UNOFFICIAL COPY

WARRANTY		COOK COUNTY.	LLINOIS CORD	22 321		Elder R. Ole	.
Joint Tenancy Illino	iš Statutory	May 18 '73	3 00 PH	22 331	144	2233114	
(Individual to In				ace For Recorder's	use Only)		1
THE GRANTORS,	MARTIN J. KE	ATING and FI	ORENCE A. KI	EATING, his	wife,		
of the City	of Chicago		Cook				
for and in consideratio					in hand p	vaid .	
JOHNNIE JONES and of the City	GLORIA JONE	S. /his wife RIA _{OV} EAN, J	ONES	State of	Ilinois	E M. S	
not in Tenancy in Co County of C 0 0	mmon, but in JO	INT TENANO		described Real			
	Lot 3 in Blo				outh West 1/4		
	of Section 3	l, Township	38 North, R n lying East	ange 14, Eas	st of the		
6_	of Pittsburg	h Cincinnat	i and Chicag	o and St. Lo	ouis Railroad		
0,75						CO. NO. 016	
						20352	
	•					The Company	}
	Coc				500	ES N	
3	C		1		J	A CENT	
	0		*			Section of the sectio	1
hereby releasing and			rirtue of the U arr	acted Evennt	on Laws of the St		
Illinois. TO HAVE	AND TO HOLE	said r remise ;	not in tenancy in	common, but i	n joint tenancy for	ever.	,
	Subject to and building	1972 taxes, g lines of	ovenants,	easements, r	restrictions	<u>*</u> \$ ₹	,
D	ATED this _1s	2/4	av of	May	19	5/	
PLEASE PRINT OR	arling)	Jealing	(Seal)			(Seal)	
TYPE NAME(S) BELOW	larence a	. Bealin	**************************************			(Seal)	
9 SIGNATURE(S)				-/O			
State of Illinois, Cou and for said County	in the State afore	said, DO HER	EBY CERTIFY	that MARIT	g.ie., a Notary Pu V.1. KEATING	and)	
SERVICE.	personally	known to me t	o be the same pe	erson_s_ whose	name to tre		
	and acknows as the	owledged that _ eir free	th ey_ signed, and voluntary a	sealed and deliv ct, for the uses	ered the sair instr and purposes ther	ment	
			se and waiver of				
Commission expire	nd and official sea October 15	1, this1 <u>s</u>		ent to for	rei		
Commission Explic					NOTAR	Y PUBLIC	
7	0.1		AC	DORESS OF PROPERTY:	4,GRADT	ee boccument	23
MA	. (Johnnie	Jones,	Jr.) -	850 6	So Su		$\frac{\omega}{2}$
MAIL TO: \ 150	6 Stadere	. Seele		HE ABOVE ADDRESS NLY AND IS NOT A PE		PURPOSES US	=
1_0	City. State	and Zip)	, s		(Name)	——————————————————————————————————————	4
OR RECORDS	ER'S OFFICE BOX NO	533	-		(Address)		
. V	492-00, E11.					and the second second	9 es i

'END OF RECORDED DOCUMENT