## **UNOFFICIAL COPY**

WARRANTY DEED

96491360

Mail To:

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DEPT-D1 RECORDING \$25.50 T#0011 TRAN 2195 06/26/96 13:33:00 #0443 # RV \*-96-491360

COOK COUNTY RECORDER

25.50

THE GRANTOR(S) GWENDOLYN CLARK, as Trustee Under Trust Agreement Oacod February 19, 1996 and known as The Dorothy Pablo Trust, of the City of Chicago, Cook County and State of Illinois, for and in consideration of Ten (\$10.00) Dollars and other good and valuable consideration in hand paid, CONVEY(S) AND (WARRANT(S) to:

OF 10212 S. WALDEN PARKWAY
CHILLATO, IL 606 43

the following described Real Estate which is located in the County of COOK and in the State Of Illinois, to wit:

LOT 31 IN BLOCK 19 IN SECOND ROSELAND HEIGHTS SUBDIVISION OF THE EAST 2/3 OF THE NORTHWEST 1/4 O' SECTION 10, TOWNSHIP 37 NORTH; RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN NO.: 25-10-124-010 VOL. 284

COMMONLY KNOWN AS: 9829 SOUTH FOREST AVENUE CHICAGO, ILLINOIS 60628

SUBJECT TO: (1) General real estate taxes for the year 1995 and 1996 and subsequent years. (2) Covenants, conditions and restrictions of record. Hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State Of Illinois.

Dated this /8th day of June, 1996

Muchdolm Clark
GWENDOLYN CLARK, as Trustee
Under Trust Agreement Dated
February 19, 1996 and known
as The Dorothy Pablo Trust

STATE OF HILLIAOUS

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### **UNOFFICIAL COPY**

STATE OF ILLINOIS )
) SS
COUNTY OF C O O K )

I, LURLEEN HARDIN , a Notary Public in and for the said County and State aforesaid, DO HEREBY CERTIFY that:

GWENDOLYN CLARK, as Trustee Under Trust Agreement Dated February 19, 1996 and known A s The Dorothy Pablo Trust,

personally known to me to be the same person(s) whose(s) name(s) is/are subscribed in the foregoing instrument appeared before me this day in person(s) and acknowledged that he/she/they signed, sealed and delivered the said Instrument as his/her/their free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of his/her/their right of homestead.

GIVEN UNDER MY HAND AND OFFICIAL SEAL this 1846 day of

NOTARY PUBLIC Commission Expires:

3/0/45/

OFFICIAL SEAL LURLEEN HARDIN

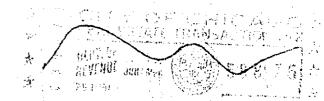
NOTARY PUBLIC. STATE OF ILLINOIS MY COMMISSION EXPIRES:03/13 TO

This instrument prepared by: HOWARD L. WARD, 8836 SOUTH ASHLAND AVE., CHICAGO, ILLINOIS 50620

Name and Address of Taxpayer

DOREENA TOWNER 9829 S. FOREST CHICATO IL 60628

\*\* This conveyance must contain the name and address of the Grantee for tax bill purposes: (55 ILCS 5/3-5020) and name and address of the person preparing the this instrument: (55 ILCS 5/3-5022).



HANGE OF INFORMATION FORM
SCANABLE DOCUMENT - READ THE FOLLOWING RULES
Changes must be kept in the space limitations shown  3. Print in CAPITAL LETTERS with BLACK PEN ONLY  DO NOT use punctuation  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  1º you do not have enough room for your full name, just your last name will be adeque  2re perty index numbers (PIN #) MUST BE INCLUDED ON EVERY FORM
PIN: 25-70-124-010-000  NAME  DOREENA 70WMER
MAILING ADDRESS:
STREET NUMBER STREET NAW = APT or UNIT  98295 FOREST AVE  CITY
STATE: ZIP:
PROPERTY ADDRESS:  STREET NUMBER STREET NAME = APT or UNIT  9829 S FOREST AVET
CHIC AGO
STATE: ZIP:  [60628- ]

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