

QUIT CLAIM DEED
Statutory (ILLINOIS)

UNOFFICIAL COPY

98053783

5361/0128 45 003 1998-01-11 14:57:36
Cook County Recorder 27.50

THE GRANTOR _____
Rose Mary Fortenberry

of the CITY of BOLINGBROOK in
the County of WILL and State
of ILLINOIS for and in consideration
of TEN Dollars in hand paid,
CONVEY and QUIT CLAIM to

Rose M. Givens, a
MARRIED WOMEN

RECORDER'S STAMP

73
61

(Names and Addresses of Grantee)

all interest in the following described Real Estate, situated in the County of COOK in
the State of Illinois, to-wit:

LOT 7 AND THE NORTH ONE HALF OF LOT 8 IN BLOCK 56 IN SOUTH LYNNE, BEING A
SUBDIVISION OF THE NORTH ONE HALF OF SECTION 19, TOWNSHIP 38 north
RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY ILLINOIS.

L-4928

hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of
Illinois.

Permanent Real Estate Index Number(s): 20-19-129-028

Address(es) of Real Estate: 6616 s. DAMEN AVE. CHICAGO IL 60636

DATED this 8th day of January 19 98

Please
print

_____(SEAL) _____(SEAL)
Rose Mary Fortenberry

or
type name(s)
below
signature(s)

Rose Mary Fortenberry (SEAL) _____(SEAL)

(over)

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QUIT CLAIM DEED
STATUTORY (ILLINOIS)

State of Illinois, County of Cook, ss. I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that

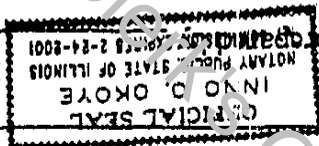
Keenan J. Foranberry

personally known to me to be the same person whose name _____ subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that s/he signed, sealed and delivered the instrument as _____ free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of interest.

Seal Here

Given under my hand and official seal this _____ day of _____, 19____

Jan
19 98
Keenan J. Foranberry



Commission expires _____

This instrument was prepared by _____ Rose Mary Foranberry

(All to:)

Rose Mary Givens

(Name)

125 Kingston Rd.

(Address)

Bolingbrook, IL 60440

(City, State, Zip)

Recorder's Office Box No. _____

(City, State, Zip)

(Address)

(Name)

SAKE

Send Subsequent Tax Bills to:

Property of Cook County Clerk's Office

STATEMENT BY GRANTOR AND GRANTEE

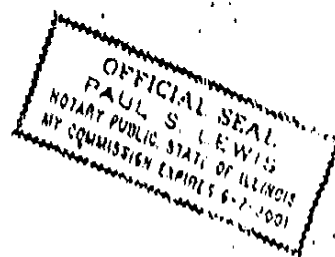
The grantor or his agent affirms that, to the best of his knowledge, the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

Dated 1-20, 1998

Signature: [Signature]
Grantor or Agent

Subscribed and sworn to before me by the said [Name] this 20th day of January, 1998

[Signature]
Notary Public



The grantee or his agent affirms that, to the best of his knowledge, the name of the grantor shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

Dated 1-20, 1998

Signature: [Signature]
Grantee or Agent's Office

Subscribed and sworn to before me by the said [Name] this 20th day of January, 1998

[Signature]
Notary Public



NOTE: Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

(Attached to deed or ABI to be recorded in Cook County, Illinois, if exempt under the provisions of Section 4 of the Illinois Transfer Tax Act.)

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MAPPING SYSTEM

Change of Information



50217

Separable document - read the following notes

- Changes must be read with the above instructions.
- Do not use punctuation.
- Print in CAPITAL letters with blank delimiters.
- Do not leave blank.
- Allow only one space between names, numbers, and addresses.

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 don't have enough room for your full name, just your last name will be adequate.
- Property code numbers (PINs) must be included on every form.

PIN NUMBER:

20-19-129-0281-

NAME/TRUST#:

ROSE M. GIVEN S

MAILING ADDRESS:

125 KINGSTON RD.

CITY:

BOLINGBROOK STATE: IL

ZIP CODE:

60440-

PROPERTY ADDRESS:

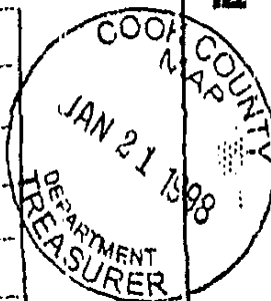
6616 S. DAMEN AVE

CITY:

CHICAGO STATE: IL

ZIP CODE:

60636-



Property of