## UNOFFICIAL COPY

GEORGE E. COLET LEGAL FORMS	No. 808 September, 1975	25134579	SECONDATION OF	
•	TY DEED FOR REDOR	[;	-	
(Individual to	1		*25134	3/3
			or Recorder's Use Only)	
		NI and ILVA FRANCH		
of the .Village for and in considera	eof Mundelein Contion of TEN_AND_N	unty of Lake S IO/100 (\$10.00)	tate ofIIIIno1s DOLLARS, in hand paid,	
CONCEYand 1712 W. Scho	WARRANT to R	RUTH C. HAGERTY and IL (NAME AND ADDRESS	JAY A. FARRELL	
the following description of filter of the state of the s		in the County of Cook	in the	
of the North	west Quarter of s' of the Third	n Subdivision of the Section 31, Townsh Principal Meridian	nip 40 North,	
SUBJECT TO:	(2) Pirty wall	es for 1978 and sub along East line of agreement recorded 737677.	the land;	1000 1000 1000 1000 1000
	0	\$ \frac{17^2}{2}	PAID EV. STAMP	RSTOR REVENUE STAMPS HER
		C. C. I. R	EV. STAMP	VENUE S
2		0,		S"OR RE
hereby releasing and	I waiving all rights under a	and by virtue of the Ho nestea	d Exemption Laws of the State	5
of Illinois.				1 27 7 3 4
<b>D</b> /	ATED this y 22~	day of Che s	urt 1979	
FORM RINO	FRANCHINI	(Seal) - /G ILVA FRANC	CHINI (Seal)	STI SEA
PECON		(Seal)	(Seal)	ATE O LESTATE DEPA O
State of Illinois, Count for said Equiply.		ss. 1. the un HEREBY CERTIFY that i and Ilva Franchin	dersigned, a Notary Public i	F ILLI
CIMPRESA U SEAL >	personally known to subscribed to the for and acknowledged the as their f	in and IIVA, Franchill me to be the same personS v regoing instrument, appeared hat \$\dagger\$, heY signed, sealed and free and voluntary act, for the elease and waiver of the right	whose name S are before me this day in person, I delivered the said instrument uses and purposes therein set	
Given under my han	d and official seal, this	22nd day of		
Commission expires  This instrument was p	DUCCEI	980 Land K LV. RAY, P.O. BOX	NOTARY PUBLIC	100
		(NAME AND AD		Doct
1000 or 1000 o	U light (co w. m.g.wa Ke 5 M. On Maria Jan B	### ##################################	PERIY.  7. Medill  90. IL 60647  DELINISTOR STATISTICAL PURPOSES OF A PART OF HIS DIED  ENT LAX BILLS TO	DOCUMENT NUMBER
AECORDINA MECORDINA	OFFICE BOX NO	OX 533	(Name) (Address)	~

END OF BECORDED DOCUMENT