of the

State of

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COOK COUNTY RECORDER

\$12 00

THE GRANTOR

City

NANCY SORCEK married to RONALD SORCEK

of Chicago

County of Cook for the consideration of

> DOLLARS. in hand paid.

considerations CONVEY \$ and QUIT CLAIM 8 to

Illinois

Ten_Dollars & other valuable

RONALD SORCEK and NANCY SORCEK, his wife 3206 S. Lowe Avenue

Chicago, Illinois (NAMES AND ADDRESS OF GRANTLES)

(The Above Space For Recorder's Use Only)

DED1-01

not in Tenancy in Common, but in JOINT TENANCY, all interest in the following described Real Estate situated in the County of Cook in the State of Illinois, to wit:

Lot 46 in the Subilizision of Block 3 and the West 1/2 of Block 4 (except the East 8 feet thereof) in B. Shurtleff's Subdivision of Block 7 in the Canal Trustees Subdivision of Section 33, Township 39 North, Range 14, East of the Third Principal Meridian, In Cook County, Illinois

hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois. TO HAVE AND TO HOLD said premises not in tenancy in common, but in joint tenancy forever.

Permanent Real Estate Index Number(s): 17-33-110-027

Address(es) of Real Estate: 3206 S. Lowe Avenue - Chicars.

19 88 November

PLEASE PRINT OR

NANCY SORCER

TYPE NAME(S) BHOW

SIGNATURE(S)

(SEAL)

State of Illinois, County of

COOK ss. 1, the undersigned, a Notary Public is and for

said County, in the State aforesaid, DO HEREBY CERTIFY that

(SEAL)

NANCY SORCEK and RONALD SORCEK, her husband

IMPRESS SEAL HERE

personally known to me to be the same person 5 whose name 8 are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that the eysigned, sealed and delivered the said instrument as free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and official seal, this

1988

Commission expires August 14,

This instrument was prepared by PHILIP K. GORDON, Atty at Law 809 W. 35th St., Chgo,

SEND SUBSEQUENT TAX BILLS TO

(Name)

Address

(City, State and Zip)

RECORDERS OFFICE BOX NO BOX 40

REVENUE STAMPS HERE

provisions of Paragraph

Quit Claim Deed

7

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** ***

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