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20080108

Property of Cook County Clerk's Office


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COUNTY OF COOK

I, the undersigned, a Notary Public in and for the County and State aforesaid, DO HEREBY CERTIFY that Themis P. Paspalas and Julia Paspalas, his wife; and A. Thomas Paspalas, a bachelor personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that they signed, sealed and delivered the said instrument as their 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 notary seal, this 8th day of MAY, 1996.


OFFICIAL SEAL
Notary Public
PAUL J. MAGGIO
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXPIRES 06/11/97

(seal)

My commission expires _____

COUNTY - ILLINOIS TRANSFER STAMPS
Exempt Under Provision of
Paragraph _____ Section 4,
Real Estate Transfer Act
Date: _____

Prepared By:
PAUL J. MAGGIO, Esquire
1824 W. Belmont Ave.
Chicago, Illinois 60634

Signature: _____

115079
★ CITY OF CHICAGO ★
★ REAL ESTATE TRANSACTION TAX ★
★ DEPT. OF REVENUE MAY 1996 ★
★ PB. 11159 ★
★ 937.50 ★

011579
★ STATE OF ILLINOIS ★
★ REAL ESTATE TRANSFER TAX ★
★ DEPT. OF REVENUE ★
★ 250.00 ★

115079
★ CITY OF CHICAGO ★
★ REAL ESTATE TRANSACTION TAX ★
★ DEPT. OF REVENUE MAY 1996 ★
★ PB. 11159 ★
★ 937.50 ★

045949
★ Cook County ★
★ REAL ESTATE TRANSACTION TAX ★
★ REVENUE STAMP MAY 1996 ★
★ 125.00 ★

95363682

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95353682

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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:

13 - 04 - 219 - 033 - 0000

NAME:

J O S E P H F A S A R O

MAILING ADDRESS:

STREET NUMBER STREET NAME APT or UNIT

6246 NORTH LEADER

CITY:

CHICAGO

STATE:

IL

ZIP CODE:

60646 -

PROPERTY ADDRESS:

STREET NUMBER STREET NAME APT or UNIT

6246 NORTH LEADER

CITY:

CHICAGO

STATE:

IL

ZIP CODE:

60646 -

95363682

MAY 14 1996
COOK COUNTY TREASURER

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