## **UNOFFICIAL COPY**

		F.0	
GEORGE E. COLE® No. 810 LEGAL FORMS July, 1967	Stilling Robbins 6.00	009/1/2007 008/1/2007	
WARRANTY DEED	MAR 16 PM 12 59 22 253 219		
Joint Tenancy Illinois Statutory	MAR-16-73 593994 • 22253219 • A — Rec	<b>5.1</b> 0	
(Individual to Individual)	(The Above Space For Recorder's Use Only)	7	
	DRA, divorced and not remarried,		
of the city of Chicago	35th Street, County of Cook State of Illinois d other good and valuable considerational LARS.		
CONVEY 5 and WARRANT 5	in hand paid. KATHY KULA, residing at 809 W. 35th Street		
on me city of Chicago	County of Cook State of Illinois		
	TTENANCY, the following described Real Estate situated in the _ in the State of Illinois, to wit:		
90			
	in the Subdivision of lots 31 and		
quar.er and West	Division of part of the North West half of the North East quarter of	•	
	ship 39 North, Range 14, East of the Meridian, in Cook County, Ill.		
0.0	·	<u> </u>	
		S HER	
		LAMP	
	100 MAIL	UE ST	
*		AXA <sup>7</sup>	
	T	378 378	
		) Serv.	
	der and by virtue of the flow astead Exemption Laws of the State of d premises not in tenancy forever.	AFFIX "RIDERS" OR REVENUE STAMPS HERE	
	4	RAT	
DATED thisTHIR	D day of MARCH 19 73	io <sub>M</sub>	
MARTSN WI	ORA (Seal) (Seal)		
PLEASE PRINT OR	(Seal)		
TYPE NAME(S)  BELOW	(Seal)		
SIGNATURE(S)			
State of Illinois, County ofCOOK	ss. 1, the undersigned, a Notary Put ic in		
	KIIN WIDEA, divorced and not remailied,		
Subscribed to	he foregoing instrument, appeared before me this day in person,		
nis nis	ged that h e signed, sealed and delivered the said instrument free and voluntary act, for the uses and purposes therein set		
	the release and waiver of the right of homestead.		
er under a product and official seal, this	Drue . O Trean	_	
mmhsionexpires 0ct. 27	19_74 NOTARY PUBLIC		1
		80	
( GORDON REALTY C	ADDRESS OF PROPERTY:  3302 JUSTINE STREET		
(Name)	CHICAGO, ILLINOIS		
(Address)  CHICAGO, ILL.	THE ABOVE ADDRESS IS FOR STATISTICAL PURPOSES ONLY AND IS NOT A PART OF THIS DEED. SEND SUBSEQUENT TAX BILLS TO:	<b>E</b>	
(City, State and Zip)	(Name)		
OR RECORDER'S OFFICE BOX NO	(Address)		
	医骨髓膜炎 医多二氏 医克尔二氏 医克尔二氏 医克尔二氏 经自己的 医二氏病 计多数字数		