

QUIT CLAIM DEED
JOINT TENANCY ILLINOIS STATUTORY

MAIL TO:

NAME & ADDRESS OF TAXPAYER:

THE GRANTOR _____
of the _____ of _____ County of _____ State of _____
for and in the consideration of _____ DOLLARS
and other good and valuable considerations in hand paid
CONVEY AND QUIT CLAIM TO: _____

(GRANTEE'S ADDRESS) _____
of the _____ of _____ County of _____ State of _____
not as Tenants in Common, but as **JOINT TENANTS**, all interest in the following described Real Estate situated in the County of
DeKalb, in the State of Illinois, to wit:

(NOTE: If additional space is required for legal description, attach on separate 8 1/2" x 11" sheet.)

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 said premises not in Tenancy in Common, but in **Joint Tenancy** forever.

Permanent Index Number(s) _____
Property Address _____

DATED this _____ day of _____ 20_____.

(Seal) _____ (Seal)

(Seal) _____ (Seal)

NOTE: PLEASE TYPE OR PRINT NAME BELOW ALL SIGNATURES (765 ILCS 5/35c)

STATE OF ILLINOIS }ss.
COUNTY OF DEKALB

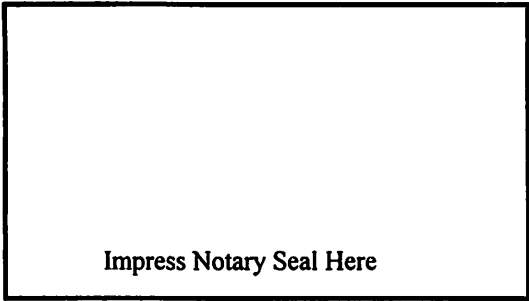
I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY THAT

personally known to me to be the same person(s) whose name(s) is/are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that _____ signed, sealed and delivered the said 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 notarial seal this _____ day of _____ 20_____.

Notary Public

My commission expires on _____, 20_____



Impress Notary Seal Here

DEKALB COUNTY - ILLINOIS TRANSFER STAMP

OR

EXEMPT UNDER PROVISIONS OF PARAGRAPH _____
SECTION 31-45, REAL ESTATE TRANSFER TAX ACT.

NAME and ADDRESS OF PREPARER:

DATE

BUYER, SELLER OR REPRESENTATIVE

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

**OFFICE OF THE DEKALB
COUNTY CLERK & RECORDER
110 EAST SYCAMORE ST.
SYCAMORE, ILLINOIS 60178**