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GEORGE E. COLE®
LEGAL FORMS

No. 808
November 1994

96470858

JUN 10 1996

WARRANTY DEED
Statutory (Illinois)
(Individual 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.

THE GRANTOR Alvaro N. Nunez, & Juana Nunez,
his wife of 645 Andy Dr.

Park,
of the Village of Melrose County of Cook
State of Illinois 60160 for and in consideration of
Ten and no cents (\$10.00) DOLLARS,
and other good and valuable considerations _____

in hand paid, CONVEY _____ and WARRANT _____ to
Westlake Community Hospital

a corporation created and existing under and by virtue of the Laws of the
State of Illinois having its principal office at the
following address 1225 Lake St., Melrose Park, Ill.
the following described Real Estate situated in the County of Cook
60160
in the State of Illinois, to wit:

Lots 38 and 39 in Block 3 in S.R.Haven's Subdivision of Lot 2 in the
Subdivision of the South 1/2 of Section 3, Township 39 North, Range 12,
East of the Third Principal Meridian, and that part of Section 10,
Township 39 North, Range 12, East of the Third Principal Meridian, in
Cook County, Illinois.

DEPT-01 RECORDING \$27.50
T40011 TRAN 2075 06/19/96 14:16:00
48278 RV *-96-470858
COOK COUNTY RECORDER

2759

4109059 B 10/1 611 an

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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 1995 and subsequent years.

Permanent Real Estate Index Number(s): 15-10-219-011 and 15-10-219-012

Address(es) of Real Estate: 101 N. 12th Ave., Melrose Park, Illinois 60160

Dated this 5th day of June, 19 96

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

Alvaro N. Nunez
Juana Nunez

(SPAT)

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MAIL TO:

BOEGER MEERWAGEN
LUSTIG & BREIDENBACH, P.C.
2014 SOUTH HARLEM AVENUE
CHICAGO, IL 60648

RECORDER'S OFFICE BOX NO. _____
(City, State and Zip)

(City, State and Zip)

(Address)

(Name)
WEM LAKE HOSPITAL
1225 LAKE ST
WEM LAKE, ILL. 60153

SEND SUBSEQUENT TAX BILLS TO:

(Name and Address)

This instrument was prepared by Joseph A. Farina, 100 S. 5th Ave., Maywood, IL 60153

NOTARY PUBLIC

Commission expires March 2, 19 97

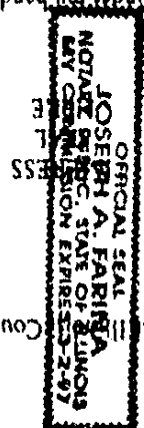
Given under my hand and official seal, this _____ day of _____ 19 96

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.

forgoing instrument, appeared before me this day in person, and acknowledged that _____ by _____ personally known to me to be the same person as _____ whose name _____ subscribed to the _____ and Juana Nunez, his wife

said County, in the State aforesaid, DO HEREBY CERTIFY that Alvaro N. Nunez

County of Cook State of _____ in and for _____, the undersigned, a Notary Public in and for



Property of Cook County Clerk's Office

WARRANTY DEED
Individual to Corporation

TO

GEORGE E. COLE
LEGAL FORMS

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CHANGE OF INFORMATION FORM

SCANNABLE 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:

15 - 140 - 219 - 012 - [] [] [] []

NAME:

WEST LAKE HOSPITAL [] [] [] [] [] [] [] [] [] [] [] []

COOK COUNTY TREASURER

MAILING ADDRESS:

STREET NUMBER STREET NAME = APT or UNIT

1225 LAKE ST [] [] [] [] [] [] [] [] [] [] [] []

CITY

MELROSE PARK [] [] [] [] [] [] [] [] [] [] [] []

STATE:

IL [] [] [] [] [] [] [] [] [] [] [] []

ZIP:

60160 [] [] [] [] [] [] [] [] [] [] [] []

JUN 19 1996

PROPERTY ADDRESS:

STREET NUMBER STREET NAME = APT or UNIT

101 N 12TH AVE [] [] [] [] [] [] [] [] [] [] [] []

CITY

MELROSE PARK [] [] [] [] [] [] [] [] [] [] [] []

STATE:

IL [] [] [] [] [] [] [] [] [] [] [] []

ZIP:

60160 [] [] [] [] [] [] [] [] [] [] [] []

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CHANGE OF INFORMATION FORM

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Property Index numbers (PIN) MUST BE INCLUDED ON EVERY FORM

PIN:

15 - 10 - 219 - 011 - [] [] []

NAME:

WESTLAKE HOSPITAL [] [] [] [] [] [] [] [] [] []

MAILING ADDRESS:

STREET NUMBER STREET NAME - APT or UNIT

1225 LAKE ST [] [] [] [] [] [] [] [] [] []

CITY

MELROSE PARK [] [] [] [] [] [] [] [] [] []

STATE:

IL [] [] [] [] [] [] [] [] [] []

ZIP:

60160 [] [] [] [] [] [] [] [] [] []

96470558

PROPERTY ADDRESS:

STREET NUMBER STREET NAME - APT or UNIT

101 N 12TH AVE [] [] [] [] [] [] [] [] [] []

CITY

MELROSE PARK [] [] [] [] [] [] [] [] [] []

STATE:

IL [] [] [] [] [] [] [] [] [] []

ZIP:

60160 [] [] [] [] [] [] [] [] [] []

COOK COUNTY TREASURER

June 1, 1996

County Clerk's Office

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