FICIAL COPY

TRUSTEE'S DEED

DEPT-01 RECORDING

\$27.50

T#0001 TRAN 9417 08/25/95 15:34:00

COOK COUNTY RECORDER

The Grantor

THE NORTHERN TRUST COMPANY, an Illinois corporation of Chicago, Illinois, as sole Successor Trustee under Declaration of Trust dated July 30, 1975 and known as Trust Number 02-59468, for and in consideration of TEN DOLLARS (\$10.00) and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, and pursuant to the power and authority given it as such trustee, CONVEYS and QUITCLAIMS to COLE TAYLOR BANK, as Trustee, under Trust No. 95-6333 dated August 14, 1995 ("Grantee"), its interest in the following described recilestate situated in the County of Cook, and State of Illinois, to-wit:

95566699

FIRST AMERICAN TITLE INSURANCE # COS 4669 18

LOTS 21 AND 22 IN THE RESUBDIVISION OF BLOCK 9 IN WHITE'S ADDITION TO EVANSTON IN SECTION 19, TOWNSHIP 41 NORTH RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

CITY OF EVANSTON 001488 Real Estate Transfer Tax City Clerk's Office

PAID AUG 1 1 1995

Amount \$ 7090

P.I.N. No. | 11-19-403-012

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Property of Cook County Clerk's Office 100004 417733

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The Grantor executes this deed as such sole Successor Trustee and not individually, and is not to be held liable in its individual capacity in any way by reason of this deed. Any recourse under and by virtue of this deed shall be against the Trust Estate only.

IN WITNESS WHEREOF, the Grantor, TH	E NORTHERN TRUST COMPANY, has caused its
name to be signed and its corporate seal affixed	by its duly authorized officers, this $2\hat{\sigma}^{\circ}$ day
A 1	
of Huzust , 1945.	
ATTEST:	THE NORTHERN TRUST COMPANY, not personally, but as sole Successor Trustee as aforesaid
1 11. Oimal	as aroy osara
Lam allandon	By: Mah a. Kale.
Its: Assistant Secretary	Its: Vice President
	•
Ox	
STATE OF ILLINOIS)	
)SS:	
COUNTY OF COOK)	
	for the County and State aforegald, DO HEREBY and KIM A MORTON
personally known to me to be the Vice Presiden	it and Assistant Secretary, respectively, of THE
NORTHERN TRUST COMPANY, and personally	Incwn to me to be the same persons whose
names are subscribed to the foregoing instrume	nt, appeared before me in person and severally
acknowledged that as such Vice President and	Assistant Secretary, they signed and delivered
the same instrument as Vice President and Assis	Stant Sec elary of the Northern trust Company
and caused the corporate seal of The Northern T and voluntary act and the free and voluntary ac	rust Company to be sinked thereto as their ned
Trustee aforesaid, for the uses and purposes that	rein set forth
	י פונו מסג וטו גווי
CHICAL bound and official and	
CIVEN UDDAL DV BADO ADD OTICIAL SEAL	this 24 day of Knigust
GIVEN under my nand and official seal,	this 24 day of Knigust
GIVEN under my hand and official seal, 1995.	this 24 day of Friguet,
1995.	
"OFFICIAL SEAL ELLEN E. RACZY.	" Ellen E Russyh
"OFFICIAL SEAL ELLEN E. RACZY. Notary Public. State of II	Hinois Notary Public
"OFFICIAL SEAL ELLEN E. RACZY. Notacy Public State of II	K School School States
"OFFICIAL SEAL ELLEN E. RACZY Notary Public. State of II My Commission Expires: My thornmission Expires March (K Ellen E Russyk Notary Public Notary Public
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"OFFICIAL SEAL ELLEN E. RACZY. Notary Public. State of II My Commission Expires: My Commission Expires: March 2 ADDRESS OF PROPERTY: 808-816 Forest Avenue	ADDRESS OF GRANTEE STO GET, JAMES OF TELVE
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CHÀNGE OF INFORMATION FORM

SCANABLE DOCUMENT - READ THE FOLLOWING RULES	
Changes must be kept in the space limitations shown CDO NOT use punctuation	Print in CAPITAL LETTERS with BLACK PEN ONLY 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	
PI	V:
NAME	2] - [0] [2] - [0] 0 [0]
MAUFRECAT	
	ADDRESS: NAME = APT or UNIT
6017 N L8M	
CITY LIPCO	MNOOP
STATE: ZIP:	646- TO
	Y ADDRESS: NAME = APT or UNIT O V C V A V V
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CITY BUNS.	10 1
STATE: ZIP:	202-

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