## UNOFFICIAL COPY

		NO. 822 April, 1980	1		
	QUIT CLAIM DEED		1 -		
	Statutory (ILLINOIS) (Individual to Individual)		27359180		
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CAUTION: Consu	it a lawyer before using or acting under this form tranties, including merchantability and fitness, an	e excluded.			
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THE GRANTOR	JAMES R. WATSON		ו מסדגררוי	4 - ASE 7 [1	11.0
LEOLA A. W	ATSON				
			, ,	•	
of the Village	of Maywood County of	Cook			
State of	linois for the co	onsideration of			
TEN and NO	CENTS********	DOLLARS, in hand paid,	-		
CONVEYS_and Q	UIT CLAIMS to	_ III IIaliu paiu,	·		
	OLA A. WATSON, his w				
	9 South 15th Avenue ywood.IL 60153	•	(The Above Space For Recorder	s Use Only)	
(NO	AME AND ADDRESS OF GRANTEE)				
a' nter est in the follo State of A'in bis, to wit	owing described Real Estate situ	rated in the County	otCook	_ in the	
State of 11 th his, to wh					
1 ot	tsill and 12 in Blo	ck 172 in Ma	ywood Sub-	{	
//3.7	rision of Section 1	439Township	39 North,	}	
	nge 12, East of the		ipal Meri-		
d1a	i, in Cook County,	IIIInois.			
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Pro	operty fax No. 1591	4-142-011			
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	a Gook County	Tre		1s:	
	Gook County	Transfer Ta	I Ast See	i i	
C 84 11: 31	17/4/80		**************************************	<u> </u>	
		- Sign Dh	15.00	R.	
		770	The state of the s	ES (  DERS" OR REVENUE STAMPS	
:			كور المالية	IS	
hereby releasing and a	waiving all rights under and by	virtue of the Home	t of the	State of	
Illinois.				5	
	T) A C	ED this 1/3th	day vi November	_1d 01: E	
	ואע	I A	444	lassi >	
		_(SEAL) / KM	11/1 1000 11/10	SEAL)	
PI EASE		JAMES.			
PLEASE PRINT OR —			R. WATSON		
			R. WATSON		
PRINT OR TYPE NAME(S) BELOW		_(SEAL)	R. WATSON	SEAL)	
PRINT OR TYPE NAME(S)		_(SEAL)	R. WATSON	SLAL)	
PRINT OR TYPE NAME(S) BELOW		(SEAL)	R. WATSON	SLAL)	
PRINT OR TYPE NAME(S) BELOW	ty of <u>Cook</u>	(SEAL) ss. I, the w	R. WATSON	SLAL)	
PRINT OR TYPE NAME(S) BELOW SIGNATURE(S)	ty of <u>Gook</u> said County, in the State a	(SEAL)ss. I, the waforesaid, DO HER	R. WATSON  adersigned, a Notary Public in	S.EAL)	
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PRINT OR TYPE NAME(S) BELOW SIGNATURE(S) State of Illinois, Count	said County, in the State a	aforesaid, DO HER WATSON	EBY CERTIFY that	(C)	2
PRINT OR TYPE NAME(S) BELOW SIGNATURE(S)	said County, in the State a  JAMES R,  personally known to me to to the foregoing instrume	MATSON  be the same person  nt, appeared before	EBY CERTIFY that  whose name1 s sub me this day in person, and ac	scribed	9
PRINT OR TYPE NAME(S) BELOW SIGNATURE(S) State of Illinois, Count IMPRESS	said County, in the State a  JAMES R, personally known to me to to the foregoing instrume edged thath.e. signed	MATSON  be the same person  nt, appeared before i, sealed and delivere	EBY CERTIFY that  whose name1s sub me this day in person, and ac d the said instrument ash	scribed eknowl-	9
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