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Form No. 10R O Jan. 1995 AMERICAN LEGAL FORMS, CHICAGO, IL. (312) 172-1922

WARRANTY DEED Statutory (ILLINOIS) (General)

CAUTION: Consult a tarryer before using or acting under this form. Nettree the publisher nor the safer of this form makes any warranty with respect thersto including any werranty of merchantabety or thinks for a perticular purpose.

THE GRANTOR (NAME AND ADDRESS)

Spalter Finance Co. 8707 Skokie Blvd., #202 Skokie. Illinois 60077 . DEPT-01 RECORDING

\$25.50

- . T\$0001 TRAN 9417 08/25/95 15:35:00
 - \$7731 \$ CG *-95-566701
 - COOK COUNTY RECORDER

		(The	(The Above Space For Recorder's Use Only)	
of the	Village	of	Skokle	County
of	Cook	رود د من منافعت کار در استون کورود و با در این	, State of	
for and in co		DOLLARS		
in nana para	, CONVEYE, MIN. WA	ANNANI B IV	as joint tennants a	endnit
	Jose Gonzal	lez and Delores Gonzalez	1 om	mille
	O409 S. COI	tinol A0617	us tennants in common on with rights of survivership	**************************************
	Cirrenge i	11110 11 00017	A CONTRACTO STATE STATE	•
	. Jthd Baul Pototo	INVINES AND ADDRESS OF GRANT		to wit:
the following described Real Estate situated in hir County of <u>Cook</u> in the State of Illinois, to wi (See reverse side for legal description.) hereby releasing and waiving all rights under and by virtue of the Homestean				
iace reverse. Exemption 1	aws of the State of Illia	ois SUBJECT TO: General taxe	s for 1995 and subsequent year	rs and
L'ACTIPATION C	X217.5 111 1110 1210110 121			
		1 H SISCHINA	MITTER TOTAL MINER CONTRACTOR	. (5
		15t Africhica	N TITLE order # <u>じことうみつ</u> の	إسك
		· //	y lal	
Permanent It	ndex Number (PIN):	19-13-427-040-008		
			0, 111/nois 60629	
Address(es)	of Kear Estate:		· ()	
		DATED this	23rd or of August	_ 19.92.
	SPAITER FINANCE (CO (SEAL)	0,0	(SEAL)
PLEASE PRINT OR	BY: Make I	T.		-
TYPE NAME(S)	ROBERT D. GORDO	N, VICE-PRESIDENT		
BELOW BIONATUREISI	يارك والمقدارة المتراحد أند السيوب ماستقد عروا سارا رجانة ومتيناها والميسر عراسته إلموسا بنارا	(SEAL)		(SEAL)
	بو مشمول سر به همون وهستری سول په دون پيدو پوسواله سيادند			-
		aok	1, the undersigned, a Notary Public in	and for
state of illing	ois, County of	and County in the State afores	aid, DO HEREBY CERTIFY that	and to
****		ROBERT D. GORDON, Vice-	President of Spalter Finance	Co.
BEVERLY J. CARLSON Notary Public. State of Illingia My Commission Expires June C. 1544.3 My Commission Expires June C. 1544.3 IMPRESS SEAL HERE BEVERLY J. CARLSON personal subscribe and nekinstrume therein s		1		•
		'personally known to me to b	e the same person whose name	
		subscribed to the foregoing inst	rument, appeared before me this day in	person,
		and acknowledged that l	signed, sealed and delivered	the suid
			and voluntary act, for the uses and p	
		•	release and waiver of the right of home	
liven under	my hand and official se	al, this 23rd	day of August 1	995
ommission	expires June 5,	19.97	NOTANY PUBLIC	
his instrume	ent was prepared by R	OBERT D. GORDON. 188 W.	RANDOLPH #1903, CHICAGO, IL	60601
PAGE 1		(NA)	JE AND ADDAESS) SEE REVERSE	

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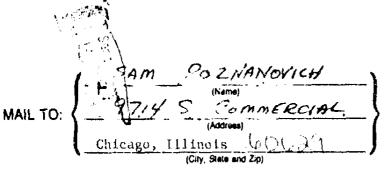
Tegal Bescription

of premises commonly known as 2600 W. 63rd Steet, Chicago, Illinois 60629

LOTS 16 AND 17 IN BLOCK 16 IN COBE AND MCKINNON'S 63RD STREET AND CALIFORNIA AVENUE SUBDIVISION OF THE WEST HALF OF THE SOUTHEAST QUARTER OF SECTION 13, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED NOVEMBER 2, 1912, AS DOCUMENT #5074554 IN COOK COUNTY, ILLINOIS

P.I.N. 19-13-427-040-0000





SEND SUBSEQUENT TAX	K BILLS TO:
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Jose & Delores Conzalez				
(Name)				
8469 S. Commercial				
(Address)				
Chicago, Illinois 60629				
(City, State and Zip)				

OR

RECORDER'S OFFICE BOX NO. _

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43388

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CHANGE OF INFORMATION FORM

C SCANABLE DOCUMENT -	READ THE FOLLOWING RULES
1. Changes must be kept in the space limitations shown 2. DO NOT use punctuation	Print in CAPITAL LETTERS with BLACK PEN ONLY Allow only one space between names, numbers and addresses
SPEC	CIAL NOTE:
If viu do not have enough room for you	h 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
PI 19-13-42 NAME TUSE GUNZA	N: 7-040-0000
	ADDRESS: NAME = APT or UNIT 15766
STATE: ZIP:	Y ADDRESS: COUNTY TRANSURER
PROPERT STREET NUMBER STREET 2600 W 636 CITY	Y ADDRESS COUNTY FRANSURER NAME = APT or UNIT
STATE: ZIP:	601.11

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