UNOFFICIAL COPY

GE E. COLE® GAL FORMS	No. 822 July, 1967	Stilling 5	e Clim	∞	HERETERS		
QUIT CL	AIM DEED	**		Feel b	. بالرابينة إوم		
Statutory (ILLINOIS)		1972 MAR 28 KAS 20-72 H 1	8 PM 3 27 5913 0 21	51:03:99 u A	ا ي يعسد	5.0	
(Individual to Individual)		21 84					
	. TOWN WINGS		Above Space For Rec		,	•	
THE GRANTO		/ICH, a widow		,	d		
of the City or the considera	of Calumet City tion of TEN (\$10.00) and valuable con	County of Coc Land no/100: -	ok State	of Illinois DO	DLUARS.	-	
	nd QUIT CLAIM S			- in t	and paid		
of the City	of Chicago			of Illinois Cook	in the		
mate of filmore.	/() _	EEN (14) in Bl	ock Seven (7)	ín			
	C. H. Nix's	Addition to Sou uarter (1/4) o	ith Chicago ir	the			
	ship Thirty-	marter (1/4), me, of Section seven (37) Nor	th, Range Fo	lown- urteen			
	(14), East of Cook County	ne Third Pri	ncipal Meridi	an , in			
	COUR County				1 2		
		('			H-R		
		O	04 C		A STAMPS HE		
			0/		2.5		
			T_{\wedge}		N S		
					RIDERSTOR REVENUE		
	500				S"OR		
				(/,	DFR		
hereby releasing	and waiving all rights un-			1			
of Illinois.			1	conputoraria (of the State		
	DATED this	day o	of Mar	ch	19 72		
PLEASE 7	John uk	CLEA Esseali			(Seal)		
PRINT OR Z	John Vukovich				C		•
BELOW		(Seal)			(Seal)		
SIGNATURE(S)						0,	
	unty, in the State aforesai	d, DO HEREBY (d not since ret	ERTIFY that	rsigned, a Notar John Vukovic	h, a.	0	
KRA	personally know	wn to me to be the s he foregoing instru	ame person wł)
がない。	and acknowled as his	ged that h e s free and volun the release and wa	igned, sealed and dary act, for the u	delivered the said ses and purposes	instrument		
UBU	y hand and official seal, th	2	day of		1972		
200	A Carrier		/ dia 2	PH 1	2		
Commission ex	hues	19_1#	Henry I	L. Krajewski	NOTARY PUBLIC	١	
							N
			ADDRESS OF PROP	ERTY:	-	DOCUMENT NUMBER	7
	HENRY L. KRAJE			cie Avenue	*****	MEN	9
MAIL TO:	ATTORNEY AT - LA 8812 COMMERCIAL AV		Calumet	City, Illinois Dress is for statisti Dr a part of this dee	ICAL PURPOSES	T NO	3
	PHONE 221-8800 - CHGO.,	LL. 60617		OT A PART OF THIS DEE NT TAX BILLS TO	D.	MBE	త
١ ـــــ	(City State and Zip)		Mile College of Management of the College of the Co	(Name)		~	
OR RECO	ORDER'S OFFICE BOX NO	41				- 1	

END OF RECORDED DOCUMEN