

UNOFFICIAL COPY

WARRANTY DEED

ILLINOIS STATUTORY
(Individual to Individual)

96309527

MAIL TO:

Laurel L. Hart, Esq.

117 E. Schaumburg

SCHAUMBURG, IL 60194

DEPT-01 RECORDING \$25.00
T#0012 TRAN 0305 04/24/96 15:01:00
#4003 ER *-96-309527
COOK COUNTY RECORDER

NAME & ADDRESS OF TAXPAYER:

RANDALL T. ROTHER

JANE ROTHER

2437 SWAINWOOD

GLENVIEW, IL 60091

RECORDER'S STAMP

THE GRANTOR(S)

THOMAS FOX AND BARBARA C. FOX

of the VILLAGE of GLENVIEW County of COOK State of ILLINOIS

for and in consideration of TEN DOLLARS

and other good and valuable considerations in hand paid,

CONVEY(S) AND WARRANT(S) to RANDALL THOMAS ROTHER AND JANE ROTHER

946 WEST BELLE PLAIN

(GRANTEES' ADDRESS)

of the CITY of CHICAGO County of COOK State of ILLINOIS

all interest in the following described real estate situated in the County of _____ in the State of Illinois, to wit:

LOT 24 IN ROBERT W. KENDLER'S FIRST ADDITION TO GLENVIEW, A SUBDIVISION OF PART OF LOT 22 IN RUGEN'S SUBDIVISION AND A RESUBDIVISION OF LOTS 19 THRU 28, 31 AND PARTS OF LOTS 29, 32, 34 AND 35 AND VACATED PORTION OF CEDARWOOD LANE IN SWAINWOOD TERRACE ALL IN THE WEST 1/2 OF THE NORTHEAST 1/4 OF SECTION 34, TOWNSHIP 42 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

COMMONLY KNOWN AS: 2437 SWAINWOOD TERRACE, GLENVIEW, ILLINOIS
P.I.N. 04-34-216-028-0000

hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois.

Permanent Index Number(s): 04-34-216-028-0000

Property Address: 2437 SWAINWOOD TERRACE, GLENVIEW IL 60025

Dated this 17 day of APRIL 19 96.

Thomas Fox (Seal)
Barbara C. Fox (Seal)
ATTORNEY IN FACT (Seal)

BARBARA M. FOX (Seal)
THOMAS C. FOX BY
KWYN C. HUGHES ATTORNEY IN (Seal)
FACT (Seal)

NOTE: PLEASE TYPE OR PRINT NAME BELOW ALL SIGNATURES

COMPLIMENTS OF  Chicago Title Insurance Company

BOX 333-CTI

CTIC Form No. 1159

76007445
K8 96020509 SK

25.00
1

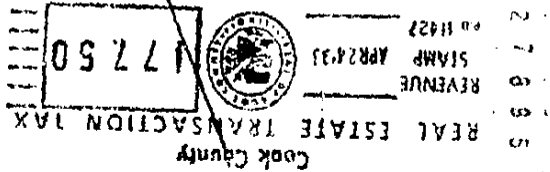
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WARRANTY DEED
ILLINOIS STATUTORY

FROM

TO



This conveyance must contain the name and address of the Grantor for tax billing purposes: (65 ILCS 5/3-5020) and name and address of the person preparing the instrument: (55 ILCS 5/3-5022).

96309527

Signature of Buyer, Seller or Representative

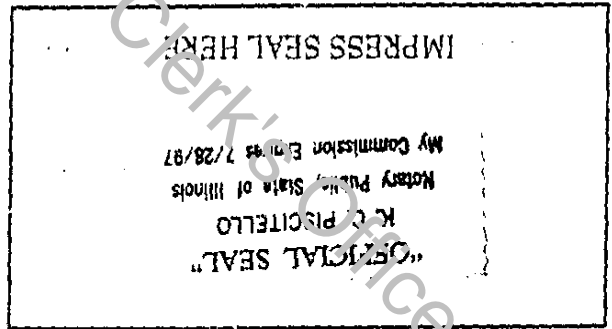
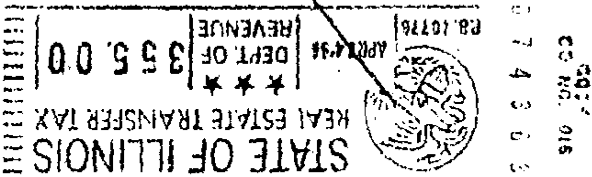
DATE: REAL ESTATE TRANSFER ACT

EXEMPT UNDER PROVISIONS OF PARAGRAPH SECTION 4,

NAME and ADDRESS OF PREPARER: DAVID JOSEPH... 134 N. LAKE ST. #122L CHICAGO IL 60601

If Grantor is also Grantee you may want to strike Release & Waiver of Homestead Rights.

COUNTY - ILLINOIS TRANSFER STAMP



My commission expires on _____ 19__ Notary Public

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, CERTIFY THAT Thomas Fox and Barbara Fox by Kevin Hughes personally known to me to be the same person, whose name is Fox, appeared before me this day in person, and acknowledged that they subscribed to the foregoing instrument, signed, sealed and delivered the instrument as Tax free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead. Given under my hand and notarial seal, this 17th day of April, 1993.

STATE OF ILLINOIS }
County of Cook }

UNOFFICIAL COPY MAP SYSTEM

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 PEN ONLY! 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 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:

04 - 37 - 216 - 028 - 0000

NAME

ROYTHER

MAILING ADDRESS:

STREET NUMBER STREET NAME = APT or UNIT

2437 Swainwood

CITY

Glennview

STATE:

IL

ZIP:

60025

96309527

PROPERTY ADDRESS:

STREET NUMBER STREET NAME = APT or UNIT

2437 Swainwood

CITY

Glennview

STATE:

IL

ZIP:

60025

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