UNOFFICIAL COPY

Charles Francisco				在1000年代1000年	**************************************
LEGAL FORMS JUN 1257;				SECONDENCIA DIA	estilener Me
Nov 5 2	4 PH '75	23.283	299	*23283	299
(Individual to Individual)		,			
107 ₁	L		For Recorder's Use O		7
THE GRANTOR S BERNICE GLUSACK and FRANK GLUSACK, her husband of the City of Chicago County of Cook State of Illinois					
of the <u>City of Cincago</u> for the consideration of <u>Ten and no</u> and other good and v	2/100ths		State of1111n	_ DOLLARS.	
CONVEY and QUIT CLAIM				in hand paid.	Acres .
I theCityorChicago I interest in the following described R Same of Illinois, to wit: I or 58 in Ballins Sub- bulf of the Northwest	eal Estate situated	in the County	ofCook		represents g. aragraph ix Aot.,
S.ction 8, Township Principal Meridian, i	38 North, Ran n Cook County, ろっっっこう	ge 14 East Illinois	of the Third	NSIDERATIO N	the attached deed by provisions of Pe Estate Transfer Ta
T HEREBY DECLARE THAT THE EXEMPT FROM TAXATION UNIT BY PARAGRAPH (S)	SCTION 200.1-2B	TRANSACTION	A TRANSACTION TO TRANSACTION TRANSAC	NO TAXABLE CONSIDERATION	AFFIX "RIDERS"OR REVENUE STAMPS HERE RETECTED declare that the attacunsaction exempt under provis tilon 4, of the Real Estate Tr
hereby releasing and waiving all rights un of Illinois: DATED this	der and by virtue of	11	_	s of the State	AFFIX RIC Thereby transaction Section 4
PLEASE PRINT OR TYPE NAME(S) BELOW SIGNATURE(S)	suk (Seal)		Curarek	(Seal)	AS PREPARED BY EMINSKI A1 LAW NGTON ST ILLINOIS
personally knows subscribed to the and acknowled as their	ss. I. DO'HEREBY Clusack and Fravn to me to be the she foregoing instructed that I hey s free and volun the release and wa	CERTIFY that ank Glusack ame person Sment, appeared after a for the tary act, for the	whose name S before me this da delivered the said uses and purpose	y in pe son, d instrurer.	THIS HISTOLMENT W. S. J. KRZE ATTORNEY 77 W. WASHIN CHICAGO 2.
Gwerfunder my hand and official seal, the Commission expires May 15	-11	Beene 5140	October D & p D & phla	NOTARY PURAC	
MAIL TO: { (Name) (Name) (Address) (City, State and Zip)		Chica	S. Justine	ICAL PURPOSES	23 283 299 DOCUMENT NUMBER
OR RECORDER'S OFFICE BOX NO.			(Address)	·	L

END_OF RECORDED DOCUMENT