WARRANTY DEED Statutory (ILLINOIS) (General)

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THE GRANTOR (NAME AND ADDRESS)
WILLIAM T. VACALA AND JANICE
M. VACALA, HIS WIFE

385 Illinois, Hoffman Estates, Illinois 60194

NOFFICIAL COPY 10 Jan 1995 13 129 1772 1992 13 129 1772 1992

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COOK COUNTY
RECORDER
JESSE WHITE
ROLLING MEADOWS

RECORDING 25.00 MAIL 0.50 # 97303059

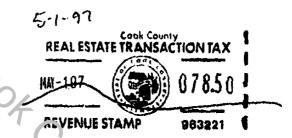
	<u></u>	(The Above Space For Recorder's Use Only)				
of the				Estates		
			, S	State ofIllino	is	
for and in consideration of TEI	N & 00/100	TTDOL'	LARS, and c	other valuable	<u>considera</u> -	
in hand paid, CONVEY and	WARRANT to	JOLAN	TA STACHUF	RSKI, single n	ever	
married, 1012 N. Plu						
	Ox					
	(NAME 3 AND A					
the following described Real Estate situated in the County of Cook in the State of Illinois, to wit:						
(See reverse side for legal descrip-	otion.) hereby releasing	ng and wa	iving all rights u	under and by virtue of	the Homestead	
Exemption Laws of the State of I	Illinois, SUBJECT TO	D' Genera	il taxes for	1996 and subseque	ent years and	
restrictions of reco	rd so long as	they	do not int	erfere with P	urchasers	
use and enjoyment of	the property	. (1)	'A. G. 2104	a		
the state of the state of		٨٧٠٠	Pug 93197	1080		
	^7 77 107 00	A	1			
Permanent Index Number (PIN):	0/-22-10/-00	4		· 		
Address(es) of Real Estate: 3	85 TELENOIS.	HOFFMA	N ESTATES	ILLINOIS 601	94	
Address(es) of Real Estate:			<u>ിം</u>	4-4:		
	1	DATED I	his	2 ay of Apr	<u>11 1997</u>	
Mark Tolar	.		(L	Dio 1/2		
مع معمد من من من من المستحدث التي من الأسال التي المن التي التي التي التي التي التي التي التي		(SEAL)			CC (SEAL)	
PRINT OR WILLIAM T.	<u>/AÇALA</u>		<u> JANICE</u>	M. VACALA		
TYPE NAME(S)				1/5.		
BELOW SIGNATURE(S)		(SEAL)	<i></i>		(SEAL)	
						
					• · · · · · · · · · · · · · · · · · · ·	
State of Illinois, County of	_Cook		ss. 1, the und	lersigned, a Notary Pu	iblic in and for	
	said County, in t	the State a	aforesaid, DO H	(EREBY CERTIFY th	MALLLLIAM	
	T. VACALA Z	AND JA	NICE M. VA	CALA, HIS WIFE	E	
official seal"	Ž.					
JOHN E. WITANEN	personally know	n to me	to be the same	e person 8 whose na	ame s are	
Notary Fubile, State of Minole	subscribed to the foregoing instrument, appeared before me this day in person.					
My Commission Expires 10/21/97	and acknowledged that they signed, sealed and delivered the said					
hammen	instrument as _t	their_	free and volunt	tary act, for the uses	and purposes	
IMPRESS SEAL HERE	therein set forth,	including	the release and	I waiver of the right of	f homestead.	
Cines and a my hand and official	sant this	ć	25 Cdaysyr	April.	19 97	
Given under my hand and official	Scar, uns			101117	7	
	10/21 19-97		- Aita	NOTARY PUBLIC	<u> </u>	
This instrument was propored by	SOODMAN & WITA	ANEN, #	20, Park	Ridge, IL 600	68	
This instrument was prepared by	1030 W, #1ggin	s Rd	(NAME AND ADDRE	ESS)	25 3	
DAGE 4				(NEC) SEE RE	EVERSE SIDE > `	

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Tegal Bescription

of premises commonly known as 385 ILLINGIS, HOFFMAN ESTATES, ILLINOIS 60194

LOT 4 IN BLOCK 64 IN HOFFMAN ESTATES BEING A SUBDIVISION OF PART OF THE WEST HALF OF THE NORTHWEST QUARTER OF SECTION 22 AND THE EAST HALF OF THE NORTHEAST QUARTER OF SECTION 21, TOWNSHIP 41 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOR COUNTY ILLINOIS, ON JULY 24, 1957 AS DOCUMENT NUMBER 1750166, IN COOK COUNTY, ILLINOIS. Self Or CC



village of hoffman estates PEAL ESTATE TRANSFER TAX

97303059

5-1-97 KB STATE OF ILLINOIS IBT# 1174-8184 REAL ESTATE TRANSFER TAX 983236

Aristopher Kozial

5711 N. Milwaukee Avenue

Chicago, IL 60046

(City. State and Zip)

SEND SUBSEQUENT TAX BILLS TO:

Jolanta Stachurski

385 Illinois

Hoffman Estates, IL 60194

(City, Blate and Zip)

OR

RECORDER'S OFFICE BOX NO. ____

PAGE 2

MAIL TO:

43388

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CHANGE OF INFORMATION FORM

SCANABLE DOCUMENT - 1	KEAD THE FOLLOWING KOLES
Changes must be kept in the space limitations shown DO NOT use punctuation	3. Print in CAPITAL LETTERS with BLACK PEN ONLY 4. Allow only one space between names, numbers and addresse
SPEC	IAL NOTE:
If you do not have enough room for you	the NAME, leave one space between the name and number full name, just your last name will be adequate UST BE INCLUDED ON EVERY FORM
PIN 07-32-107 NAME Jolantast	7-004-0000
MAILING	ADDRESS: AME = APT or UNIT
STATE: ZIP:	194 - FIVED: APR 29 199 REISUREN ADDRESSON COUNTY TREISUREN
	ADDRESS: AME = APT or UNIT
STATE: ZIP:	97303059

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