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WARRANTY DEED STATUTORY (ILLINOIS)

95552967

THE GRANTOR

CLEOTHA CARROLL and
BRENDATCARROLL, Married
to each other
of the <u>City</u> of <u>Chicago</u>
County of <u>Cook</u> for and
in consideration of <u>Ten</u>
DOLLARS, in hand paid,
CONVEY __ and WARRANT

DEPT-01 RECORDING \$25.50 T00014 TRAN 7169 08/22/95 11:51:00

+7650 + JW *-95-552967 COOK COUNTY RECORDER

BILLY, MAYS

INAME AND ADDRESS OF GRANTEE)

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

LOT 34 IN JOHN KPALOVEC'S RESUBDIVISION OF LOTS 46 TO 55,58 TO 69,73 TO 93,100 TO 108 AND 119 TO 133 ALL INCLUSIVE IN THE SUBDIVISION OF LOTS 2,2 AND 5 IN THE PARTITION OF THE WEST 60 ACRES LYING NORTH OF THE SOUTH WESTERN PLANK ROAD OF THE SOUTHWEST 1/4 OF SECTION 23, TOWNSHIP 35, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, LALINOIS.

PERMANENT INDEX NO.: 16 23 316 015 VOL. 570

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

DATED this STH day of AUGUST , 19 95.

(SEAL) Brunda | Carroll (SEAL) BRENDA CARROLI

State of Illinois, County of <u>COOK</u> ss. I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that

cheotha carroll and Brenda carroll, Married to each other personally known to me to be the same person s whose name ARE subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that T h EY 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 8TH day of AUGUST,

19_95.

Notary Public State of Illinois

My Commission Expires 2/23/97

NOTARY PUBLIC

2550kp

This instrument was 801 SOUTH BLVD, OAK PARK, IL 60302 THERESELE (name and address) MAIL TO: ADDRESS OF PROPERTY: Jean, Mar 1908 SOUTH HARDING CHICAGO, ILLINOIS 60623 BEND TAX BILLS TO: CITY, STATE & ZIP NAME ADDRESS 1 SELECT VIEGLOR 146 1430 THOUSE THE STATE OF A コマラヴ CITE TO THE LIN TO TRAKE - () St. 150lm W. J. T. 4's Opposition MOI JANAST STATES JANAS 100 TO THE REAL PROPERTY.

43300

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CHANGE OF INFORMATION FORM

SCANABLE DOCUMENT - READ THE FOLLOWING RULES	
Changes must be kept in the space limitations shown DO NOT use punctuation	J. Print in CAPITAL LETTERS with BLACK PEN ONLY 4. Allow only one space between names, numbers and address
SI'E	CIAL NOTE:
L'you do not have enough room for yo	ith the NAME, leave one space between the name and number our full name, just your last name will be adequate MUST BE INCLUDED ON EVERY FORM
NAME NAME	TY ADDRESS:
1908 S HAF	TNAME = APT or UNIT
CITY OHICA	960
STATE: ZIP:	

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95552967 95552967 Office