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Page 1 of 2 Illiana Financial Form # 94-806

96639785

\$25.50

DEPT-01 RECORDING

	. T#0014 TRAN 8147 08/20/96 15:23:00 . #0414 # JW *-96-639735
	• COOK COUNTY RECORDER
0	The above space is for the recorder's use only
and execute trusts within the State of Illin Trust duly recorded and delivered to said of	AND TRUST COMPANY, an Illinois Corporation, and duly authorized to accept ois, not personally, but solely as Trustee under the provisions of a Deed or Deeds in Grantor in pursuance of a certain Trust Agreement dated the 5th day 95, and known as Trust Number 2060, party of the first part, for and in (\$10.00), and other good and valuable considerations in hand paid, conveys and LLAPKEAL SOSA AND LETICIA VILLARREAL SOSA, his wife
	not as ignants in common, but as joint tenants, parties
of the second part whose address is (Add	ress of Grances 2245 W. 24th Street, Chicago, Il. 60608
the following described real estate situate	ed in the Courk County of
in the State of Illinois, to wit:	
Subdivision of the South Township 39 North, Range	37 feet thereof) in Block 5 in Levi P. Mortones (1) teast 1/4 of the Southwest 1/4 of Section 24, 13, East of the Third reincipal Meridian Chicago, Burlington and Quincy Railroad), ###################################
together with all the appurtenances and p unto said parties of the second part.	rivileges thereunto belonging or appertaining. TO HAVE AND TO HOLD the same
(Permanent Index No.: $\frac{1}{2} \frac{6}{6} \cdot \frac{2}{2} \frac{4}{4} \cdot \frac{3}{4}$ This deed is executed pursuant to and in	the exercise of the power and authority granted to and vested in said trustee by the ered to said trustee in pursuance of the trust agreement above mentioned. This deed
	at deed or mortgage (if any there be) of record in said county given to secure the
IN WITNESS WHEREOF, Grantor has Officer and attested by its Vice President	caused its corporate seal to be hereunto affixed, and name to be signed by its Trust this 9th day of August , 19 96 .
	METROPOLITAN BANK AND TRUST COMPANY
	as Trustee aforesaid, and not personally.
	BY: Charles Cheryl Brydckhann TRUST OFFICER
	ATTEST: Shallow human
	ATTEST: NAME AND VICE PRESIDENT

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STATE OF ILLINOIS) SS,	I, the undersigned, a Notary Public in and for said County, in the State aforesa DO HEREBY CERTIFY that the above named Trust Officer and Vice President METROPOLITAN BANK AND TRUST COMPANY, Grantor, personally known of the company
COUNTY OF Cook)	instrument as such, Trust Officer and Vice President respectively, appeared before this day in person and acknowledged that they signed and delivered the si instrument as their own free and voluntary acts, and as the free and voluntary of said Bank, for the uses and purposes, therein set forth and the said Vice Preside then and there acknowledged that said Vice President as custodian of the corporaseal of said Bank caused the corporate seal of said Bank to be affixed to sa instrument as said Vice President's own free and voluntary act, and as the free a voluntary act of said Bank for the uses and purposes therein set forth.
200	Given under my hand and notarial seal this 940. day of
ADDRESS OF PROPERTY	O Notary Public
2843 W. Cullerton	A. My Commission Expires:
Chicago, Il. 60608 The above address is for informand is not part of this contract the contract of the contra	
	My Commission Expires 1/11/97
This instrument was prepared by:	Mail subsequent tax bills to: \$ 100 A f
Name) Metropolitan Bank	(Name) Setting Sus
Address) 2201 W. Cermak Rd.	(Address) 2245 W. 24th St
Chicago, IL. 60608	= (hicean 11 60608

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MAP SYSTEM

CHANGE OF INFORMATION FORM

INFORMATION TO BE CHANGED

The 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 Jun 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:		
16-240-368-610-		
NAME:		
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MAILING ADDRESS:		
STREET NUMBER STREET NAME APT or UNIT		
2745 12445 57		
CITY:		
ch xo lo		
STATE: ZIP CODE:		
PROPERTY ADDRESS:		
PROPERTY ADDRESS:		
STREET NUMBER STREET NAME APT or UNIT		
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Section Section