UNOFFICIAL COPY

GE	EORGE E. COLE® No. 822 LEGAL FORMS September, 1975			- 4) e	
	QUIT CLAIM DEED	ر	od orn	ection	Leuns Representative	
2	Statutory (ILLINOIS)		²⁴ 556 029	. Seo	2 3 1980 P	
	(Individual to Individual)		ove Space For Recorder's Use Only		07 BBI	
J	THE GRANTOP Maurice Levin	6/9 & // B 68/8	, U.S. DISCIECE CO	42.0	3 4	
	of the city of Chicago for the consideration of Cixty-Six	Thousand (\$66,0	00.00) State of	DOLLARS.	3 % S	
3	CONVEYS and QUIF C AIM S	to ROBERT BEND (NAME AN Attorney, 180 No	ITSKY, a married model of the control of the contro	- 0		
70	all interest in the following described 1.3:			in the lyansfer		
3	State of Illinois, to wit:			172		
9		Ox		p p p p p p p p p p p p p p p p p p p		
	211 OF TOP 3	R in Black II in	.0 feet thereof) a	nd in	6	
	Company's Der the North Eas	mpster Golf Cour st Quarter of Se age 13 East of	ction 23, Township the Third Principa	, i a	ontati	
	Meridian, in	Cook County,	linois"	AMPS H	Nopresentative	
			C	NOE ST	20 2	
				O O	per l'est	
			7/x,	OERS''O	Tienne .	
	hereby releasing and waiving all rights upon fillinois.	nder and by virtue of the	Homestead Exemption Laws	XE.	fer Tax	
	DATED this5	th day of	September		Trapes	
	PLEASE	(Seal) // (Seal)	urice oftrhe M TRICE LEVINE, Trust	Seal)	tate)	
	PRINT OR TYPE NAME(S) BELOW		Bankruptcy	(Seal) thurst		
	SIGNATURE(S)		I the undersigned a Nota			
	and for an elouity in the State aforesaid, DO HEREBY CERTIFY that Maurice Levine, as				//s-	
	subscribed to	the foregoing instrument	t, appeared before me this da	y in person, d instrument		
	nis nis	free and voluntary	of the right of homestead.	s therein set		17.7.
	Given under one hand and official seal, t	his 5th	day ofSeptember	19 78	24	
	Commission expires 400 . 17	19/7	year ware	NOTARY PUBLIC	65	
	This instrument was prepared by <u>Maurice Levine, att'y, 1 No. LaSalle, Chicag</u> o. (NAME AND ADDRESS)				24 656 029	
	Jann 1	. 0	ADDRESS OF PROPERTY: 8534 No. St. Lou	is ave.,	29	
	MAIL TO: 120 March	le III	Skokie, Illinois THE ABOVE ADDRESS IS FOR STATIST ONLY AND IS NOT A PART OF THIS DE	ICAL PURPOSES	AT NUM	
	Circa go (Address)	60001	SEND SUBSEQUENT TAX BILLS TO: (Name)		BER	
	OR RECORDER'S OFFICE BOX NO.	· ·	(Address)	·	L	
					NEW YORK	

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