

Quit Claim Deed

ILLINOIS STATUTORY

MAIL TO:

NAME & ADDRESS OF TAX PAYER:

THE GRANTOR(S)

_____, of the "aaaaaaaaaaaaaaaa" County of the State of Illinois for and in consideration of aaaaaaaaaa DOLLARS and other good and valuable consideration(s) in hand paid, CONVEY AND QUIT CLAIM to _____, _____

of aaaaaaaa 'Eqwv' and the State of Illinois, all interest in the following described real estate situated in aaaaaaa 'Eqwv', in the State of Illinois, to wit:

(LEGAL DESCRIPTION)

aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa

hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois. TO HAVE AND TO HOLD the above granted premises unto the parties of the second part forever, not as joint tenants or tenants by the entirety, but as tenants in common.

Permanent Index Number(s): _____

Property Address: _____

Dated this ___ day of _____, 20aaa

_____(Seal)

_____(Seal)

(Print or type name here)

(Print or type name here)

STATE OF ILLINOIS)

NOTE: PLEASE TYPE OR PRINT NAME BELOW ALL SIGNATURES

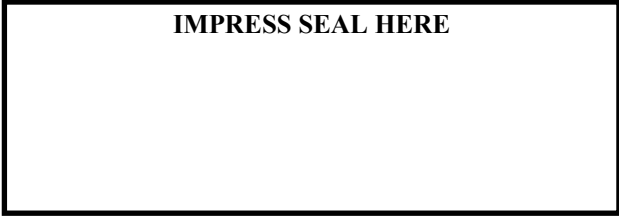
_____) SS.
County of _____)

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, CERTIFY THAT, **(Print or type name here)** _____ 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 acknowledged that they 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 homestead.

Given under my hand and notaries seal, this ___ day of _____, 20aaa.

Notary Public

My commission expires on _____.



• If Grantor is also Grantee you may want to strike Release & Waiver of Homestead Rights.

NAME AND ADDRESS OF PREPARER:

EXEMPT UNDER PROVISIONS OF PARAGRAPH
SECTION 4,

REAL ESTATE TRANSFER ACT.

DATE: _____

Signature of Buyer, Seller or Representative.

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