UNCERCIALCOPY

GEORGE E. COLE® No. 810 LEGAL FORMS September, 1975	1	
WARRANTY DEED	26758823	
Joint Tenancy Illinois Statutory		
(Individual to Individual)	SEP1-OThe AboverSpace For Recognisty	5882'3 /5/445 10.00
THEGRANTOR MARSON MAYNOR AND ODESSA MAYNOR, HIS WIFE		
of the <u>City</u> of <u>Chicago</u> for and in consideration of	County ofCook State ofI	11inois DOLLARS0 2 4 5 4-1
and other valuable consideration. in hand paid, on the valuable consideration.		
4838 W. Addison, Chicago, Illinois 60641		
	DINT TENANCY, the following described Real F in the State of Illinois, to wit:	state situated in the
AND LANGERS WEST IN SECTION 1 TOWNSHI PRINCIPAL MERIDIAN,	OF THE WEST 93.75 FEET OF LOVING PARK SUBDIVISION IN THE 1 P 40 NORTH, RANGE 13, EAST OF IN COOK COUNTY, ILLINOIS.	NORTH 1/2 OF THE THIRD
and restrictions of roads and highways;	following, if any: covenant; record; private, public and existing leases and tenancie:	tility easeme
	1983 and subsequent years.	1 cr. 0. 316-
1 2 2 2 1 - 22 8 -	034	
13 - 21 - 32	267	58823
	under and by virtue of the He nestead Exemptio said premises not in tenancy in common, but in	
	20 111	
DATED this	26 th day of Avour.	1985
PLEASE YMORSON OR	maynen (Seal) X Odessa	Magnas 30
PRINT OR -MARSON-MAYNOR TYPE NAME(S)	- ODESSA-M	tarn' n
BELOW SIGNATURE(S)	(Seal)	(Seal)
State of Illinois, County of		
personally known to me to be the same person_gwhose name_subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that _t h _gy signed, sealed and delivered the said instrument		
asth	wledged that _t_h oy signed, scaled and delive eir free and voluntary act, for the uses an uding the release and waiver of the right of hom	nd purposes therein set
Given under my hand and official seal		1923
Commission expires SEPT 8 1926 MOTARY PUBLIC NOTARY PUBLIC		
This instrument was prepared by KORSHAK & BEAULIEU 5339 West Belmont Chicago, Illinois (NAME AND ADDRESS) 7.116.00		
(ADDRESS OF PROPERTY:	MARY HUGHES THE CO
MAIL TO: { (Name	5126 W A	ddison, Chicago Z Z S S S S S S S S S S S S S S S S S
(City, State)	SEND SUBSEQUENT TAX	X BILLS TO:
OR RECORDER OFFICE BOX NO	145 SAME	(Address)

END OF RECORDED DOCUMENT