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EORGE E. COLE®	No. 822 July, 1967	Alismy Reco	l'ón/	22 32	REF \$1100 NEV 31100
	CLAIM DEED tory (ILLINOIS)	1073 MAY 15-73 6 2	. 15 , AM    25 6577 • 2237	19179 A — Esc	5.1
	al to Individual)				
THE CRANE	OD BELLA BACK		ove Space For Recorder	s Use Only)	7
	OR <u>BELLA PACE</u> age of Skokle		State of	llinois	
for the conside	ration of TEN and no	0/100		DOLLARS.	
	and QUIT CLAIM S	ago Avenue		Illinois	
a't ir terest in t State of Illinois		eal Estate situated in the	e County ofCo	ok in the	
%	The East thirty (430) and the Withirty one (431) nots) (except to the parties and the parties	est ten (10) fe ) (measured on herefrom the No int taken for al Block nine (9) the East half of Section eight	eet of Lot fou the North lin orth 154 feet lley) in Austi in that part (E½) of the No t (8). Townshi	or hundred of said of said of's Re- of Austin- orth East of thirty-	IERE T ON
<i>y</i> *		,		•	AFFIX "RIDERS"OR REVENUE STAMPS HERE OF TABLES OF THE STAMPS HERE
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		1200	MAIL		REVEN
	÷	4	MAIL		S.OR
			· · · · · ·		RIDER WO J J
hereby releasi of Illinois.	ng and waiving all rights	under and by virtue of a	he Homestead Exem	ption Laws of the State	FFIX
-	DATED this	21st day of	April .	19 73	
		(Seal)		(Seal)	
PLEASE PRINT OR TYPE NAME(S)	BELLA PACKER		Bella acke	Iver	
BELOW _ SIGNATURE(S)		(Seal)		(Seal)	
_	is. County ofCoo	k ss.	I the undersign	ed. 2 Totary Public in	
and for said C	ounty, in the State afores	said. DO HEREBY CE	RTIFY that		
	subscribed to	nown to me to be the sar the foregoing instrum	ent, appeared before	me this day in serso.	
S. Wall	E as ner	edged that h sig free and volunta	ry act, for the uses at	nd purposes therein se.	
-A (4 - 4	<b>189</b>	ing the release and waiv	er of the right of hon	April 19 73	
Givagua	w band and official seal.	this 9/0	day of	19 73	40
Commission	xpites 301y	23. 19_14	VUII	NOTARY PUBLIC	
	. /				
\A/I	LLIAM A. MU	RPHY	ADDRESS OF PROPERTY:		DOCUMENT NUM
\\	105 W. Madison St Suite 100		-		ENT
MAIL TO: {	Chicago, Illinois 60602 STate 2-8354	}		IS FOR STATISTICAL PURPOSES RT OF THIS DEED.	MMU.
\	(City, State and	Z(p)	SEND SUBSEQUENT TA	(Name)	Ē
OR RE	CORDER'S OFFICE BOX NO			(Address)	
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END OF RECORDED DOCUMENT