



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

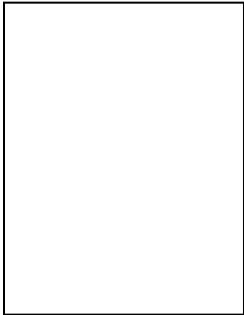
P.I.N. No. of the Residential Real Property

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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