02:34 PM PG: 1 OF 6



Above Space for Recorder's Use Only

THE GRANTOR (S)

Ambient Square L.L.C., duly formed under the laws of the State of California, as to an undivided half interest, and Katherine Chiu, a single woman, individually, as to an undivided half interest for and in consideration of (\$10.00) TEN DOLLARS and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, in hand paid, does hereby CONVEY and WARANT to

Juan C Salgado

Individually, the following described Real Estate situated in the County of COOK in the State of Illinois, to wit:

LOT 26 IN BLOCK 2 IN GRAND HEIGHTS SUBDIVISION OF THAT PART OF THE EAST HALF OF THE EAST HALF OF THE NORTHEAST 1/4 Q1/2 SECTION 31, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MI RIDJAN, IN COOK COUNTY, ILLINOIS.

Permanent Index Number (PIN): 13-31-209-014-000

Address(es) of Real Estate: 2217 N. Nagle Ave., Chicago, IL 60707

hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois. SUBJECT TO:* General taxes for 2016 and subsequent years, covenants, conditions and restrictions of record, building lines and easements, if any.

		•	
REAL ESTAT	E TRANSFER	TAX	11-Jan-2017
		COUNTY:	96.25
	(300)	ILLI NOIS :	192.50
		TOTAL:	288.75
13-31-20	9-014-0000	20161201698297	0-839-390-400

REAL ESTATE TRANS	SFER TAX	11-Jan-2017
<i>C</i>	CHICAGO:	1,443.75
	CTA:	577.50
	TOTAL:	2,021.25 *
13-31-209-014-0000	20161201698297	1-644-696-768
	and the second s	

	1/01949321 Page: 2 of 6	
Dated this 5th day o Varia	PFICIAL COPY	/
Katherine Chiu, Grantor		
(Source:		
Name: Katherine Chiu	_	
STATE OF) Taiwan City of Taipei American Institute in Taiwan, Taipei Office	
COUNTY OF) Taiwan, Taipei Office	

Taipei, Taiwan

I, the undersumed, a Notary Public, in and for said County, in the State aforesaid, DO HEREBY CERTIFY that K therine Chiu personally 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 said 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.

	JAN	05	2017	
Given this		_ day	of Januar	ry, 2017.

JUN 14 2017 Commission expires

Min Bookbinder Special Notary (PL96-8)
Duly appointed and qualified
My commission expires: June 14, 2017

County Clarks Office

Dated this day of January, 2017.	
Ambient Square L.L.C., Grantor	
BY:	
s Dell	
Name: TszTak Daniel Ho Title: Managing Member	
STATE OF) SS COUNTY OF)	
O/X	
CERTIFY that TszTak Dani at Ho persona name(s) subscribed to the foregoing instru L.L.C., duly formed under the laws of the person, and acknowledged that they sign experience in the state of the person in	I for said County, in the State aforesaid, DO HEREBY ally known to me to be the same person(s) whose ament and the Managing Member of Ambient Square State of California, appeared before me this day in d, sealed and delivered the said instrument as a free es therein set forth, including the release and waiver of
Given this day of January, 2017.	Couping
NOTARY PUBLIC	
Commission expires,	
This instrument was prepared by: Law Offices of Jesse K. Myslinski, P.C. 2176 Gladstone Court, Suite D Glendale Heights, IL 60139	
MAIL TO:	SEND SUBSEQUENT TAX BILLS TO:



U. S. Department of State

INDIVIDUAL ACKNOWLEDGMENT CERTIFICATE

VENUE	
Hong Kong	
(Country)	
Hong Kong	
(State, Province, etc.)	
Consulate General of the	
(City)	
United States of America	
(Name of Gusular post)	
I certify that on this day the individual pame	ed below appeared before me and
	rument was executed freely and voluntarily.
- TszTak 🛭	Daniel 'HC -
(Typed Name	of Individual
(Signature of Co	onsular Officer)
(Typed Name of	Anton Jongeneel Consular Officer) U.S. Vice Consul
(Typod Mario Of	
(Title of Cons	sular Officer)
01-05-	
Date (mm	-dd-yyyy)
(SEAL)	

<i>ر</i> ۶۷	
Dated this day of January,	, 2017.
Ambient Square L.L.C., Grantor	
BY:	
Name: Frenda Ho	
Title: Managing Member	
STATE OF	SS
COUNTY OF)	
CERTIFY that Frenda Ho person subscribed to the foregoing instru- duly formed under the laws of the acknowledged that they signed, se	e, in and for said County, in the State aforesaid, DO HEREBY will known to me to be the same person(s) whose name(s) meent and the Managing Member of Ambient Square L.L.C., State of California, appeared before me this day in person, and caled and delivered the said instrument as a free and voluntary rein set forth including the release and waiver of the right of
Given this day of Januar	NOTARY ATTACHMENT
NOTARY PUBLIC	To Office
Commission expires	

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT CIVIL CODE § 1189 A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. State of California County of SANTA Di te personally appeared who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their 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. PEGGY YEUNG COMM. # 2045122 NOTARY PUBLIC CALIFORNIA SANTA CLARA COUNTY Signature My Comm. Exp. OCT. 24, 2017 Signature of Netary Public **ទឹ**កពេលជាគឺប៉ាត់ប៉ាពីរកម្មាធិបើផលដែលដែលផ្ដែរបស់លោកវិទ្យាមួយមេហាយ**គឺ** Place Notary Seal Above OPTIONAL : Though this section is optional, completing this information can deter alteration of the accument or fraudulent reattachment of this form to an unintended document. **Description of Attached Document** Title or Type of Document: WAMANTY CLL Number of Pages: _ Signer(s) Other Than 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 ☐ Attorney in Fact ☐ Individual ☐ Trustee ☐ Guardian or Conservator ☐ Trustee ☐ Guardian or Conservator

□ Other:

Signer Is Representing:

☐ Other:

Signer Is Representing: