

UNOFFICIAL COPY

Warranty Deed
Individual to Individual

GEORGE E. COLE
LEGAL FORMS

840.75
PROPERTY TAX
DEPT. OF REVENUE
SEP 18 '95

STATE OF ILLINOIS
REAL ESTATE TRANSFER TAX
SEP 18 '95 DEPT. OF REVENUE
378.50

COOK COUNTY
REAL ESTATE TRANSFER TAX
REVENUE STAMP SEP 18 '95
188.25

PROPERTY TAX
DEPT. OF REVENUE
SEP 18 '95
9992

PROPERTY TAX
DEPT. OF REVENUE
SEP 18 '95
9992

85723956

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 Howard Wax,
married to Imy V.B. Wax, is

"OFFICIAL SEAL"
WILLIAM B. LEVY
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 11/21/97

personally known to me to be the same person whose name is subscribed to the
instrument. appeared before me this day in person, and acknowledged that he
executed, signed and delivered the said instrument as his 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 September 19 95

Commission expires November 21, 1997

William B. Levy, Wolfe, Wolfe & Ryd NOTARY PUBLIC

This instrument was prepared by 120 S. Riverside Plaza, Suite 430, Chicago, Illinois 60606

Mary York
Mulryan & York

SEND SUBSEQUENT TAX BILLS TO:

MAIL TO:

(Name)
3442 North Southport
(Address)
Chicago, Illinois 60657
(City, State and Zip)

Derek Walter/Lisa Bafia
(Name)

909 West Dakin
(Address)

Chicago, Illinois 60613
(City, State and Zip)

OR RECORDER'S OFFICE BOX NO. _____

BOX 333-CYI

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MAP SYSTEM

CHANGE OF INFORMATION FORM

INFORMATION TO BE CHANGED

Use this form for name/address desired on real property tax record of Cook County Illinois. It is also to acquire PROPERTY ADDRESSES for each PIN in our records.

Such changes must be kept within the space limitations shown. Do Not use punctuation. Allow one space between names and initials, numbers and street names, and unit or apt numbers. PLEASE PRINT IN CAPITAL LETTERS WITH BLACK PEN ONLY! This is a SCANNABLE DOCUMENT - DO NOT XEROX THE BLANK FORM. All completed ORIGINAL forms must be returned to your supervisor or Jim Daveuport each day.

If a TRUST number is involved, it must be put with the NAME. Leave a space between the name and the trust number. A single last name is adequate if you don't have enough room for the full name. Property index numbers MUST be included on every form.

PIN:

1 4 - 2 0 - 2 0 6 - 0 1 0 - 0 0 0 0

NAME

D E R E K W A L T E R

MAILING ADDRESS:

STREET NUMBER STREET NAME = APT or UNIT

9 0 9 W D A K I N

CITY

C H I C A G O

STATE:

I L

ZIP:

6 0 6 1 3 -

PROPERTY ADDRESS:

STREET NUMBER STREET NAME = APT or UNIT

9 0 9 W D A K I N

CITY

C H I C A G O

STATE:

I L

ZIP:

6 0 6 1 3 -

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