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GEORGE E. COLE
LEGAL FORMS

No. 822
July, 1967

ILLINOIS
FOR RECORD

RECORDED

QUIT CLAIM DEED

Statutory (ILLINOIS)

Jan 21 11 32 PM

21 433 834

21433834

(Individual to Individual)

(The Above Space For Recorder's Use Only)

THE GRANTORS, HELEN WOLF, (formerly Helen Manteuffel) and HOWARD WOLF, her husband of the County of Cook State of Illinois for the consideration of Ten (\$10.00) DOLLARS and other good and valuable considerations in hand paid, CONVEY and QUIT CLAIM to ALLAN ALBERT MANTEUFFEL of 630 Woodland Drive of the County of McHenry State of Illinois all interest in the following described Real Estate situated in the County of Cook in the State of Illinois, to wit:

Lot 6 in Block 3 in Des Plaines Manor Tract Number 1, a Subdivision of part of Section 17 and Section 20, Township 41 North, Range 12 East of the Third Principal Meridian, in Cook County, Illinois.

5.00

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

DATED this 22ND day of February 1971

PLEASE PRINT OR TYPE NAME(S) BELOW SIGNATURE(S)
 (Seal) X Helen Wolf (Seal) HELEN WOLF
 (Seal) X Howard Wolf (Seal) HOWARD WOLF

State of Illinois, County of Cook ss. I, the undersigned, a Notary Public in and for the County of Cook, in the State aforesaid, DO HEREBY CERTIFY that HELEN WOLF, formerly Helen Manteuffel, and HOWARD WOLF, her husband, personally known to me to be the same person, whose name s are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that they signed, sealed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given and official seal, this 22ND day of February 1971

Commission expires Jan 2 1972 Abraham Leg NOTARY PUBLIC

MAIL TO: (Name) (Address) (City, State and Zip)

ADDRESS OF PROPERTY:

THE ABOVE ADDRESS IS FOR STATISTICAL PURPOSES ONLY AND IS NOT A PART OF THIS DEED. SEND SUBSEQUENT TAX BILLS TO:

OR RECORDER'S OFFICE BOX NO. 593

ALFAX, RIDERS OR REVENUE STAMPS HERE

NO TAXABLE CONSIDERATION

DOCUMENT NUMBER

21 433 834

END OF RECORDED DOCUMENT