MAIL TO: Steven Joseph Disselhorst 3701 Fleetwood Drive SanBruno, California 94066

Grantee's Address &
MAIL TAX BILLS TO:
Julie D. Chesne
1437 Warner
Chicago, IL 60613

Doc#. 2109612308 Fee: \$98.00

Karen A. Yarbrough Cook County Clerk

Date: 04/06/2021 12:04 PM Pg: 1 of 5

Dec ID 20210101624159 ST/CO Stamp 0-001-623-056 City Stamp 0-606-258-192

TRUSTEES' DEED
Statutory (Illinois)

THE GRANTOR STEVEN JOSEPH DISSELHORST as Trustee of the STEVEN JOSEPH DISSELHORST Self Declaration of Trust dated December 22, 2005 for and in consideration of TEN DOLLARS and other good and valuable consideration, in hand paid, CONVEY AND QUIT CLAIMS TO STEVEN JOSEPH DISSELHORST. a married man, of 3701 Fleetwood Drive, SanBruno, California 94066 an undivided one half interest in the following described Real Estate situated in the County of Cook in the State of Illinois, 10 wit:

LOT 44 AND THE SOUTH 8 FEET OF LOT 45 IN BOGUE'S SUBDIVISION OF BLOCK 1 IN WATSON TOWER AND DAVIS'S SUBDIVISION OF THE WEST 1/2 OF THE NORHTWEST 1/4 OF SECTION 6, TOWNSBLP 39 NORTH, RANGE 14, EAST OF THE THRID PRINICAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Subject to Covenants, Conditions, Restrictions and Easements of Record, unrecorded short term leases, and taxes not yet due and payable but hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois.

Permanent Real Estate Tax No: 17-06-103-042-0000

Address of Real Estate: 1534 N Leavitt, Chicago, IL 60622

DATED this | day of January, 2021

Mun joseph Mun (SEAL)

STEVEN JOSEPH DISSELHORST as Trustee of the STEVEN JOSEPH DISSELHORST Self Declaration of Trust dated December 22, 2005

State of California

Exempt under provisions of Paragraph. Section 31-45, Property Tax Code.

1-28-21

Buyer, Seller, or Representative

E #3

FIDELITY NATIONAL TITLE.

County of

ss.

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that STEVEN JOSEPH DISSELHORST as Trustee of the STEVEN JOSEPH DISSELHORST Self Declaration of Trust dated December 22, 2005 personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered the said instrument pursuant to the powers granted to him as Trustee of said trusts and as his free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under xy hand and official seal this 19 day of January ,, 2021.

Notary Public

This instrument was prepared by: Sara E. Sumner, 1617 N. Hoyne, Chicago, Illinois, 60647

Pleva See attached LAARC.

# CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

· ·	
State of California	. }
County of SAN MATEO	1
County of JAN MATEO	_ ]
On <u>01-19-20-21</u> before me,	GOPAL C PATELI NOTARY PUBLIC
personally appeared STEVEN	JOSEPH DISSELHORST
	factory evidence to be the person(s) whose
name(s) is/are subscribed to the within	instrument and acknowledged to me that
he/she/they executed the same in his/h	e <del>r/their</del> authorized capacity( <del>iee), and that by</del>
•	nent the person(s), or the entity upon behalf of
which the person(s) acted, executed th	
Legalife and DEMALTY OF DED HID	The day the large of the Otate of California that
	under the laws of the State of California that
the foregoing paragraph is true and co	rrect.
	O/ Jananeses
WITNESS my hand and official seal.	GOPAL C. PATEL Notary Public - California
	San Mateo County
	Commission # 2241917  My Comm. Expires Jun 7, 2022
Notary Public Signature (N	otary Public Seal)
<b>•</b>	
ADDITIONAL OPTIONAL INFORMAT	INSTRUCTIONS FOR COMPLETING THIS FORM This form complies with current Calif, in statutes regarding notary wording and,
DESCRIPTION OF THE ATTACHED DOCUMENT	if needed, should be completed and attached to the document. Acknowledgments
,	from other states may be completed for doc on this being sent to that state so long as the wording does not require the California note y w violate California notary
Inustee 's deed	lavr.
(Title or description of attached document)  (Siatutorum - 17-06-163-04	State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
(Title or description of attached document continued)	Date of notarization must be the date that the signer(s) pc.sc.ian appeared which
	must also be the same date the acknowledgment is complete.  The notary public must print his or her name as it appears whilm his or her
Number of Pages Document Date 199 2021	commission followed by a comma and then your title (notary public).
	<ul> <li>Print the name(s) of document signer(s) who personally appear at the time of notarization.</li> </ul>
CAPACITY CLAIMED BY THE SIGNER	Indicate the correct singular or plural forms by crossing off incorrect forms (i.e.
☐ Individual (s)	he/she/they, is /ere ) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
☐ Corporate Officer	The notary seal impression must be clear and photographically reproducible.
(Title)	Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
☐ Partner(s)	Signature of the notary public must match the signature on file with the office of the county clerk.
☐ Attorney-in-Fact	Additional information is not required but could help to ensure this
☐ Trustee(s)	acknowledgment is not misused or attached to a different document.  Indicate title or type of attached document, number of pages and date.
☐ Other	a return the or type or announced the purpose and united
·	Indicate the capacity claimed by the signer. If the claimed capacity is a
015 Version www.NotaryClasses.com 800-873-9865	indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).  • Securely attach this document to the signed document with a staple.

#### **GRANTOR/GRANTEE AFFIDAVIT: STATEMENT BY GRANTOR AND GRANTEE**

AS REQUIRED BY §55 ILCS 5/3-5020 (from Ch. 34, par. 3-5020)

#### **GRANTOR SECTION**

The **GRANTOR** or her/his agent, affirms that, to the best of her/his knowledge, the name of the **GRANTEE** shown on the deed or assignment of beneficial interest (ABI) 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 another entity recognized

as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois. 18 1, 20 V SIGNATURE: DATED: GRANTOR or AGENT GRANTOR NOTARY SECTION: The below section is to be completed by the NOTARY who witnesses the GRANTOR signature. Subscribed and sworn to beinge me, Name of Notary Publ By the said (Name of Grantor): AFFIX NOTARY STAMP BELOW On this date of: CLAUDIA BRAD OFFICIAL SEAL **NOTARY SIGNATURE:** Notary Public, State of Illinois My Commission Expires May 24, 2023

#### **GRANTEE SECTION**

The **GRANTEE** or her/his agent affirms and verifies that the name of the **GRANTEE** shown on the deed or assignment of beneficial interest (ABI) in a land trust is either a natural person, an inrois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a pa tnership 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 and hold title to real estate under the laws of the State of Illinois.

GRANTEE or AGENT GRANTEE NOTARY SECTION: The below section is to be completed by the NOTARY who witnesses the GRANTE E signature.

20

Subscribed and sworn to before me, Name of Notary Public:

By the said (Name of Grantee):

On this date of:

NOTARY SIGNATURE:

DATED:

CLAUDIA BRAD OFFICIAL SEAL Notary Public, State of Illinois My Commission Expires <del>146y-24, 26</del>78

#### CRIMINAL LIABILITY NOTICE

SIGNATURE:

Pursuant to Section 55 ILCS 5/3-5020(b)(2), 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 the Illinois Real Estate Transfer Act: (35 ILCS 200/Art. 31)

rev. on 10.17.2016

2109612308 Page: 5 of 5

# **UNOFFICIAL COPY**

**REAL ESTATE TRANSFER TAX** 28-Jan-2021 **CHICAGO:** 0.00 CTA: 0.00 TOTAL: 0.00 \*

17-06-103-042-0000 20210101624159 0-606-258-192

REAL ESTATE (PANSFER TAX

28-Jan-2021





**COUNTY:** 0.00 **ILLINOIS:** 0.00 TOTAL: 0.00

17-06-103-042-0000

OOT COUNTY CLERT'S OFFICE 20210101624159 0-001-623-056

<sup>\*</sup> Total does not include any applicable penalty or interest due.