UNOFFICIAL COPY

| QUIT OLAIM DEED SOOK COUNTY, ILLINOIS FILED FOR RESORD Statutory (ILLINOIS) NOV 20 '73 10 02 AM 2 6 (Bellyddual to Individual) (The Above See 56 083 * 225 | | 13 |
|---|-------------------------------|-------------------|
| THE GRANTOR S, JOHN EKIZIAN and FRANCES L. EKIZIAN, his wife | | |
| of the City Chicago | - | |
| of the ofChildy | - i. | |
| of the <u>City</u> of <u>Chicago</u> County of <u>Cook</u> State of <u>Illinois</u> all interest in the following described Real Estate situated in the County of <u>Cook</u> in the | - - e | • |
| Ets 8,9,10,11,12,13 and 14 in J.A. Yale's Resubdivision of B'ork 39, Elston Addition to Chicago in the North East quarter and East of Canal of Section 5, Township 39 North, Rango 14, East of the Third Principal Meridian, in Cook | ar 8 | 5 -1 |
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| Ox | S HERE |))) () |
| 500 | RIDERSTOR REVENUE STAMPS HERE | J O kov |
| 500 | R REVEN | |
| | NDERS-0 | |
| creby releasing and waiving all rights under and by virtue of the incinestead Exemption Laws of the State fillinois. | AFFIX " | |
| PRINT OR JOHN Ekizian (Scal) Frances L. Ek. zian 1973 | | |
| PPE NAME(S) BELOW IGNATURE(9) IGNATURE(9) IGNATURE(9) IGNATURE(9) IGNATURE(9) | | |
| ate/of dilinois, County of Cook ss. I, the undersigned, a Note y Public in the State aforesaid, DO HEREBY CERTIFY that John Ekizi n red Frances I, Ekizian, his wife | | |
| personally known to me to be the same person subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that they signed, scaled 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. | | |
| M. Clyde Jones, III NOTARY PUBLIC | | |
| CTTCo ADDRESS OF PROPERTY, 925 W. North Avenue | DOCUMENT NUMBER | ا مدد ۲۷ |
| LTO: ESCROW Chicago, Illinois THE ANDREWS IS FOR ATATISTICAL PURPOSES SEND BUBBISHQUENT TAX BILLS TO: CHICAGO, Illinois THE ANDREWS IS FOR ATATISTICAL PURPOSES SEND BUBBISHQUENT TAX BILLS TO: | TNUMBER | נסט סכ |
| RECORDER'S OFFICE BOX NO. BOX 533 (Name) | | |
| END OF RECORDED DOC | | densemble. |

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