### UNOFFICIAL COPY

Doc#. 1718757139 Fee: \$52.00

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 07/06/2017 10:15 AM Pg: 1 of 3

Dec ID 20170601670859 ST/CO Stamp 0-141-166-016 City Stamp 1-153-484-224

#### O 1144-51837 141 KTM SPECIAL WARRANTY DEED

137-244461 File No: CA Stewart Title CA Address 9913 Southwest Highway Oak lawn, IL CA Address CA Address Zip 60453 THIS AGREEMENT, made and entered into this & day of June by and between Secretary or Housing and Urban Development, of Washington, D.C., also known as the United States Department of Plansing and Urban Development, party of the first part and his/her/their Giedre Petrunyak, A Marvied We ray heirs and assigns, party(ies) of the second part. WITNESSETH that for an in consider ion of the sum of TEN DOLLARS (\$10.00), the receipt of which is hereby acknowledged, the said party of the first part has bargained and sold and does hereby grant, bargain, sell, convey and confirm unto the said party(ies) of the second part, the following described real estate, commonly known as 1808 Nor a 1 ipp Avenue, Chicago, IL 60639 which is legally described as follows: LOTS 25 AND 26 IN BLOCK 14 IN GARFIELD SUBDIVISION OF THE SOUTHEAST 1/4 OF SECTION 34, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. PIN 13-34-410-07/-0000 AND PIN 13-34-410-038-0000 Being the same property acquired by the party of the first part pursuant to the provisions of the National Housing Act, as amended (12 U.S.C. 1701 et seq.) and the Department of Housing and Urban Development Act (79 Stat. 667). SAID CONVEYANCE is made subject of all covenants, easements, restrictions, resurvations, conditions and rights appearing of record against the above described property; also SUBJECF to any state of facts which an accurate survey of said property would show. AND THE SAID party of the first part does hereby covenant with the said party(ies) of the second part that it has not done, or suffered to be done, anything whereby the said premises hereby granted are, or may be, in any manner incumbered or charges, except as herein recited; and that said premises, against all persons lawfully claiming, or to claim the same, by, through or under it, it will warrant and defend. Buyer's Acknowledgement: STEWART TITLE 700 E. Diehl Road, Suite 180-Naperville, IL 60563

# **UNOFFICIAL COPY**

IN WITNESS WHEREOF, the undersigned has set his/her hand and seal for and on behalf of the Secretary of Housing and Urban Development, under authority and by virtue of a delegation of authority published at 70 FR 43171 on July 26, 2005 by the Department of Housing and Urban Development

| Development                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |                                        |                                                      |                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------|------------------------------------------------------|----------------------|
| Signed, sealed and Delivered in the present of:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Secretar      | y of Housing and U                     | ban Development                                      |                      |
| ponvoice in the present of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Ву:           | AlphneFP as Assot Manaj                | ger                                                  | _                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | Contractor for DU2045                  | 17/10/21/17                                          | _                    |
| $N$ $\Lambda$ $\alpha$ .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               | For HUD by:<br>Grace Feguer, Clasing I | anager .                                             |                      |
| stay probe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ·             |                                        | ment of Housing and                                  | _<br>I I-ban         |
| 000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               | oment an agency of t                   |                                                      | OIOMI                |
| 1VL + 192 + L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | America       |                                        | TRANSFER TAX                                         | 30-Jun-201           |
| MUSTER LIBRA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                                        | CHICAGO:                                             | 0.0                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                        | CTA:                                                 | 0.0                  |
| Converse of the converse of th | n. S          | 13-34-410-03                           | TOTAL:                                               | 0.0                  |
| "EXEMPT" under provisions of 4% agraph of Section 4, Real Estate Transfer Tax A.:.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (D),          |                                        | 8-0000   2017060167065<br>include any applicable per |                      |
| Section 4, Next Estate Hauster 121 5 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               | 72. 27.27.17.                          | means and abhardate has                              | Hairy of Miletezt Ci |
| day Str                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ),            |                                        |                                                      |                      |
| Date Buyer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | , a ciler or  | Representative                         |                                                      |                      |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |                                        |                                                      |                      |
| STATE OF / ( )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               | 0.                                     |                                                      |                      |
| COUNTY OF PAPULOSIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SS.           | 4                                      |                                                      |                      |
| COUNTY OF CASSIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               | '/)×,                                  |                                                      |                      |
| Before me, the undersigned, a Notary Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | c in and      | for the State and C                    | County aforesaid, pe                                 | rsonally             |
| appeared TMU Feguer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               | , who is personally v                  | vell known to me and                                 | l known              |
| to be the person who executed the foregoing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |                                        |                                                      | <u> 17</u> , by      |
| virtue of the above cited authority and acknow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               |                                        |                                                      |                      |
| deed on behalf of AlpineFP, HUD's delegated delegation of authority published at 70 FR 43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |                                        |                                                      |                      |
| Urban Development, of Washington, D.C., als                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |                                        |                                                      |                      |
| Urban Development, an agency of the United S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                                        |                                                      |                      |
| • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 715+          | 1                                      | 1/5/5                                                | •                    |
| Witness my hand and official scal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | UF_0          | lay of <u> </u>                        | , 20                                                 |                      |
| in the land of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2             | $100 \pm 10$                           | (11 1 )                                              | <b>-</b> 0           |
| STATE Z                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               | <i> \\\\\</i>                          | 11 1/0/3                                             |                      |
| OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -             | Not                                    | ary Public /                                         |                      |
| NOTARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | į             |                                        | T/T/2                                                | -                    |
| PUBLIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | . Му соп      | ımission expires:                      | 1) 1000                                              | ربر<br>ا             |
| MANOSON CONTRA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               |                                        | ' '                                                  |                      |
| PREPARED BY AND MAIL TO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               | SEND SUE                               | SEQUENT TAX                                          | BILL\$:              |
| CA Aurelius Butvilas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               | <u>Giodre Pterun</u>                   | yak                                                  |                      |
| CA Address 401 South La Salle Street, Suite 1600K                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               | 1813 W. Supe                           | nior Street                                          |                      |
| CA Address Chicago.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               | <u>Chicago, IL 6</u>                   | 0622                                                 | <del></del>          |
| CA zip Illinois 60605-1020 BEAU SETANE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TO 4 1 WOOD ! | tav                                    |                                                      |                      |
| REAL ESTATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PONSTER       | COUNTY:                                | 30-Jun-2017<br>0.00                                  |                      |
| 2.4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               | ILLINOIS:                              | 0.00                                                 |                      |

TOTAL:

20170601670659 0-141-166-016

13-34-410-038-0000

0.00

\_1718757139 Page: 3 of 3

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#### 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.

G/15

Dated

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Signature:                                                                                      |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|--|--|
| Ox                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Grantor or Agent                                                                                |  |  |  |
| Subscribed and swom to before me  By the said Agent  This 29th day of June 1, 2017  Notary Public 12 12 12 12 12 12 12 12 12 12 12 12 12                                                                                                                                                                                                                                                                                                                                                                                                                | OFFICIAL SEAL VICTORIA A FRIEL NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:06/18/19 |  |  |  |
| The grantee or his agent affirms and verifies that 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. |                                                                                                 |  |  |  |
| Date 6/29 , 2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4                                                                                               |  |  |  |
| ;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Signature: Grantee of Age A                                                                     |  |  |  |
| Subscribed and swom to before me  By the said Agent  This 29th day of June 1 2017  Notary Public Later 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                              | OFFICIAL SEAL VICTORIA A FRIEL NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:06/18/19 |  |  |  |

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.)