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WARRANTY DEED **ИБИЛУЛЬНЫМИУ.**—Statutory (ILLINOIS) (Individual to Individual)

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THE GRANTOR (NAME AND ADDRESS) GEFFERY R. BLAYDES AND SUZANNE M. BLAYDES, HUSBAND AND WIFE

96316840

DEPT-01 RECORD	ING		\$25,50
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COOK COUNTY	DET	CUSUES	

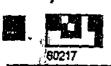
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(The Above Space For Recorder's Use Only)

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CITY		of ELGIN	County									
of the)		State of TILINOTE									
for and in consideration of	TEN AND NO/100	DOLLARS, and	other valuable consideration									
in hand paid, CONVEY	_ and w'ARRANT to	1										
•												
SUSAN B. EXLINE,	a single woman											
427 Oltendorf	Streamwood, Ill											
(NAMES AND ADDRESS OF GRANTEES) DOMARK TRANSPORTED THE SITUATION OF THE STATE OF THE SITUATION OF THE SITUA												
in the State of Illinois, to wit: (See reverse side for legal description.) hereby releasing and waiving												
all cights under and by virtue of the Homestead Exemption Laws of the State of Illinois. TOMANDAMANDAMANDAMANDAMANDAMANDAMANDAMAND												
vertical vertical divisions in the property in the property of												
and subsequent years and	covenants, condition	ons and restriction	ns of record;									
		1/4										
Permanent Index Number (PIN): _06-17-113-014												
Address(es) of Real Estate: 118 CARLYLE COURT, ELGIN, ILLINOIS 50120												
DATED this 17th day of April 19 96												
	0010	/mm . 3 .	96.31 (SEAL)									
PLEASE	71.17070	(SEAL)	(SEAL)									
PRINT OR GENTERY AS	. BLAYDES/											
BELOW Suran	neim. Blayder	SEAL)	(SEAL)									
SIGNATURE(S) SUZANNE M	BLAYDES		<u>CV</u>									
		ce I the	indersigned a Notary Public in and for									
State of Illinois. County of COOK ss. I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that												
GEFFERY R. BLAYDES	AND SUZANNE M. BLAY	DES, HUSBAND AND	NATE									
OFFICIAL SE	AL Epersonally know	vn to me to be the same	person S whose name S subscribed to									
MARY PATTER	SON & the foregoing ins	strument, appeared before	e me this day in person, and acknowledged vered the said instrument as their									
NOTARY PUBLIC, STATE O	FILLINOIS Sthat _ I hex	signed, sealed and deliv	rered the said instrument as The i									
MA COWWIRPSION EXLINES	CHATION & HER WIND ADMINE	iry act, for the uses and ver of the right of home	barboort manam or served men and me									
S. WHOMESS REACHENISM.	release and wai	ves of the right of hours	APRIL 1996									
Given under my hand and o	~ ·	لــــــ day و	of /TF KIL 19.74									
Commission expires $1-2$	2-00 3000	may &	APRIL 1996 Datterson NOTARY PUBLIC									
This instrument was prepare	d by Robert wheeler	, 1600-GOLFARDAND R										

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Tegal Bescription 118 CARLYLE COURT, ELGIN, ILLINOIS of premises commonly known as. LOT 48 IN COUNTRY TRAILS UNIT 1, BEING A SUBDIVISION OF PART OF THE NORTHWEST QUARTER OF SECTION 17, TOWNSHIP 41 NORTH, RANGE 9, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN HANOVER TOWNSHIP, COOK COUNTY, ILLINOIS, ACCORDING TO THE PLAT THEREOF RECORDED JUNE 5. 1989 AS DOCUMENT NUMBER 89253490, IN COOK COUNTY, ILLINOIS. Subject to general real estate taxes not due and payable at the time of closing, covenants, conditions, restrictions of record, building lines and easements if any, so long as they do not interfere with Purchaser's use and enjoyment of the property. Took County REAL ESTATE TRANSACTION Parker and the second second second us , REVENUS CITY OF ELOUN XX 1/4MF MR28'90 REAL COTATE TRANSPORTAL 4864 s.-o-Clort's Office STATE OF ILLINOI -real estate transfer day AFRICAGE DEPT OF 182.00 FS 1676 5 REVENUE SEND SUBSEQUENT YAX BILLS TO: Susan B. Exline 427 Oltendorf (Name) MAIL TO: (Address) Streamwood, IL (City, State and Zip) (City, State and Zip) OR RECORDER'S OFFICE BOX NO. _



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Change of Information

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S. Prüft in CAPITAL letters with black pen tonly,					- If a TRUST number is involved, it must be put with the NAME, leave one space between the issue and number., - If you don't have enough room for your full name, just your last name will be adequate Property Index numbers (PVM) must be included on every form																
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