CAUTION: Consult a lawy makes any warranty with:	yer before using or acting under this form. Neither the publisher nor the seller of this form respect triareto, including any warranty of merchantability or timess for a particular purpose.	86041191	
THE GRANTO	OR _S . Koehler and Sylvia Koehler, his		-
of the Cit	ty of Chicago County of Cook 11inois for and in consideration of .00)no/100ths DOLLARS,	DEPT-01 RECORDING 1#1111 TRAN 6437 01/29/86 #9839 # A *-86-0*	
John M. Se	and WARRANT to enka and Alice A. Senka, his wife 37 S. Homan, Chicago, Ill., 60632	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
		(The Above Space For Recorder's Use Only)	
County of Coo			***
Add	ts 9 and 10 in Block 76 in Freder: dition to Bartlett Highlands, being rthwest 1 of Section 18 Township the Third Principal Meridian, in	ng a Subdivision of the	30 % C S
PEAC F	FERATE TRANSACTION TAX	STATE OF ILLINOIS	
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Illinois. TO HA	g and waiving all rights under and by virtue c_i the Home VE AND TO HOLD said premises not in tenancy in condition in the said premises and in tenancy in condition in the said premises and the said premises are said premises.	mmon, but in joint tenancy forever.	* * *
Address(es) of	5622 South Oak Park Ave.	Chicago, Illinois, 606382	
	Robert W. Koehlyseal)	9	
PLEASE PRINT OR		via Koehler	18
TYPE NAME(S) BELOW	(SEAL)	(SEAL)	VIEL
SIGNATURE(S)		Visi-	旦
State of Illinois,	County of Cook ss. I, the use said County, in the State aforesaid, Robert W. Koehler and Sylvia Koe	undersigned, a Notary Public in and for DO HEREBY CERTIF that ehler, his wife	
IMPRES SEAL HERE	edged that the Eysigned, sealed and deliver	re me this day in person, and acknowl- red the said instrument as their reposes therein set forth, including the	86041191
Given under my	hand and official seal, this	day ofJanuary1986	9
Commission expi	oires April 9 19 87 John 7	T. Nogaany Punc w Drive, Orland Park, Ill., 60462	າ
This instrument v	was prepared by John T. Noga, 8524 Golfview	DADDRESS)	
(subsequent tax bills to: hn Senka 5622 S. Oak Park,	
MAIL TO: {	350 S. PULASKI	(Name)	

RECORDER'S OFFICE BOX NO.

OR

(City, State and Zip)

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