# UNOFFICIAL COPY AMBRICAN LINGAL PORMS CHICAGO, II. (113) 273-1922



**Warranty Deed** TENANCY BY THE ENTIRETY Statutory (ILLINOIS) (Individual to Individual)

CAUTION Consult is beinger before using or arong under this form. Auditor the pundance nor the holle of this form makes any warranty with consel thereto, misseling into university of managementality or direct for a definition purpose.

THE GRANTOR (NAME AND ADDRESS)

WILLIAM D. KERR and KATHRYN M. KERR, husband and wife

#### 96601259

DEPT OF RECORDING

\$25,00

96601259

T#0012 TRAN 1620 08/06/96 14:37:00

13563 11 R H -96-601259

COOK COUNTY RECORDER

$\triangleright$	(The Above Space f'or Recorder's Use Chily)		
of the	of	Glencoe	County
of Cook		, State of _	11linois
of the	0 (\$10.00 <b>DOL</b>	LARS, and other considerat	goog and valuable
in hand paid, CONVEY and WARRANT GEORGE F. KOONS and ANY MYDIV			* * * * * * * * * * * * * * * * * * * *
1520 Central Avenue, Decrite			
p.	MER AND ADDRESS OF	GRANTERS)	
as husband and wife, as TENANTS BY THE Tenants in Common, the following described	(cr) Estate situate	xi in the County of	Cook
in the State of Illinois, to wit: (See reverse side by virtue of the Homestead Exemption Laws of t	: fo( le <i>ge)</i> descripti	ion.) hereby releasing and • TO HAVE AND TO He	I waiving all rights under and  Of the said promises as husband
and wife, not as Joint Tenants nor as Tenants	in Commor but as	TENANTS BY THE EN	ITIRETY forever. SUBJECT
TO: General taxes for 1995 and subs			
Permanent Index Number (PIN):	5-07-101-00	6-4000	
Address(es) of Real Estate: 898 Crove	. Glencoe.	[11inois 60022	
Address(es) of Real Issuate.		7 ^	of AVENST 1996
4 1 4 3 /			
PLEASE Weller W. Ke	SEAL (SEAL	1 Katingo A M	(SEAL)
PLEASE William D. Korr Type NAME(S)	······································	Kathryn M. K	
	(SEAL	.)	(SBAL)
WINT (AURIO)			
State of Illinois, County ofCook		ss. I, the undersigned	I, a Notary Public in and for
said Co	•	aforesaid, DO HEREDY	
"OFFICIAL SEAL" WILL	IAM D. KERR	and KATHKYN M.	KERR
KATHRYN BAUGH HOFMAN Sersona	lly known to me	to be the same perso	n S whose name S
Notary Public, State of Introls 2 the crit	ed to the foregoing	ng instrument, appeared t	pefore me this day in person.
A	knowledged that	h <u>ey</u> signed, se	saled and delivered the said, for the uses and purposes
			of the right of homestead.
Given under my hand and official seal, this _	151	day of Aug	_ ·
	3877	Kett war by	e that
Commission expires "Trans	manner of the same	NOTARYU	UBLIC
This instrument was prepared by Thomas	W. CONKLIN,	Paragann vocation CP	icayo, IL 60603
*If Grantor is also Grantee you may want to strike Release an	st National d Waver of Homesead	Alghta.	icago, IL 60603
PAGE 1			SEE REVERSE SIDE ►

#### **UNOFFICIAL COPY**

Legal	Alescr	iption
~~· "	~~~~	77-1-11

	Alegal Alescription
of premises commonly known as	898 Grove, Glencoe 111 nois 60022
The state of the s	and the second second second second between the property of the second s
PARCEL 1:	
LOT 3 IN BLOCK 48 IN	THE FIRST ADDITION TO GLENCOE IN THE WEST

PARCEL Z:

ILLINOIS.

THE NORTHRAFTERLY HALF OF THE VACATED ALLEY LYING SOUTHWESTERLY OF AND ADJOINING LOT 3.

General taxes for 1995 and subsequent years; building lines and building and liquor restrictions of record; zoning and building laws and ordinances; public and utility easements which do not underlie the improvements on the property; covenants and restrictions of record as to use and occupancy; acts done or suffered by or through the purchaser.

STATE OF ILLINOIS DEPT. OF REVENUE

C/6/4's STAMP AUG-5'93 r#.41427

SEND SUBSEQUENT TAX BILLS TO

OR RECORDER'S OFFICE BOX NO .

### UNQAFICIASTEOPY

### 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 PENONLY! 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 TRUS I number is icvolved, 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:
0 5 - 0 7 - 1 0 1 - 0 0 6 - 0 0 0
NAME:
G K O R G K F K O O N B
MAILING ADDRESS:
STREET NUMBER STREET NAME - APT or UNIT
8 9 8 G R O V R
CITY
GIRNCOR
STATE: ZIP:
1 1, 6 0 0 2 2 -
Linksid Linksids and Lastenburghing
DIDANTINA ADDIDECC.
PROPERTY ADDRESS:
STREET NUMBER STREET NAME - APT or UNIT
8 9 8 G R O V E
CITY
G I, E N C O E
STATE: ZIP:

96601259

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