### **UNOFFICIAL COPY**



**QUIT CLAIM DEED** Statutory

MAIL TO: Frances Harrell 7219 S. Perry Avenue Chicago, IL. 60621

NAME & ADDRESS OF TAXPAYER. Frances Harrell 7219 S. Perry Avenue Chicago, IL. 60521

Doc# 2311549100 Fee \$88.00

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

KAREN A. YARBROUGH COOK COUNTY CLERK

DATE: 04/25/2023 01:35 PM PG: 1 OF 3

THE GRANTOR, FRANCES HARRELL, a single person, of the City of Chicago, County of Cook, State of Illinois, for and in consideration of TEN and 00/100 DOLLARS and other good and valuable consiceration in hand paid

CONVEYS AND QUIT CLAIMS TO FRANCES HARRELL, CHERYL HARRELL and CHANTHINI HARRELL of

| 7219 S. Perry Avenue | Chicago | Illinois | 60621 |  |
|----------------------|---------|----------|-------|--|
| Grantee's Address    | City    | State    | Zip   |  |

As joint tenants, not as tenants in common, all interest in the following described Real Estate situated in the County of Cook in the State of Illinois to wit:

THE SOUTH ½ OF LOT 23 IN BLOCK 13 IN EGGLESTON 2'10 SUBDIVISION IN THE NORTH ½ OF THE NORTHEAST ¼ OF SECTION 28, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index Number(s):

20-28-214-006-0000

Property Address:

7219 S. Perry Avenue, Chicago, Illinois 60621

DATED this 1/7 day of February, 2020.

25-Apr-2023 REAL ESTATE TRANSFER TAX 0.00 CHICAGO: 0.00 CTA: 0.00 \* TOTAL:

| 20-28-214-006-0000 | 20230401600798 | 1-881-758-928 |
|--------------------|----------------|---------------|
|                    |                |               |

<sup>\*</sup> Total does not include any applicable penalty or interest due.

| REAL ESTATE | TRANSFER TA | ux 2                   | 25-Apr-2023 |
|-------------|-------------|------------------------|-------------|
|             |             | COUNTY:                | 0.00        |
|             |             | ILLINOIS:              | 0.00        |
|             |             | TOTAL:                 | 0.00        |
| 20.29.21.1  | 006-0000    | 120230401600798 1 0-00 | 6-872-272   |

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# **UNOFFICIAL COPY**

| State of Illinois | )     |
|-------------------|-------|
|                   | ) ss. |
| County of Cook    | )     |

I, the undersigned, a notary public in and for said County, in the State aforesaid, DO HEREBY CERTIFY, that Frances Harrell, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that she signed, sealed and delivered the said instrument as her free and voluntary act, as such Guardian, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

GIVEN under my hand and notarial seal, this \_\_\_\_\_ day of February, 2020.

My commission expires on May 2, 20

STEPHEN J GEORGE
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
May 02, 2022

IMPRESS SEAL HERE

COUNTY ILLINOIS TRANSFER STAMPS EXEMPT UNDER PROVISIONS OF PARAGRAPH A

SECTION 4, REAL ESTATE TRANSFER ACT.

DATE

BUYTH SELLER, OR REPRESENATIVE

NAME AND ADDRESS OF PREPARER: CAREY & CAREY 13004 SOUTH WESTERN BLUE ISLAND, ILLINOIS 60406

<sup>\*\*</sup>This conveyance must contain the name and address of the Grantee for tax billing purposes: (Chap. 55 ILCS 5/3-5020) and name and address of the person preparing the instrument: (Chap. 55 ILCS 5/3-5022).

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## **UNOFFICIAL COPY**

#### GRANTOR/GRANTEE AFFIDAVIT: STATEMENT BY GRANTOR AND GRANTEE

AS REQUIRED BY §55 (LCS 5/3-5020 (from Ch. 34, pt. 3-5020)

#### **GRANTOR SECTION**

The <u>GRANTOR</u> or her/his agent, affirms that, to the best of her/his knowledge, the name of the <u>GRANTEE</u> shown on the deed or assignment of beneficial interest (ABI) 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, or another entity recognized as a person and authorized to do business or acquire and hold title to real estate index the laws of the State of Illinois

| ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| as a person and authorized to do business or acquire and hold tit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | tle to real estate inder the laws of the State of Illinois.                                         |
| DATED: 2 17, 20 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SIGNATURE: Frank Carry                                                                              |
| GRANTOR NOTARY SECTION: The below section is to be completed by Subscribed and section to before me, Name of Notary Public:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     |
| By the said (Name of Granton) Frank Carecy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | AFFIX NOTARY STAMP BELOW                                                                            |
| On this date of: 2 0 20  NOTARY SIGNATURE: Area  NOTAR | MICHAEL D. CAREY OFFICIAL SEAL Notary Public - State of Illinois My Commission Expires Jan 23, 2023 |
| GRANTEE SECTION  The GRANTEE or her/his agent affirms and verifies that the name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ne of the GRANTEE shown on the deed or assignment                                                   |
| <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     |

The <u>GRANTEE</u> or her/his agent affirms and verifies that the name of the <u>GRANTEE</u> shown on the deed or assignment of beneficial interest (ABI) in a land trust is either a natural person. In Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnrship authorized to do business or acquire and hold title to real estate in Illinois or other entity recognized as a personant authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

DATED: 2 17 , 20 20

SIGNATURE:

GRANTEE NOTARY SECTION: The below section is to be completed by the NOTARY who witesses the GF ANTEE signature.

Subscribed and swom to before me, Name of Notary Public:

Subscribed and sworm to before the, traine or rodary i done

By the said (Name of Grantee):

MOTABLE BUOMATURE.

On this date of:

ACCIVATOTADY STAND F.ET CM

MICHAEL D. CAREY

OFFICIAL SEAL Notary Public - State of Illinois My Commission Expires Jan 23, 2023

### CRIMINAL LIABILITY NOTICE

Pursuant to Section 55 ILCS 5/3-5020(b)(2), Any person who nowingly submits a false statement concerning the identity of a GRANTEE shall be guilty of a CLASS C MISDEMEANOR for the FIRST OFFENSE, and of a CLASS A MISDEMEANOR for subsequent offenses.

(Attach to <u>DEED</u> or <u>ABI</u> to be recorded in Cook County, Illinois if exempt under provisions of the <u>Illinois Real Estate Transfer Act</u>: (35ILCS 200/Art. 31)