This conveyance must contain the name and address of the grantee, (Ch.115: 12.1) name and address for tax billing, (Ch.115: 9.2) and name and address of person preparing instrument: (Ch.115: 9.3)

5

UNO WEAR HOLD PSY9 2

STATE OF ITINGS F. COPY County of COOK

	ne undersigned, a Notary Public in and for said County, in the LLIAM K. WINKLER, a widower and not
since remarried, is	
·	whose name18_ subscribed to the foregoing instrument.
	nowledged that he signed, sealed and delivered the said
	the uses and purposes therein set forth, including the release and
waiver of the right of homestead.	
Given under my hand and notarial seal this	6th day of November 19 87
(If optoms See! Here)	
6	Commission Expires December 13, 1987
700	
Op	DEPT-01 RECORDING \$12.25 T#4444 TRAN 0629 11/13/87 99:38:39 #7531 # D # - B 7 - 6.1.139 2
C	COBK COUNTY RECORDER.
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A Company of the Comp	
DEPAI	State of Illinois
STATEMENT OF EXEMPTION I hereby declare that the attached deed represents a	UNDER REAL ESTATE TRANSFER TAX ACT transaction exempt under provisions of Page ph., Section 4,
of the Real Estate Transfer Tax Act	O _C
10	Dated this day of 19,
Zoo MAIL	Signature of Buyer-Seller or their Representative
	(1 = 18 (a) t⇒ 18 (a)
	LLEN TLLI
	C PE MA . 🕶
	WI Sin K. W
	MILDE
	ARANTY DEL ROW K.WINKLER, a wid since remarried TO ULDE
	rrie D
	widower ed