at	o'clockM. 9013191.2
WARRANTY DEED	
This Indenture Witnesset	1, That the Grantor , MILTON CHARLES EASTMAN, f the Grantee herein,
of the in xback for and in consideration of the sum of Ten Doll valuable consideration, in hand paid, CONVEYS and WARRANTS to EL	County of Tazewell and State of Illinois ars (\$10.00) and other good and
in natu paid, CONVEIS and WARRANT 5 to 12	Tazewell
of the the following described real estate, to-wit:	County of Profix, and State of Illinois
Lot Fourteen (1.) in Block Six (Addition to Field Park, a Subdiveighths of the West Half of Sect Thirty-eight (38) North, Range To Third Principal Meridian and Secship Thirty-Nine (39) North, Range the Third Principal Meridian, in Commonly known as: 3931 Harvey Illinois 60558. SUBJECT TO: all easements, reservestrictions and dedications of general real estate taxes subsequings. I.D. No. 18-05-107-007-000	ision in the East Three- ion Five (5) Township welve (12), East of the tion Thirty-two (32), Town-H ge Twelve (12), East of Cook County, Illinois. Ave., Western Springs, record, and to the
Said premises are Cook Cook Structed in the County of Beards, in the State of Illinois.	, hereby releasing and waiving all rights under and by virtue of
the Homestead Exemption Laws of the State of Illinois. Dated this 1974 (SEAL) (SEAL)	day of, A. D. 19 % O Milton Charles Eastman (SEAL) (SEAL)
Place Notary Seal MILTON CHA	otary Public, in and for said County and State aforesaid, DO HEREBY ARLES EASTMAN, in his own right and the Grantee herein,
	same personwhose nameissubscribed

Notary Public

Mail Tax Statement To

Name Ellen Holmes Eastman

c/o Riverview Retirement Center
Addres27B - 500 Chy. East Peorita IL

This document drafted Gery R. Gasick, Of QUINN, JOHNSTON, HENDERSON & PRETORIUS, 227 Northeast Jeffersonn Arreet, Peoria, IL 61602 (300) 133 (1980) 133

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COOK COUNTY RECORDER

Property of Cook County Clerk's Office

1300

Recorder of Deeds

CADIREMIACHINIS

CAROL MOSELEY BRAUN

BECKLAK COUNTY,

ILLINOIS

Mail to_

90131912

90131912

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WARRANTY DEED

STATUTORY FORM

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