140 12 94

NOTE: PLEASE TYPE OR PRINT NAME BELOW ALL SIGNATURES

STATE OF ILLINOIS County of COOK

UNOFFICIAL COPY

I, the undersigned, a Notary Public in and for said	I County, in the State aforesaith, DO HEREBY CERTIF	Y
THAT WILLIAM B. MAIRSON & KATH	HRYN M. MAIRSON ARE	
personally known to me to be the same person	(s) whose name(s) is /are subscribed to the foregoing	បត
instrument, appeared before me this day in pers	son, and acknowledged that <u>THEY</u> signe	d.
sealed and delivered the said instrument as	EIR free and voluntary act, for the uses and purpose	es
therein set forth, including the release and waiver of	of the right of homestead.	
Given under my hand and notarial seal, this	5 '4' day of APRIL . 1996 .	
	Reg of Benjacest Notary Publ	
0,		ic
My commission expires up	.19	
"OFFICIAL SEAL" ROYH. BERGOUIST		
NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 12/23/97	COUNTY - ILLINOIS TRANSFER STAMPS	ı
IMPRESS SEAL HERE	EXEMPT UNDER PROVISIONS OF PARAGRAPH SECTION 31-45, REAL	
NAME AND ADDRESS OF PREPARER:	ESTAGE TRANSFER TAX LAW	
ROY H. BERGQUIST	DATI-:	
7636 N. MILWAUKEE AVENUE	Buyer, Seller or Representative	
NILES, ILLINOIS 60714	Dayer, Sener at Myresemanve	
	74,	

** This conveyance must contain the name and address of the Grantee for tax biting purposes. (Chap. 55 ILCS 5/3-5020) and name and address of the person preparing the instrument: (Chap. 55 ILCS 5/3-5022).

E PLEA 19-404	COST CONTRACTOR OF THE STATE OF	98.50	TO	FROM	WARRANTY DEED	
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4224

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.

torm.	tor the full name. Property index numbers MUST be included
PI	V:
09-34-30 NAME	9-018-0000
SLOWIKOWSE	
MAILING STREET NUMBER STREET N	ADDRESS: AME = APE or UNIT
8/0/ M M/S/	UER HONIT
MILES	
STATE: ZIP:	1/4- Description
PROPERTY STREET NUMBER STREET N.	ADDRESS: AME = APT or UNIT
SHME HS 4BO	VEIIIIII
STATE: ZIP:	

UNOFFICIAL COPY

Property of Cook County Clerk's Office