



**NOTARIAL RECORD - RESIDENTIAL REAL PROPERTY TRANSACTIONS**

\_\_\_\_\_, 20\_\_\_\_\_  
Date Notarized

\$\_\_\_\_\_  
Fee

**The undersigned grantor hereby certifies that the real property identified in this Notarial Record is Residential Real Property as defined in the Illinois Notary Public Act.**

\_\_\_\_\_  
Grantor's (Signer's) Printed Name

\_\_\_\_\_  
Grantor's (Signer's) Signature

\_\_\_\_\_  
Grantor's (Signer's) Residential Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Type or Name of Document of Conveyance

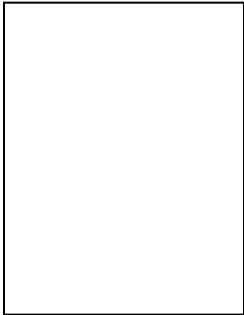
\_\_\_\_\_  
P.I.N. No. of the Residential Real Property

\_\_\_\_\_  
Common Street Address of the Residential Real Property

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip



**NOTE:** If the right thumbprint is not available, the left thumb or any available finger shall be used. If the Grantor (Signer) is physically unable to provide a thumbprint or fingerprint, an explanation shall be provided below of the physical condition.

**Circle one:** RIGHT THUMB LEFT THUMB OTHER \_\_\_\_\_  
(Specify which finger)

\_\_\_\_\_  
Thumbprint or Fingerprint

\_\_\_\_\_  
Description of Means of Identification

\_\_\_\_\_  
Additional Comments

\_\_\_\_\_  
Name of Notary Printed

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
Notary Phone Number

\_\_\_\_\_  
Commission Expiration Date

\_\_\_\_\_  
Residential Street Address of Notary

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Name of Notary's Employer or Principal

\_\_\_\_\_  
Business Street Address of Notary's Employer or Principal

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

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