#### **UNOFFICIAL COPY**



6445 NORTHWESTERN AVENUE / (312) 465-2600

96697153

#### TRUSTEE'S DEED

•	
THIS INDENTURE, made this 27TH	
day ofAUGUST, 19_96, between DEVON BANK, an	DEPT-01 PECORDING \$25.50 . T\$0009 TRAN 4448 09/12/96 11:17:00
Illinois Banking Corporation, Trustee under the	. \$5918 \$ SK #-96-697153
provisions of a deed or deeds in trust, duly	COOK COUNTY RECORDER
recorded and delivered in pursuance of a trust	· OBON GGGN NEGONDEN
agreement dated the day of	
JUNE , 19 % , and know as Trust	and GARRY L. APPLEBAUM AND MELISSA A. DAVIS, AS JOINT
TENANTS WITH RIGHT OF SURVIVO	RSHIP, AND NOT AS TENANTS IN COMMON.
parties of the second part 2309 N. WESTER Address of Grantee(s): 2309 N. WESTER	N AVE. CHICAGO, ILLANOIS
WITNESSETH that said pany of the first part	in consideration of the sum of Ten (\$10.00) dollars, and other good and
valuable considerations in hand praid, does he	ereby Convey and Quit Claim unto said parties of the second part, the
	NG WEST OF A LINE 50 FEET EAST OF AND PARALLEL
WITH THE WEST LINE OF SECTION 301 I PARK, A SUBDIVISION OF THE SOUTH 50	A BLOCK 6 IN CONGDONS RIDGE ADDITION TO ROGERS ACRES OF THE SOUTH WEST FRACTIONAL QUARTER OF THE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING
NORTH OF INDIAN BOUNDARY LINE, IN C	
SUBJECT TO: USUAL COVENANTS, CONDI	TIONS, AND RESTRICTIONS OF RECORD.
Property sold in an AS IS condition	۱. ۲۸
T	
P.I.N. 11-30-304-004	
Together with the tenements and appurtenance	s thereunto belonging.
TO HAVE AND TO HOLD the same un forever of said party of the second part.	nto said parties of the second part, and to proper use, benefit and behoof
	e first part, as Trustee, as aforesaid, pursuan' to and in the exercise of the
· ·	by the terms of said Deed or Deeds in Trust 2011 the provisions of said
Trust Agreement above mentioned, and of ever	
• •	the first part has caused its corporate seal to be nore, o affixed, and has by its Vice Presider to Trust Officer and
caused its name to be signed to these present attested by its Trust Administrator, the day and	
attested by its Trust Administrator, the day and	CANAL MARIE CONTROL OF THE CONTROL O
4204251 Cm 12	- 79.1
A ( )	EVON BANK **
GII CAM AS	Trustee, as aforesaid,
,	
` B <sub>1</sub>	Vice President/Trust Officer
At	lest: Undrew / Nols y
/ \	Trust Administrato

STATE OF ILLINOIS COUNTY OF COOK I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY THAT JOHN R. GRIFFITH Vice President/Trust Officer, and \_\_ANDREW\_H\_\_DOBZYN\_\_\_\_\_\_, Trust Administrator, of DEVON BANK, personally known to me to be the same persons whose names are subscribed to the foregoing instruments as such Vice President/T<del>rust Officer and</del> Trust Administrator, respectively appeared before me this day in person, and acknowledged that they signed and delivered the said instrument as their own free and voluntary act, as the free and voluntary act of said Bank, for uses and purposes therein set forth; and the said Trust Administrator did also then and there acknowledge that said Trust Administrator as custodian of the corporate seal of said Bank, did affix the said corporate seal of said Bank to said instrument as said Trust Administrator's own free and voluntary act, and as the free and voluntary act of said Bank for the uses and purposes therein set forth. Given under my hand and Notarial seal this 27Th day of AUGUST FICIAL SEE Notary Public SILVIA RIBETHO MOTARY PUBLIC, STATE OF ILLINOP TST 104/1-95 Mail To: John L. Emmons, 276 Address of Property: P. O. Box 910 7309 N. WESTERN AVE MT. PROSPECT. K. 60056 CHICAGO IL This instrument was prepared by: SILVIA RIBEIRO **DEVON BANK** 6445 N WESTERN AVE CHICAGO IL 60645

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### UNOFFICIAL COPY MAP SYSTEM

# CHANGE OF INFORMATION.FORM

SCANABLE DOCUMENT -	READ THE FOLLOWING RULES
Changes must be kept in the space limitations shown     DO NOT use punctuation	Print in CAPITAL LETTERS with BLACK PEN ONLY     Allow only one space between names, numbers and addresses
SPE	CIAL NOTE:
	th the NAME, leave one space between the name and number
	ur foll name, just your last name will be adequate MUST BE INCLUDED ON EVERY FORM
STATE: ZIP:	N:  Y.007-  AV15  ADDRESS:  NAME = APT OF UNIT  FELD  POREST:
	647-
F • =	TY ADDRESS:  NAME = APT or UNIT
7309 N W ES	TERM
	70
STATE: ZIP:	,645-

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Oppository