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GEORGE E. COLE®  
LEGAL FORMS

No. 808  
November 1994

96406482

## WARRANTY DEED Statutory (Illinois) (Individual to Individual)

CAUTION: Consult a lawyer before using or acting under this form. Neither the publisher nor the seller of this form makes any warranty with respect thereto, including any warranty of merchantability or fitness for a particular purpose.

S14604138 LER

THE GRANTOR MARIANO DAVILA, married to Estervina Davila  
of the city of Chicago County of Cook  
State of Illinois for and in consideration of

DEPT-01 RECORDING \$25.50  
T#0014 TRAN 5385 05/30/96 10:44:00  
#5629 JW #96-406482  
COOK COUNTY RECORDER

✓

TEN AND NO/100 (\$10.00) ----- DOLLARS,  
and other good and valuable considerations \_\_\_\_\_  
\_\_\_\_\_ in hand paid,

CONVEY \_\_\_\_\_ and WARRANT \_\_\_\_\_ to  
FEDERICO ALVARADO, X BACHILLATI married to Amalia Alvarado  
(Name and Address of Grantee) F. A.  
the following described Real Estate situated in the County of \_\_\_\_\_  
Cook in the State of Illinois to wit:

Above Space for Recorder's Use Only

1530

LOT 164 IN SUBDIVISION OF THE NORTHWEST 1/4 OF THE NORTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 8, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

96406482

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

SUBJECT TO: covenants, conditions, and restrictions of record,

Document No.(s) \_\_\_\_\_;

\_\_\_\_\_ and to General Taxes for \_\_\_\_\_ and subsequent years.

Permanent Real Estate Index Number(s): 20-02-305-031

Address(es) of Real Estate: 5134 S. Throop, Chicago, Illinois 60609

Dated this 20th day of May, 19 96.

PLEASE  
PRINT OR  
TYPE NAME(S)  
BELOW  
SIGNATURE(S)

X Mariano Davila  
MARIANO DAVILA

(SEAL)

X Estervina Davila  
ESTERVINA DAVILA

(SEAL)

(SEAL)

(SEAL)

SAS - A DIVISION OF INTERCOUNTY

PROPERTY OF COOK COUNTY Clerk's Office

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## Warranty Deed Individual to Individual

STATE OF ILLINOIS  
0750 01  
MAY--96  
REAL ESTATE TRANSFER TAX  
DEPARTMENT OF REVENUE 966935

REORDER ITEM #: P54 LABEL

CITY OF CHICAGO

MAY--96  
2625 01  
\*\*\*  
REAL ESTATE TRANSFER TAX  
DEPARTMENT OF REVENUE 966935

REORDER ITEM #: P54 LABEL

Cook County  
REAL ESTATE TRANSACTION TAX

MAY--96  
01750  
966935  
REVENUE STAMP

002564

123403



State of Illinois, County of Cook ss. 1, the undersigned, a Notary Public in and for

said County, in the State aforesaid, DO HEREBY CERTIFY that \_\_\_\_\_

MARIANO DAVILA and ESTERVINA DAVILA, his wife

**"OFFICIAL SEAL"**  
Herbert G. Deyne  
Notary Public, State of Illinois  
My Commission Expires Mar. 6, 1997

personally known to me to be the same person s whose name s are subscribed to the  
going instrument, appeared before me this day in person, and acknowledged that t h e y  
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 20th day of MAY 19 96

Commission expires 3/6/ 19 96  
Herbert G. Deyne  
NOTARY PUBLIC

This instrument was prepared by Herbert G. Deyne, 3224 W. North Ave., Chicago, Illinois 60647  
(Name and Address)

MAIL TO: ARMANDO ALMAZAN, ESQ.  
(Name)  
3743 W. 26th Street  
(Address)  
Chicago, Illinois 60623  
(City, State and Zip)

SEND SUBSEQUENT TAX BILLS TO:  
FEDERICO ALVARADO  
(Name)  
5134 S. THROOP  
(Address)  
CHICAGO, ILLINOIS 60609  
(City, State and Zip)

OR RECORDER'S OFFICE BOX NO. \_\_\_\_\_ (City, State and Zip)

58406182

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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 Davenport 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:

20 - 08 - 305 - 031 - [ ] [ ] [ ]

NAME

F E D E R I C O A L V A R A D O [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

MAILING ADDRESS:

STREET NUMBER STREET NAME = APT or UNIT

5134 S THROOP [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

CITY

C H I C A G O [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

STATE:

11

ZIP:

60609 - [ ] [ ] [ ] [ ]

98106182

PROPERTY ADDRESS:

STREET NUMBER STREET NAME = APT or UNIT

5134 S THROOP [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

CITY

C H I C A G O [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

STATE:

11

ZIP:

60609 - [ ] [ ] [ ] [ ]

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38:00:82

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