# **UNOFFICIAL COPY**

#### PREPARED BY:

Mary Alice C. Strzalka 6650 N. Northwest Hwy. Ste 106 Chicago, IL. 60631

#### MAIL TO:

Mary Alice C. Strzalka 6650 N. Northwest Hwy. Ste 106 Chicago, IL. 60631

SEND TAX BILLS TO: Joseph & Susan Witek 5559 N. Odell Ave. Chicago, IL. 60656



Doc# 2232222027 Fee \$88.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 11/18/2022 12:18 PM PG: 1 OF 4

For Recorder's Use Only

### **QUIT CLAIM DEED**

The Grantors, **Susan Witek** and **Joseph Witek**, of **Chicago**, **Illinois**, for and in consideration of TEN DOLLARS, and other good and valuable consideration in hand paid, CONVEY and QUIT CLAIM unto **Susan C**. **Witek as Truste**: of the **Susan C**. **Witek Declaration of Trust dated October 20, 2022** an undivided fifty percent (50%) interest and unto **Joseph E**. **Witek as Trustee of the Joseph E**. **Witek Declaration of Trust dated October 20, 2022** an undivided fifty percent (50%) interest, not as tenants in common and not as joing tenants but as TENANTS BY THE

ENTIRETY, all right, title and interest, whether separate, joint or community, in the following described real estate situated in Cook County, Illinois, and legally described as:

Lot 67 in Oriole Park Gardens, being a subdivision of Lot 5 (except the Fast 10 acres thereof) in A. Hemingway's Subdivision of part of the Southeast 1/4 of Section 1, and part of the Northeast 1/4 of Section 12, Township 40 North, Range 12, East of the Third Principle Meridian, in Cook County, Illinois, which description includes vacated streets by ordinance of the City of Chicago, dated August 5, 1949, and also excepting from said Lot 5 that part lying south of the south line of the North ½ of the South ½ of the Northeast 1/4 and west of the west line of the East ½ of the Northeast 1/4 of Section 12.

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

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## **UNOFFICIAL COPY**

SUBJECT TO: Existing taxes, assessments, liens, encumbrances, covenants, conditions, and restrictions, rights of way and easements of record.

PERMANENT REAL ESTATE INDEX NUMBER(s): 12-12-226-012-0000 ADDRESS OF REAL ESTATE: 5559 N. Odell Ave., Chicago, IL. 60656.

DATED this 20 day of October 2022.

(SEAL

ısan Witek Joseph Wite

State of Illinois )

SS

REAL ESTATE TRANSFER TAX

18-Nov-2022

COUNTY: 0.06

ILLINOIS: 0.00

TOTAL: 0.00

12-12-226-012-0000 [20221001656772 ] 0-045-843-792

I, the undersigned Notary Public in and for said County and State, DO HEREBY CERTIFY that **Susan Witek and Joseph Witek**, personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that they signed, sealed and delivered the said instrument as free and voluntary acts, 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 20 day of October, 2022.

NOTAR PUBLIC

| REAL ESTATE TRANS  | SFER TAX       | 18-Nov-2022   |  |
|--------------------|----------------|---------------|--|
|                    | CHICAGO:       | 0.00          |  |
|                    | CTA:           | 0.00          |  |
|                    | TOTAL:         | 0.00 *        |  |
| 12-12-226-012-0000 | 20221001656772 | 1-370-637-648 |  |

\* Total does not include any applicable penalty or interest due.

OFFICIAL SEAL
MARY ALICE C STRZALKA
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:12/17/23

(SEAL)

TRANSFER EXEMPT UNDER PROVISIONS OF PAR. E. SECTION 31-45 OF ILLINOIS REAL ESTATE TRANSFER ACT AND COOK COUNTY ORDINANCE 95104 PAR. E. Walle Cook County Ord

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## **UNOFFICIAL COPY**

#### **ACCEPTED AND APPROVED:**

| Grantees:          |                        |                         |                                |
|--------------------|------------------------|-------------------------|--------------------------------|
| Som                | Stakk                  |                         | ,                              |
| Susan C. Witek as  | Trustee of the Susan ( | C. Witek Declaration of | Trust dated October 20, 2022   |
| Joseph &           | 2 Ltell                |                         |                                |
| Joseph E. Witek as | Trustee of the Joseph  | E. Witek Declaration of | f Trust dated October 20, 2022 |
|                    | 700                    |                         |                                |
| State of Illinois  |                        |                         |                                |
|                    | ) ss Ox                |                         |                                |
| County of Cook     |                        |                         |                                |

I, the undersigned Notary Public in and for said County and State, DO HEREBY CERTIFY that **Susan C. Witek and Joseph E. Witek**, persor ally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that they signed, sealed and delivered the said instrument as free and voluntary acts, 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 20 day of October, 2022

NOTARIYPUBLIC

OFFICIAL SEAL MARY ALICE C STRZALKA NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:12/17/23

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## **UNOFFICIAL COPY**

### EXEMPT AND ABI TRANSFER DECLARATION STATEMENT REQUIRED UNDER PUBLIC ACT 87-543 COOK COUNTY ONLY

The GRANTOR or his agent affirms that, to the best of his knowledge, the name of the GRANTEE shown on the deed or assignment of beneficial interest 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 other entity recognized as a person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

|          | Dated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Joyn                  | LE Witch                                                                                      |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------|
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | GRANTOR OR            | AGENT                                                                                         |
|          | State of Illinois )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | •                     |                                                                                               |
|          | County of Cook )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                                                                                               |
| <b>C</b> | Subscribed and sworn to before me this day of Oct , 2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MA<br>ATON <b>\$</b>  | OFFICIAL SEAL ARY ALICE C STRZALKA ARY PUBLIC - STATE OF ILLINOIS COMMISSION EXPIRES:12/17/23 |
|          | Notary Public My C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | commission expires:   | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~                                                        |
|          | (My)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | commission expires:   |                                                                                               |
|          | ************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ******                | *****                                                                                         |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4                     |                                                                                               |
|          | The GRANTEE or his agent affirms that, to the best of h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | is knowledge, the na  | ame of the GRANTEE                                                                            |
|          | shown on the deed or assignment of beneficial interest in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | a land trust is eithe | r a natural person; an                                                                        |
|          | Illinois corporation or foreign corporation authorized to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | do business or acqui  | re and hold title to real                                                                     |
|          | estate in Illinois; a partnership authorized to do business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                                                                               |
|          | or other entity recognized as a person and authorized to o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | do business or acqui  | re title-to real estate under                                                                 |
|          | the laws of the State of Illinois.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       | -01                                                                                           |
|          | Dated 09-20 , 2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | , sandle              |                                                                                               |
|          | GR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ANTEE OR AGENT        |                                                                                               |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | CV                                                                                            |
|          | State of Illinois )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                               |
|          | County of Cook ) ss.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>~~~</b>            | ······                                                                                        |
|          | an in the second of the second | <b>{</b> ,            | OFFICIAL SEAL                                                                                 |
|          | Subscribed and sworn to before me this day of Oct., 2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       | MARY ALICE C STRZALKA TARY PUBLIC - STATE OF ILLINOIS                                         |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>§</b> M            | Y COMMISSION EXPIRES:12/17/23                                                                 |
|          | - Much train                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | •                     | 12/ /.7                                                                                       |
|          | Notary Public My c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ommission expires:    | 1417/23                                                                                       |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                                                                               |

Attach to Deed or ABI to be recorded in Cook County if exempt under provisions of Section 4 of Illinois Real Estate Transaction Act.1

NOTE: 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 a Class A misdemeanor for subsequent offenses.

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