

WARRANTY DEED
Statutory Form
(Individual to Individual)

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THE GRANTOR DAVID H. CANNON, married to
SUSAN J. CANNON

of the City of Toledo County of Lucas
State of Ohio for and in consideration of

Ten and no/100 DOLLARS,
in hand paid,

CONVEY S and WARRANT S to
ELISABETH M. ORLANDI
30 E. Huron, #4010
Chicago, Illinois 60611
(NAME AND ADDRESS OF GRANTEE)

90308116

(The Above Space For Recorder's Use Only)

the following described Real Estate situated in the County of Cook in the
State of Illinois, to wit:

SEE LEGAL DESCRIPTION ATTACHED

hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois.

DATED this 29th day of June 19 90

PLEASE
PRINT OR
TYPE NAME(S)
BELOW
SIGNATURE(S)

David H. Cannon (SEAL) Susan J. Cannon (SEAL)
DAVID H. CANNON SUSAN J. CANNON

(SEAL) (SEAL)

State of OHIO County of LUCAS ss. I, the undersigned, a Notary Public in and for
said County, in the State aforesaid, DO HEREBY CERTIFY that

DAVID H. CANNON, ~~married to~~ SUSAN J. CANNON, ^{AND} ~~his wife~~

IMPRESS
SEAL
HERE

personally known to me to be the same persons whose names are subscribed
to the foregoing instrument, appeared before me this day in person, and acknowl-
edged 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 official seal, this 20th day of JUNE 19 90

Commission expires 10-16 19 90 Maire T. Jacobs
NOTARY PUBLIC

Susan M. Langlitz

This instrument was prepared by HEDBERG, TOBIN, FLAHERTY & WHALEN
3 First National Plaza, #1950, Chicago, Illinois 60602

SARA S. HOWARD, ATTORNEY
Susan M. Langlitz

HEDBERG, TOBIN, et al.

3066 N. LINCOLN AVE
3 First National Plaza, 1950

MAIL TO:

Chicago, Illinois 60602
(City, State and Zip)

ADDRESS OF PROPERTY:
21 West Goethe, Unit 18D
Chicago, Illinois 60610

THE ABOVE ADDRESS IS FOR STATISTICAL PURPOSES
ONLY AND IS NOT A PART OF THIS DEED.

SEND SUBSEQUENT TAX BILLS TO:
Elisabeth M. Orlandi

same as above
(Name)
(Address)

OR

RECORDER'S OFFICE BOX NO. _____

7263479 72 Make 2

AFFIX "RIDERS" OR REVENUE STAMPS HERE

90308116

TRANSFER STAMPS
3892544

