NOTE: PLEASE TYPE

HEALESTATE THANSACTION IN

(SEAL)

Send.

WARRANTY DEED

Joint Tenancy Illinois Statutory

MAIL TO:

60121

UNOFFICIAL COPY

STATE OF ILLINOIS County of Cook

			•	
SS				

I, the undersign	ned, a Notary Public in and for sa	aid County, in the State a	iforesaid, DO H	EREBY CERTIFY
THAT	CAROL CALABRESE			
personally kno	wn to me to be the same person	on(s) whose name(s) is	/are subscribed	to the foregoing
instrument, app	peared before me this day in pe	erson, and acknowledged	that she	signed,
scaled and deli-	vered the said instrument as	her free and volun	tary act, for the	uses and purposes
therein set fortl	n, including the release and waive	er of the right of homester	ad,	
Given u	nder my hand and notarial scal, th	his 3rd day of	April /	, 19 <u>95</u> .
•			SI. Tot	<i>F</i> .
	0	- Alberta	V -AV-V	Notary Public
My commission	1 expires on -			
	~~ <u>~~</u>	[
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MY C	OMMISSION EXPIRES 5/24/95			
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		9	SECTION 4, R	EAL ESTATE
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TO REORDER PLEASE CALL MID AMERICA TITLE COMPAN (708) 249-4041		27 OF (= 3 1 0 0 1 5)		WARRANTY DEED Joint Tenancy Illinois Statutor
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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 ADDRESS

Such change initials, num ONLY! Th must be reti

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APR 05 1935

BOOK COUNTY TREASULT

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