



ATTORNEYS'
TITLE
GUARANTY
FUND,
INC.

WARRANTY DEED – LIMITED LIABILITY COMPANY TO INDIVIDUAL
Statutory (Illinois)

THE GRANTOR, _____, an Illinois Limited Liability Company,
created and existing under and by virtue of the laws of the State of Illinois and duly authorized to transact business in the State of
Illinois, for and in consideration of TEN & 00/100 DOLLARS, and other good and valuable consideration, in hand paid, and
pursuant to authority given by the Member(s) of said Limited Liability Company, party of the first part, CONVEYS and
WARRANTS to _____,
of _____, party of the second part,
the following described Real Estate, situated in the County of _____, in the State of Illinois, to wit:

THIS IS NOT HOMESTEAD PROPERTY.

Permanent Tax Number: _____

Commonly known as: _____
(Street Address, City, State, Zip)

In Witness Whereof, said party of the first part has caused its name to be signed to these presents by its Authorized Member or
Manager this _____ day of _____, _____.

By _____
Signature of Authorized Member or Manager

Name of Authorized Member or Manager

STATE OF ILLINOIS)
) SS
COUNTY OF _____)

I, the undersigned, a Notary Public in and for the County and State aforesaid, DO HEREBY CERTIFY that _____, personally known to me to be the Authorized Member or Manager of _____, an Illinois Limited Liability Company, and personally known to me to be the same person whose name is subscribed to the forgoing instrument, appeared before me this day in person and acknowledged that as such Authorized Member or Manager, he/she signed and delivered the said instrument pursuant to authority given by the Members of said Limited Liability Company, as the free and voluntary act of the Authorized Member or Manager, and as the free and voluntary act and deed of said Limited Liability Company, for the uses and purposes therein set forth.

Given under my hand and Notarial Seal this _____ day of _____, _____.

Notary Public

Mail this recorded instrument to:

This instrument prepared by:

Mail future tax bills to:



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