

95673359

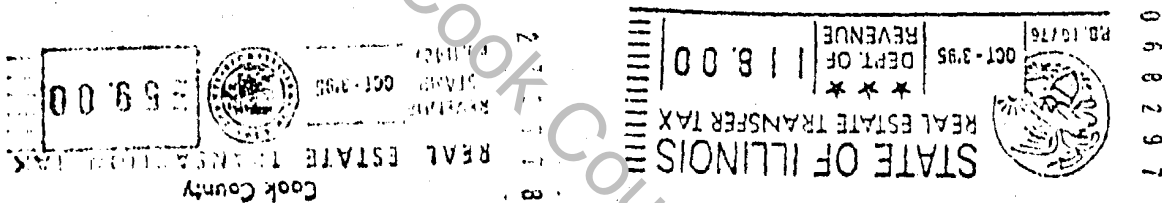
UNOFFICIAL COPY

Warranty Deed

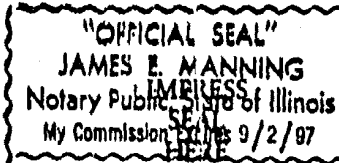
Individual to Individual

TO

GEORGE E. COLE
LEGAL FORMS



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 JOSEPH A. CARUSO and
BERNICE G. CARUSO, his wife



personally known to me to be the same person as _____ whose names are subscribed to the
foregoing instrument, appeared before me this day in person, and acknowledged that they
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.

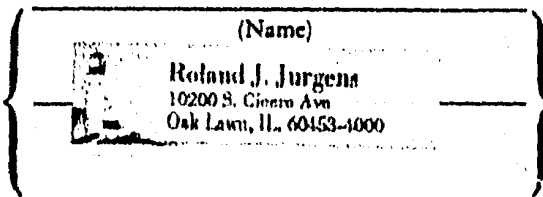
Given under my hand and official seal, this 29th day of SEPT. 19 95

Commission expires SEPT. 2 19 97
James E. Manning
NOTARY PUBLIC

This instrument was prepared by James E. Manning, 10827 S. Western Ave., Chgo, IL 60643
(Name and Address)

SEND SUBSEQUENT TAX BILLS TO:

MAIL TO:



(City, State and Zip)

OR

RECORDER'S OFFICE BOX NO. _____

(Name)

(Address)

(City, State and Zip)

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MAP SYSTEM

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:

24 - 09 - 409 - 025 -

NAME

MARGARET MITCHELLS

MAILING ADDRESS:

STREET NUMBER STREET NAME = APT or UNIT

5112 W 101st STREET

CITY

CHICAGO

STATE:

12

ZIP:

60453 -

PROPERTY ADDRESS:

STREET NUMBER STREET NAME = APT or UNIT

5112 W 101st STREET

CITY

CHICAGO

STATE:

12

ZIP:

60453 -

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