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GEORGE E. COLE
LEGAL FORMS

No. 822
July, 1967

QUIT CLAIM DEED

Statutory (ILLINOIS)

(Individual to Individual)

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(The Above Space For Recorder's Use Only)

THE GRANTOR **LINDA J. ERVIN**

of the City of Chicago County of Cook State of Illinois
for the consideration of Ten & no/100ths (\$10.00) DOLLARS.
in hand paid.

CONVEY and QUIT CLAIMS to PAUL P. ERVIN

of the City of Chicago County of Cook 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 37 (except the South 20 feet) and all
of Lot 38 and the South 15 feet of Lot 39
in Block 2 in the subdivision of Block 4
of Carolin's Subdivision of the West half
of the South East quarter of Section 25,
Township 38 North, Range 14, East of the
Third Principal Meridian,

Known as 7625 S. Clyde Avenue, Chicago, Illinois

500 MAIL

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

DATED this 26th day of January 19 71

PLEASE PRINT OR TYPE NAME(S) BELOW SIGNATURE(S)
(Seal) Linda J. Ervin (Seal)
(Seal) _____ (Seal)

State of Illinois County of Cook ss. I, the undersigned, a Notary Public in
and for the State aforesaid, DO HEREBY CERTIFY that

Linda J. Ervin
personally known to me to be the same person whose name
subscribed to the foregoing instrument, appeared before me this day in person,
and acknowledged that she signed, sealed and delivered the said instrument
as her free and voluntary act, for the uses and purposes therein set
forth, including the release and waiver of the right of homestead.

Given under my hand and official seal, this 26th day of January

Commission expires November 1, 1972 Harold Kriv
Harold Kriv

MAIL TO: Paul P. Ervin
(Name)
7625 S. Clyde St.
(Address)
Chicago, Illinois
(City, State and Zip)
GRANTEE

ADDRESS OF PROPERTY:
7625 S. Clyde Avenue
Chicago, Illinois

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. _____ (Address)

AFFIX RIDERS OR REVENUE STAMPS HERE

ALL PAYABLE CONSIDERATION

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END OF RECORDED DOCUMENT