SAME AS ABOVE Name of Taxpayer

Address

Zip

3743 West 26th Street, Chgo.

SAME AS ABOVE

I<u>L 6062</u>3

521-320

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)

TRANSFER STAMP

## STATE OF WILLIAM FINANCE SET CIAL COPY County of COOK

I. the undersigned, a Notary Public in and for said County, in the JOSE PUENTE AND ELIA PUENTE HIS WIFE State aforesaid, DO HEREBY CERTIFY that personally known to me to be the same person s whose name s are subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that \_they signed, sealed and delivered the said instrument as their 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 notarial seal this .... OFFICIAL Commission Expires ARMANDO ALMAZAN NOTARY PUBLIC, STATE OF JULINOIS MY COMMISSION EXPIREP 10' 20'91 Ox Cook County C,

State of Illinois
DEPARTMENT OF REVENUE
STATEMENT OF EXEMPTION UNDER REAL ESTATE TRANSFF & TAX ACT

I hereby declare that this deed represents a transaction exempt under provisions of Faragraph Real Estate Transfer Tax Act.

Dated this

Signature of Buyer-Seller or their Represents & o

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