95710169

Mail to:

Sherry Faulkner 15146 S Wie Harrey

Send Subsequent tax bill to:

Rudolph A. Williamson 7337 S. Shore Dr., Unit 807 Chicago, Illinois 60649

THE GRANTOR, MANUELL DOWDERL, married to Bernadette Dowdell,

of the City of Lymbod, County of Cook, State of Illinois, for and in consideration of TEN- -- (\$10.00) AND NO/100 DOLLARS, and other good and valuable consideration, in hand roid,

CONVEYS AND WARRANTS to

RUDOLPH A. WILLIAMSON, 1528 2 29th St., Chicago, Illinois, the following described Real Estate situated in the County of Cook in the State of Illinois, to

UNIT 807 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN LAKE TERRACE CONDOMINIUM AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NO. 25275623 AND FILED AS DOCUMENT NO. LR 3135646, IN THE NORTH FRACTIONAL 1/2 OF SECTION 30, TOWNSHIP 38 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

hereby releasing and waiving all rights under ind by virtue of the Homestead Exemption Law of the State of Illinois.

THIS PROPERTY IS NOT THE HOMESTEAD OF THE OWNER.

Subject to: covenants, conditions, and restrictions of legged, and real estate taxes for 1994 and subsequent years.

Property Index Number: 21-30-114-029-1079

Property Address: 7337 S. Shore Drive, Unit 807, Chicago, Illinoil 60649

Dated this 12th day of October, 1995

Memorel ou tell

MANWELL DOWDELL

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 MANWELL DOWDELL, married to Bernadette Dowdeli, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed 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.

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My Commission Expires 7/1/98

This instrument was prepared by: Joseph Wrobel, Ltd., 105 West Madison, Suite 700, Chicago, Illinois 60602

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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	Print in CAPITAL LETTERS with BLACK PEN ONLY Allow only one space between names, numbers and addresses							
SPECIAL NOTE:								
If you do not have enough soom for yo	th 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 21-30-11 NAME	N: H-029-							
RIUDIOILIPIHI WO								
STREET NUMBER STREET SE STREET NUMBER STREET SE STREET NUMBER STREET	NAME - APT OF UNIT 9977, Street							
COUNTY TREASURER STREET NUMBER STREET CITY CHICA STATE: ZIP:	60 160							
107.56 FL 60	643 - TTTTO							
PROPERT	Y ADDRESS: NAME = APT or UNIT RED DR #807							
CITY	60							
STATE: ZIP:	649-							

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