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WARRANTY DEED Statutory (ILLINOIS) (Corporation to Individual)

95587017

THE GRANTOR

MOUNT SINAI HOSPITAL MEDICAL
CENTER OF CHICAGO

a corporation created and existing under and by
virtue of the laws of the State of Illinois and duly
authorized to transact business in the State of
Illinois, for and in consideration of the sum of
TEN AND 00/100 (\$10.00) DOLLARS, and other
good and valuable consideration in hand paid, and
pursuant to the authority given by the Board of
Directors of said corporation, CONVEYS and WARRANTS to

DEPT-01 RECORDING \$25.00
T#0012 TRAN 6229 09/01/95 14:35:00
#1423 # CG *-95-587017
COOK COUNTY RECORDER

JUAN SAN ROMAN and GUILLERMINA SAN ROMAN, as Joint Tenants
2636 West 15th Place
Chicago, IL 60608

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

LOT 8, IN SUBDIVISION OF LOTS 13, 14 AND 15 IN BLOCK 7 IN COOK AND ANDERSON'S SUBDIVISION OF THE WEST 1/2 OF THE NORTHEAST
1/4 OF SECTION 24, TOWNSHIP 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Subject to: General Real Estate Taxes for 1994 (second installment) and subsequent years; building lines and building laws and ordinances; zoning laws and ordinances,
but only if the present use of the property is in compliance therewith or is a legal non-conforming use; visible public and private roads and highways; easements for
public utilities which do not underlie the improvements on the property; other covenants and restrictions of record which are not violated by the existing improvements
upon the property; party wall rights and agreements; any and all existing leases.

Commonly Known As: 2721 West 15th Place, Chicago, Illinois 60608

Permanent Real Estate Index No.: 16-24-225-019

In Witness Whereof, said Grantor has caused its corporate seal to be hereto affixed, and has caused its name to be signed to the
presents by its Controller, and attested by its _____, this 30th day of August, 1995.

MOUNT SINAI HOSPITAL MEDICAL CENTER OF CHICAGO, an Illinois corporation
(NAME OF CORPORATION)

IMPRESS
CORPORATE SEAL
HERE

BY Jeffrey Lieberman
ATTEST Controller

State of Illinois, County of Cook ss. I, the undersigned, a Notary Public, in and for the County and State aforesaid, DO HEREBY
CERTIFY, that JEFFREY LIEBERMAN personally known to me to be the CONTROLLER of

MOUNT SINAI HOSPITAL MEDICAL CENTER OF CHICAGO, an Illinois corporation
and JEFFREY LIEBERMAN personally known to me to be the CONTROLLER
of said corporation, and 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 severally
acknowledged that as such _____ and _____, they signed and delivered the
said instrument and caused the corporate seal of said corporation to be affixed thereto, pursuant
to authority given by the Board of Directors of said corporation, as their free and voluntary act,
and as the free and voluntary act and deed of said corporation, for the uses and purposes therein
set forth.

Given under my hand and official seal this 30th day of August, 1995.

Commission expires May 6, 1999

Robert Luke Antolak
NOTARY PUBLIC

25.00

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This instrument prepared by:

DANIEL KOHN, ESQ., Holleb & Coff, 55 East Monroe Street,
Suite 4100, Chicago, Illinois 60603

MAIL TO:

Paul A. Villalobas
Name

1624 W 18th St
Address

Chicago, IL 60608
(City, State and Zip)

ADDRESS OF PROPERTY

2721 West 15th Place
Chicago, Illinois 60608

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

SEND SUBSEQUENT TAX BILLS TO:

JUAN SAN ROMAN
(Name)

2636 W. 13th Pl
(Address)

RECORDER'S OFFICE BOX NO _____

BOX 333-CT1

5075186.01
DRC:CKY:DEED:13-734MD-133FD

BOOK
C.O. NO. 016

2 4 2 3 7 6



STATE OF ILLINOIS
REAL ESTATE TRANSFER TAX

SEP 1 '95 DEPT OF REVENUE

15.00

91118 111113

Cook County
REAL ESTATE TRANSACTION TAX

REVENUE
STAMP SEP 1 '95
PA. 31827



07.50

CHICAGO
TRANSACTION TAX
112.50

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MAP SYSTEM UNOFFICIAL COPY

CHANGE OF INFORMATION FORM

SCANABLE DOCUMENT - READ THE FOLLOWING RULES

- 1. Changes must be kept in the space limitations shown
- 2. **DO NOT** use punctuation
- 3. 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:

116 - 24 - 225 - 019 - 0000

NAME

JUAN SANDRMAN

MAILING ADDRESS:

STREET NUMBER STREET NAME = APT or UNIT

2636 W 15th Pl

CITY

CHICAGO

STATE:

IL

ZIP:

60605

PROPERTY ADDRESS:

STREET NUMBER STREET NAME = APT or UNIT

2721 W 15th PLACE

CITY

CHICAGO

STATE:

IL

ZIP:

60608

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2025/07/01