VOFFICIAL COPY VARRANI 998/0136 30 001 1997-09-24 15:28:48 Cook County Recorder Statutory (Illinois) (prporation to Individual) RUDOLPH ACOSTA 3425 WEST SCHOOL STREET CHICAGO, IL 60634 ■ NAME & ADDRESS OF TAXPAYER. bote Rudolon Acosta 1 CUGO RECORDER'S STAMP FOXD CONSUMER PINANCE COMPANY, INC. THE GRANIOR a corporation created and excitive under and by virtue of the faws of the State of NEW YORK and duly authorized . to transact business to the State of Illmois for and in consideration of TEN and no/200 --and other good and valuable considerations in hand paid, and pursuant to authority given by the Board of Directors of said corporation. CONVEYS to: KUD NICH ACOSTA 60634 CHICAGO, ILLIFOIS 3425 WEST SCHOOL STREET State Zip City Grantee's Address Cook in the State of all interest in the following described Real Estate situated in the County of Illinois, to wit: Lot 45 (except the South 15 feet thereof) and all of Lot 46 in Block 1 in Resubdivision of Blocks 1 and 2 (except Lots 4 to 10 inclusive) in Block 2 in Subdivision of the North 1/2 of the East 20 acres of the North 1/2 of the Northwest 1/4 of Section 19, Township 40 North, Range 13 East of the Third Principal Meridian in Cook County, Illinois And the party of the first part, for itself & its successors, does coverant, promise & agree to and with the party of the second part, their helrs & assigns, that it has not done or suffered to be two, anything whereby the said premises thereby granted are, or may be, in any manner incumbered or character as herein recited; and that the said premises, against all persons lawfully claiming, or to claim the said, by, through or under it. it will harrang and forever referd. 4218349 DTIZ NOTE: If additional space is required for legal, attach on separate 8-1/2 x 11 sheet. Permanent Real Estate Index Number(s) (13-19-108-050)

Property Address 3944 N. Oak Park Avenue, Chicago, IL Property Address In Witness Whereof, said Grantor has caused its corporate seal to be hereto affixed, and has caused its name to be President, and attested by its\_\_\_\_\_ signed to these presents by its \_ 11 day of September 1947 FORD CONSUMER PINANCE COMPANY, INC. Name of Corporation duth IMPRESS (SEAL) resident CORPORATE (SEAL) ATTEST **SEAL HERE** 154 12 94 NOTE: PLEASE TYPE OR PRINT NAME BELOW ALL SIGNATURES

4218549

STATE OF TEXAS
County of DALLAS

## **UNOFFICIAL COPY**

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY THAT personally known to me to be the Bresident of the consider Furnice company inc., and Many Ott personally known to ASSI Secretary of said corporation, and 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 severally acknowledged President and \_ Secretary, they signed and delivered the said instrument HSST and caused the corporate seal of said Corporation to be affixed thereto, pursuant to the authority given by the Board of of said corporation, as their free and voluntary act, and as the free and voluntary act and deed of said corporation, for the uses and purposes therein set forth Given under my hand and notarial seal, this\_ Notary Public . My commission expires on ESTAT Linda Owen Nutary Public, State of Teres IMPRESS SEAL HERE NAME AND ADDRESS OF PREPARER: KENNETH D. SLOMKA ATTORNEY AT LAW Ē 4239 Wr 63zd Street Chicago, IL 60629 This conveyance must contain the name and address of the Grantee for tax billing purposes: (Chap. 55 ILCS 5/3-5020) and name and address of the person preparing the instrument: (Chap. 55 ILCS 5/3-5022). . Corporation to Individual 3 2 5. C D FROM Ö 12 5 9854 18870779

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## UNOFFICIAL COPY MAP SYSTEM

CHANGE OF INFORMATION FORM

فيعقب والوصورة والمجاهد والمستقد بالمواج ليصيد المواهن بالمدون أراز واستبالت مفراه ببراه والمتارات	READ THE FOLLOWING RULES
1. Changes must be kept in the space limitations shown: 2. DO NOT use punctuation	). Print in CAPITAL LETTERS with OLACK PEN ONLY  4. Allow only one space between names, numbers and addresses
. Spe	CIAL NOTE:
If you do not have enough room for yo	th the NAME, leave one space between the name and number- our full name, just your last name will be adequate.  **THE INCLUDED ON EVERY FORM!
NAME RUDÛ L PH AL  MAILING STREET NUMBER STREET  CITY  CHICA  STATE: ZIP:	N:  OSTA  SADDRESS:  NAME = APT OF UNIT  COL STREET  OBJACT  O
	TY ADDRESS: ET NAME = APT of UNIT  L PARK AUE .
STATE: ZIP	460 0634.

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