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GEORGE E. COLE® LEGAL FORMS

No. 806 **November 1994**

WARRANTY DEED Statutory (Illinois) (Individue: to Corporation)

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.

. . fitness for a particular purpose. D. S. Associates, A Sole Proprietor-THE GRANTOR D. S. Associates, A Sole Proship consisting of Dewey D. Suster as Sole Proprietor City Chicago Cook of the County of State of Illinoi _ for and in consideration of Ten (\$10.00) and other good and value te considerations. ord WARRANT S in hand paid, CONVEY S JO-CO ENTERPRISES, INC. DEPT-01 RECORDING T40012 TRAN 0782 05/30/74 14:34:00 a corporationscreated and existing under and by virtue of the Laws of the 40316 t CG #-96-409229 Illinois having its concipal office at the COOK COUNTY RECORDER 1505 N. Cicero Ave., Chicago following address the following described Real Estate situated in the County of Above Space for Recorder's Use Only _in the State of Illinois, to wit: Lots 34 and 35 in Block 1 in Lyford and Mann's Addition to Cragin in the Southeast 1/4 of Section 33, Township 40 North, Pange 13, East of the Third Principal Meridian, in Cook County, Illinois. hereby releasing and waiving all rights under and by virtue of the Hornestead Exemption Laws of the State of Illinois. SUBJECT TO: covenants, conditions, and restrictions of record, _; and to General Taxes for _ ___ and subsequent years. Document No.(s) _ 13-33-40**2**-036 and 13-33-403-(37)Permanent Real Estate Index Number(s): Address(cs) of Real Estate: 1914 N. Cicero Avenue, Chicago, Illinois 30th May Dated this day of (SEAL) D. S. Associates **PLEASE** PRINT OR TYPE NAME(S) Dewey D. Suster BELOW _ (SEAL) _ (SEAL) SIGNATURE(S)

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GEORGE E. COLE®	COOK CO.NG. 016	251099	STATE OF ILLINOIS REAL ESTATE TRANSFER TAN MATSO DE PT. OF 8. 5 0 REVENUE	.==		ТО			Individual to Corporation	WARRANTY DEED	
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	- N:	1/1		
State of Illinois, County of	Lake		undersigned, a Notary Pu	blic in and for
OFFICIAL PROPERTY.	said County, in the State aforesaid	, DO HEREBY CER TIFE that	Dewey D. Sust	er,
OFFICIAL SEAL TERRY LEE FARMER	Sole Proprietor of D.	S. Associates		
MY COMMISSION EXPIRES 3-9-1	Scle Proprietor of D. 1018 1019 per onally known to me to be the s foregoing instrument, appeared b	same person who	se rame <u>is</u> su	bscribed to the
SEAL HERE	foregoing instrument, appeared b	efore me this day in person, a	nd acknowledged that	h e
• .	signed, sealed and delivered the s purposes therein set forth, including	g the release and waiver of the ri		r the uses and
Given under my hand and o	fficial seal, this301	th day of	May	19 96
Commission expires	fficial seal, this 301 March 9, 19 99	- No	TARY PUBLIC	
17. *	d by Dewey D. Suster, 85			
i nis instrument was prepare	10 Dy	(Name and Address)	
THom.	is Hester	_ SEND SUBSEQUEN	T TAX BILLS TO:	
8	(Name)	JOSO FO	TINC	
10: \ <u>5517</u>	W montros=	JOEO EN	(Name)	خبيطيواء كيطيب
5517 Chica	(Address)	2824 N	STRUCKMEN	,
(Chica		_)	(Address)	
A1	(City, State and Zip)	RIVERGA	OVE ICL E	1-16-71
OR RECORDE	R'S OFFICE BOX NO.	(C	City, State and Zip)	
		BOX 333	3-CTI	

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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 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. PLEAS 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.

vin.	and a supplied to the supplied of the supplied
	PIN:
NAME:	1-33-403-037-0000
J0-CC	Entemprises INC.
·	MAILING ADDRESS:
STREET NUM	BER STREET NAME APT OF UNIT
	CITY:
	River Grove
	STATE: ZIP CODE:
	<u> </u>
•	PROPERTY ADDRESS: ABER STREET NAME APT OF UNIT M Cicer O
STREET NUM	PROPERTY ADDRESS: BER STREET NAME APT OF UNIT
1914	
	CITY:
·	T L 60650 -
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CHANGE OF INFORMATION FORM

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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.

orm.	
PIN: 13-33-403-000	
NAME: JO-COENTERPRISES INC.	
MAILING ADDRESS:	
STREET NUMBER STREET NAME APT or UNIT	
CITY: R ve r G r ove STATE: ZIP CODE: IL G 0 6 7 1 -	
PROPERTY ADDRESS:	
STREET NUMBER STREET NAME APT OF UNIT	さっていることで
CITY:	ないの
STATE: ZIP CODE:	

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