UNOFFICIAL CC

WARRANTY DEED Statutory (Illinois)

Mail to:

Arrel Byrd 9700 S. SHIS AVE Chicago IL 60619 **GRANTEE'S ADDRESS &**

Name & address of taxpaver:

Ariel Byrd 9200 S. Ellis Ave CV1. Caso IL 60614 Doc#. 2225901025 Fee: \$98.00

Karen A. Yarbrough Cook County Clerk

Date: 09/16/2022 10:06 AM Pg: 1 of 4

Dec ID 20220901636058

ST/CO Stamp 1-663-485-520 ST Tax \$275.00 CO Tax \$137.50

City Stamp 1-126-614-608 City Tax: \$2,887.50

THE GRANTOR(S) Masters Equity Partners, LLC of the City of Chicago, State of Illinois for and in consideration of TEN and NO/100ths DOLLARS and other good and valuable considerations in hand paid.

CONVEY AND WARRANT to Ariel Pyrd Single women

all interest in the following

described real estate situated in the County of Cook, in the State of Illinois, to wit:

* 9200 S- Edis Ave, Chicaso IL 60619 LOT 1 AND THE NORTH 4 FEET OF LOT 2 IN BLOCK 14 IN WILLIAM V. JACOB'S SUBDIVISION OF BLOCKS 10 TO 16 INCLUSIVE IN CALUMET AND CHICAGO CANAL AND DOCK COMPANY'S SUBDIVISION IN SECTION 2, TOWNSHIP 37 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, AS PER PLAT RECORDED IN BOOK 42 OF PLATS. PAGE 19 AS DOCUMENT NO. 1251638, IN COOK COUNTY, LLINOIS.

Subject to the real estate taxes not yet due or payable and subsequent ye irs, covenants, conditions, restrictions, and special ds.

ORAGO

RECORDER

ORAGO

O assessments confirmed after the date of the contract, if any, easements of records, building lines, zoning ordinances, public right of ways for roads and highways.

Permanent index number(s) 25-02-310-016-0000

Property address: 9200 S. Ellis Avenue, Chicago, IL 60619

this 9 day of September, 2022

Fidelity National Title CH22019713

2225901025 Page: 2 of 4

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Q-P.B-
anice Brown, as manager
ate of Illinois, County of ss. I, the undersigned, a Notary Public in and for said County, in the State oresaid, DO HEREBY CERTIFY that Ranice Brown, as manager
personally known to me to be the same person(s) whose name(s) is/are subscribe to the foregoing instrument, appeared before me this day in person, and the person(s) acknowledged that the person(s) signed, sealed and delivered the instrument as their free and voluntary act, for the uses and purposes therein set forth.
iven under my hand and official seel this day of, 20
ommission expires
See Attached CA. All Purpose Certificate of Acknowledgement * 09/09/3002 Europar Silver*
ecorder's Office Box No.
ecorder's Office Box No. AME AND ADDRESS OF PREPARER: ennis Coleman
AME AND ADDRESS OF PREPARER: ennis Coleman

125 S. Wacker Drive

Chicago, IL 60606

Ste. 300

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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

DESCRIPTION OF THE ATTACHED DOCUMENT Title or description of attached document Date Document Date	County of SAN SIGNO	. }
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that pe/she/fney executed the same in his/her/their authorized capacity(jes), and that by his/her/their signature(s) on the instrument the person(s); or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal. WITNESS my hand and official seal. ADDITIONAL OPTIONAL INFORMATION DESCRIPTION OF THE ATTACHED DOCUMENT This form complies with current California active set of that state so long as the wording does not require the California notary inviolate California notary information must be the date that the signet(s) personally appeared which must also be the same due to use accompleted. Title or description of attached document Date CAPACITY CLAIMED BY THE SIGNER Carporate Officer Trustee(s) Carporate Officer Trustee(s) Carporate Officer Carporate	On <u>Stp[.03</u> 3032 before me, 1	EVERYD MARIE GILLS NOTAMY PUBLIC (Here insert name and title of the officer)
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that pelshe/fney executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal. WITNESS my hand and official seal. ADDITIONAL OPTIONAL INFORMATION DESCRIPTION OF THE ATTACHED DOCUMENT This form complex with current California statuses regarding notary wording and if needed, should be completed admixed to give statuses regarding notary wording and if needed should be completed admixed to give status so long at the wording does not require the California notary units from other states may be completed for document acknowledgments from other states may be completed for document bins sent to that state so long at the wording does not require the California notary units. The notary public must print his or her commission flowed by a comma and then your title florary public. The notary public must print his or her commission flowed by a comma and then your title florary public. The notary seal increasing an and then your title florary public. The notary seal impression must be the state the signer(s) personally appeared which must also be the acknowledgment is functionally appeared which must also be the acknowledgment for commission of incorrect signals or plural forms by crossing of incorrect forms (i.e. and the commission must be the date that the signer(s) personally appeared which must also be required by the control of incorrect forms (i.e. and the commission must be the date that the signature on the word of the commission must be the state the signate of incorrect forms (i.e. and the commission must be the and phonographically reproductible	personally appeared FANICE A	BROWN
Notary Public Signature (st) on the instrument the person(st), or the entity upon behalf of which the person(st) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal. WITNESS my hand and official seal. ADDITIONAL OPTIONAL INFORMATION DISCRIPTION OF THE ATTACHED DOCUMENT This form complies with current California statutes regarding notary wording and, if needed, should be completed for document acknowledgments from other states may be completed for document being seat to that state so long as the wording does not require the California natury public for unfixed degment. Title or description of attached document ontinued) Number of Pages Document Date CAPACITY CAIMED BY THE SIGNER The notary public must plot for unfixed degment. The notary public must plot is or her cannot as it appears within his or her commission followed by a comma and then your title (notary public). The notary public must principle must match the signature on file with the office of the commy place. The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression studges, re-seal if a sufficient area permits, otherwise complete a discharded to a different document. Trustee(s) Other Other Other Additional information is not required but could help to ensure this acknowledgment is not misued or stached to a different document. Institute or description of attached document form. Signature of the notary public must match the signature on file with the office of the county public must match the signature on file with the office of the county public must match the signature on file with the office of the county public must match the signature on file with the office of the county public must match the signature on file with the office of the county public must match the signature on file with the office of the count	who proved to me on the basis of satisf name(s) is/are subscribed to the within	actory evidence to be the person(s) whose instrument and acknowledged to me that
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WITNESS my hand and official seal. WITNESS my hand and official seal. Solary Public - California San Diego County Commission 21397485 Notary Public Signature (Notary Public Seal)		
Notary Public Signature (Notary Public Seal) Notary Public Signature (Notary Public Seal) INSTRUCTIONS FOIL COMPLETING THIS FORM This form compiles with current California stanutes regarding notary wording and, if needed, should be completed and attached to the Jocument. Acknowledgments from other states may be completed for document must be used to that state so long as the wording does not require the California notary to -lotate the same date the same date the same and the signature to ornectify indicate the information may lead to rejection of document recording. The notary public must print his or her name a		
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signer(s) personally appeared before the notary public for a "nt wledgment." Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of notarization. Individual (s) Corporate Officer Individual (s) Partner(s) Attorney-in-Fact Trustee(s) Other Other Indicate the capacity claimed before the notary public for a "nt wledgment." Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of notarization. Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they,- is /are) or circling the correct forms. Failure to correctly indicate this information must be clear and photographically reproducible. The notary seal impression must be clear and photographically reproducible. The notary seal impression must be clear and photographically reproducible. The notary seal impression must be clear and photographically reproducible. Signature of the notary public must match the signature on file with the office of the county clerk. Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document. Indicate title or type of attached document, number of pages and date. Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).	(Title or Nescription of attached document)	law,
Number of Pages Document Date		signer(s) personally appeared before the notary public for a , 'm wledgment. • Date of notarization must be the date that the signer(s) personally appeared which
CAPACITY CLAIMED BY THE SIGNER ☐ Individual (s) ☐ Corporate Officer ☐ Partner(s) ☐ Attorney-in-Fact ☐ Trustee(s) ☐ Other ☐ Individual (s) ☐ Corporate Officer ☐ Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they,- is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording. ☐ The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form. ☐ Signature of the notary public must match the signature on file with the office of the country clerk. ☐ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document. ☐ Indicate title or type of attached document, number of pages and date. ☐ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).		 The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
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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) Attorney-in-Fact Trustee(s) Other Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form. Signature of the notary public must match the signature on file with the office of the county clerk. Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document. Indicate title or type of attached document, number of pages and date. Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).	☐ Individual (६)	he/she/they,- is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
the county clerk. Attorney-in-Fact Trustee(s) Other Other the county clerk. Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document. Indicate title or type of attached document, number of pages and date. Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).	(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.
Other Indicate title or type of attached document, number of pages and date. Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).	☐ Attorney-in-Fact \	the county clerk. Additional information is not required but could help to ensure this
	\ \	 Indicate title or type of attached document, number of pages and date. Indicate the capacity claimed by the signer. If the claimed capacity is a
	2015 Version www.NotaryClasses.com 800-873-9865	

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REAL ESTATE TRANSFER TAX

13-Sep-2022





137.50 COUNTY: **ILLINOIS:** 275.00 TOTAL: 412.50

25-02-310-016-0000

20220901636058 | 1-663-485-520

REAL ESTATE TRANSFER TAX		13-Sep-2022

2,062.50 CHICAGO: CTA: 825.00 TOTAL: 2,887.50 *

any apply.

Cook County Clarks Office 25-02-310-018-0000 | 20220901636058 | 1-126-614-608

* Total does not incuide any applicable penalty or interest due.