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QUIT CLAIM DEED	97314541		
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970712018	KAM TIME		
MAIL TO:	97 MAY -6 PM 12: 46		
JOHN WOTTH	COOK COUNTY		
1515 WOODFILLD DO #880	RECORDER		
SUHAUMBURG 15 40173			
	JESSE WHITE RECORDING 27.00 HAIL 0.50		
NAME & ADDRESS OF TAXPAYER:	ROLLING MEADOWS # 97314541		
JOSEPH M. STACY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2035 WEST PLACE BLUD.			
BARTLETT 15 60103	RECORDER'S STAMP		
580 Amhurst Lone		سعدان	
Hoffman Estrib IL 60145			
THE GRANTOR(S) Estate of John	, not individually, but as Trustee of the D. Moyer and Susan A. Moyer in Case No. 1	10 162031001	
of the City of Chicago	County of COOKState of IIIInois		
for and in consideration of Ten and No/10		OLLARS	
and other good and valuable considerations in hand paid, CONVEY(S) AND QUITCLAIM(S) to JOSEPH M. STACY and NICOLE M. STACY, married to each other, as tenants in the entirety and not as joint tenants or tenants			
each other, as tenants in the	entirety and not as joint tenants or te	enants	
(GRANTEE'S ADDRESS) 2035 Westrid	A		
of the of	County of State of Illinois	4-11	
all interest in the following described real estate	situated in the County of Cook , in the State	of Illinois,	
to wit:			
See attached legal description PLLAGE OF HOFFMAN ESTATES			
HEAL ESTATE TRANSFER TAX			
₩1/1/25 s 282 °C			
4			
NOTE: If addition	al upace is required for legal - attach on separate		
8-1/2" x 11" sheet w	ith a minimum of 1/2" clear margin on all (ides		
hereby releasing and waiving all rights under and l	by virtue of the Homestead Exemption Laws of the State of Illinois		
	· · · · · · · · · · · · · · · · · · ·		
Permanent Index Number(s): 07-09 4111 Property Address: 580 Amherst Lane, Ho	-002-0000		
roperty Address: 500 Time 230 Battery Its	ottman Ascates II ourso		
Dated this 25th day of April	1997 .		
One detalin not individually list	(Seal)	(Soul)	
Bruce De Medici, not individ-	multiple (Seal)	(c)	
ually, but as Trustee of the	(Sun)	(Soul)	
	1091		
Susan A. Moyaroria Plansi Trili	1091 OR PRINT NAME BELOW ALL SIGNATURES O'771 A5 A1		
_ 37014041			
COMPLIMENTS OF Chicago Title Insurance Company			

CTIC Form No. 1160

UNOFFICIAL COPY STATE OF ILLINOIS County of Cook I, the undersigned, a Notary Public in and for said County, in the State aforesaid, CERTIFY Bruce de Medici whose name, as trustee, is subscribed to the foregoing instrument, personally known to me to be the same person _ appeared before me this day in person, and acknowledged that signed, scaled and delivered the instrument as his free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead." 25th April day of Given under my hand and notarial seal, this My commission expires on \$**\$\$\$\$**\$\$\$\$\$\$\$\$\$ "OPFICIAL SEAL" LYNIC CONNIFE Paul State of Illinois My Care legen Exertes 06/19/00 COUNTY - ILLINOIS TRANSFER STAMP IMPRESS SEAL HERE * If Grantor is also Grantee you may want to strike Rely so & Waiver of Homestead Rights. EXEMPT UNDER PROVISIONS OF PARAGRAPH NAME AND ADDRESS OF PREPARER: Lyn C. Conniff SECTION 4. REAL ESTATE TRANSFER ACT 7777 Lake Street, #114 River Forest IL 60305 DATE: 97314541 Signature of Buyer, Saller or Representative This conveyance must contain the name and address of the Grantee for tax hilling purposes: (55 ILCS 5/3-5020) and name and address of the person preparing the instrument: (55 ILCS 5/3-5022) 5-6-97 STATE OF ILLINOIS MAY-697 1174-8184 UIT CLAIM DE REAL ESTATE TRANSFER TAX 963236 ILLINOIS STATUTOR! Cook County
REAL ESTATE TRANSACTION TA

MAY-697

REVENUE STAMP

N 47.5

963221

UNOFFICIAL COPY

Commitment Number: 970712

SCHEDULE C

PROPERTY DESCRIPTION

The land referred to in this Commitment is described as follows:

LOT 2 IN BLOCK 137 IN THE HIGHLANDS AT HOFFMAN ESTATES XI, BEING A SUBDIVISION OF PART OF THE EAST HALF OF THE SOUTH EAST QUARTER OF SECTION 9, TOWNSHIP 41 NORTH. DED M.

COLINEL CLERK'S OFFICE RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED MAY 6, 1960 AS DOCUMENT NUMBER 17848413, IN COOK COUNTY, ILLINOIS.

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Property of Cook County Clark's Office

ENER TANDE

UNOFFICIAL SOPY

CHANGE OF INFORMATION FORT

SCANABLE DOCUMENT - READ THE FOLLOWING RULES			
	Print in Capital Letters with Black pen only		
2. DO NOT use punctuation	. Allow only one space between names, numbers and addresse		
SPECIAL NOTE:			
If a TRUST number is involved, it must be put with the NAME, leave one space between the name and number			
if you do not have enough room for your full name, just your last name will be adequate			
) respectly index numbers (PIN #) MUST BE INCLUDED ON EVERY FORM			
PIN:			
07-09-411	0000 - 500		
NAME			
JOSEPH ROSTI	4-6141111111		
MAILING ADDRESS:			
STREET NUMBER STREET NAME = APT or UNIT			
580 AMHERST	DIANE		
CITY			
BARTCH	OFFMUN SSIDIES		
STATE: ZIP:	4		
FF- 6011	TST. 1707		
, tomorphism to the contract of the contract o	MAY 0 1 1997 T		
PROPERTY.	ADDRESS: QUUNTY TREASURE		
	NE = APT or UNIT		
· SAME!	- Sone		
CITY			
STATE: ZIP:	97314541		
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