

UNOFFICIAL COPY

WARRANTY DEED

The Grantor(s), DR. ANAND LAL and ARUNA LAL, County of Cook and State of Illinois for and in consideration of TEN AND 00/100S DOLLARS (\$10.00) and other good and valuable consideration in hand paid, CONVEYS and WARRANTS to MERCY HOSPITAL AND MEDICAL CENTER, A NOT FOR PROFIT ORGANIZATION, created and existing by virtue of the Laws of the State of Illinois having its principal office in the County of Cook, State of Illinois, the following described Real Estate situated in the County of Cook, State of Illinois, TO WIT:

08-01-11 TORRENS \$23.50
 T50013 TRAN NLS 08/14/95 16:14:00
 45521 S.C. 1 95-1536458
 COOK COUNTY RECORDER

95530458

95530458

LOT 97 IN BERWYN GARDENS, A SUBDIVISION OF THE SOUTH 1271.3 FEET OF THE SOUTHWEST 1/4 OF SECTION 19, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Common Address: 6842 W. Cermak Road, Berwyn
 P.I.N. # 16-19-330-026 Vol. 003

4184706 2 of 2 90

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

DATED THIS 4th day of August, 1994

Please Print or Type Name(s) Below Signature(s)

Aruna Lal (SEAL) _____ (SEAL)
Anand Lal (SEAL) _____ (SEAL)

4184706 1067 dt

State of Illinois, County of Cook, SS. I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that Dr. Anand Lal and Aruna Lal personally known to me to be the same person(s) whose name(s) is/are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he/they signed, sealed and delivered the said instruments his/their free and voluntary act, for the uses(s) and purpose(s) therein set forth, including the release and waiver of the right of homestead.

Given under my hand and seal, this 4th day of August, 1994.
 My Commission expires 17 day of July, 1997.



Robert A. Novelle, Jr.
 NOTARY PUBLIC

INSTRUMENT PREPARED BY:
 ROBERT A. NOVELLE, JR.
 1127 S. MANNHEIM RD. - 308
 WESTCHESTER, ILLINOIS, 60154

ELIZABETH A. KRINSKY
RICHARDER MARTIN
135 S. LASALLE, #1400
CHICAGO, IL 60603

SEND SUBSEQUENT TAX BILLS TO:
MERCY HOSPITAL AND
MEDICAL CENTER
5 JEVENSOR EXPRESSWAY
AT KING DRIVE
CHICAGO, IL 60616

MAIL TO

23.50

CHANGE OF INFORMATION FORM

SCANABLE DOCUMENT - READ THE FOLLOWING RULES

- 1. Changes must be kept in the space limitations shown
- 1. DO NOT use punctuation
- 2. Print in CAPITAL LETTERS with BLACK PEN ONLY
- 4. Allow only one space between names, numbers and addresses

SPECIAL NOTE:

If a TRUST number is involved, it must be put with the NAME, leave one space between the name and number

If you do not have enough room for your full name, just your last name will be adequate

Property Index numbers (PIN #) MUST BE INCLUDED ON EVERY FORM

PIN:

16 - 19 - 330 - 026 - 0000

NAME:

ALVARA MARRADO

MAILING ADDRESS:

STREET NUMBER STREET NAME - APT or UNIT

6842 West Cermak Rd.

CITY

Berwyn

STATE:

IL

ZIP:

60402

PROPERTY ADDRESS:

STREET NUMBER STREET NAME - APT or UNIT

6842 West Cermak Road

CITY

Berwyn

STATE:

IL

ZIP:

60402

FILED: AUG 11 1995
COOK COUNTY TREASURER

Property Clerk's Office

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9.33.18