

UNOFFICIAL COPY 0020024420

This Instrument Prepared By:

COMMUNITY BANK OF LAWNSDALE
1111 South Homan Avenue
Chicago, Illinois 60624

1054/0155 40 001 Page 1 of 3
2002-01-07 16:37:11
Cook County Recorder 25.50



After Recording Return To:

ARTHUR & RHONDA CARR
3319 WEST VAN BUREN
CHICAGO IL 60624



RESERVED FOR RECORDER'S STAMP

**FULL SATISFACTION AND RELEASE OF
ASSIGNMENT OF LEASES AND RENTS**

KNOW ALL MEN BY THESE PRESENTS, that **COMMUNITY BANK OF LAWNSDALE**, a Corporation existing under the laws of the State of Illinois, for and in consideration of the payment of the indebtedness secured by the Mortgage hereinafter mentioned, and the cancellation of all the notes hereby secured, and of the sum of ONE DOLLAR, the receipt whereof is hereby acknowledged, does **REMISE, CONVEY, RELEASE AND QUIT CLAIM UNTO:**

ARTHUR & RHONDA CARR 3358 WEST CARROLL, CHICAGO IL

of the County of Cook and State of Illinois, all the rights, title, interest, claim or demand whatsoever it may have acquired in, through or by a certain **Assignment of Leases and Rents** 82444208 and Recorded in the Office of the Recorder of Deeds of Cook County, in the State of Illinois on SEPTEMBER 20, 1989 to the premises therein described as follows, to wit:

SEE ATTACHED BACK

situated in the CITY OF CHICAGO, County of Cook, and State of Illinois, together with all the appurtenances and privileges thereunto belonging or appertaining.

IN WITNESS WHEREOF, the said **COMMUNITY BANK OF LAWNSDALE**, has caused its corporate seal to be hereunto affixed, and has caused its name to be signed to these presents by its **Vice President** and attested by its **Operations Officer** this SEPTEMBER 27, 2001.

COMMUNITY BANK OF LAWNSDALE

By Zephyr Henderson
ZEPHYR HENDERSON VP/RE LOAN OFFICER



ATTEST:

By Denise Boyd
DENISE BOYD LOAN OPERATIONS OFFICER

STATE OF ILLINOIS, }
COUNTY OF COOK } SS.

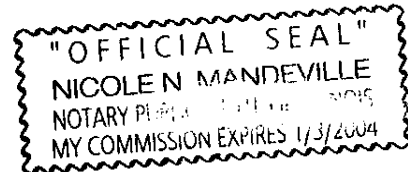
UNDERSIGNED

I, _____, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that **ZEPHYR HENDERSON**, personally known to be the **VICE PRESIDENT** of **COMMUNITY BANK OF LAWNSDALE**, an Illinois corporation, and **DENISE BOYD**, personally known to be the **LOAN OPERATIONS OFFICER** said corporation, and personally known to be the same persons whose names are subscribed to the foregoing instrument appeared before me this day in person and severally acknowledged that as such **VICE PRESIDENT** and **LOAN OPERATIONS OFFICER** they signed and delivered the said instrument as **VICE PRESIDENT** and **LOAN OPERATIONS OFFICER** of said corporation and caused the corporate seal to be affixed thereto, pursuant to authority given by the Board of Directors of said corporation as their free and voluntary act for the purpose therein set forth.

Given under my hand and Notarial Seal this **27 DAY OF SEPTEMBER 2001**

Nicole N Mandeville
Notary Public

My Commission expires:



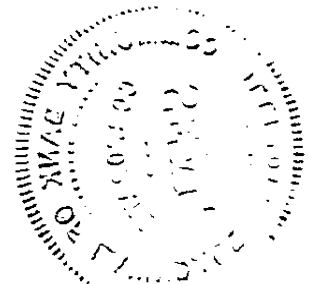
LEGAL DISCRIPTION:

LOT 5 OF PLAT OF SUBDIVISION OF LOTS 4, 5 AND 6 IN DIVEN'S SUBDIVISION OF THE WEST PART OF BLOCKS 3, 4, 9 AND 10 OF TYRRELL, BARRETT AND KERFOOT'S SUBDIVISION OF THE EAST 1/2 OF THE SOUTH EAST 1/4 OF SECTION 11, TOWNSHIP 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN#: 16-11-402-003-0000 VOL. 554

PROPERTY ADDRESS:

3358 WEST CARROLL CHICAGO, IL



I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statues relating to the registrar of birth, stillbirth and death.

Date APR 12 2001 signed Nadine Mc Curry
At Cook County Department of Public Health Official Title Deputy Registrar
1010 Lake Street Suite 300 Oak Park, Illinois 60301

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16.0

REGISTERED NUMBER

DECEASED-NAME FIRST MIDDLE LAST

SEX 2 Male DATE OF DEATH (MONTH, DAY, YEAR) 3 APRIL 3, 2001

1. ARTHUR

2. IEE CARR

AGE- LAST BIRTHDAY (YRS) 5a, 54

DATE OF BIRTH (MONTH, DAY, YEAR) 5d, August 25, 1946

4. Cook

5. 413 47th Ave

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

IF HOSE OR INST. INDICATE DO A OPERATOR (SPECIFY)

6a. Bellwood

6b. 413 47th Ave

NAME OF SURVIVING SPOUSE (IF ALIVE, INCLUDE IF WIFE)

WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)

7a. Prairiepoint, MS

8a. Married, never married, widowed, divorced, separated

8b. Rhodia Halbert

EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)

10. 425 92 6221

11a. Driver

11b. Catering

12. Elementary

INSIDE CITY (YES/NO) 13c. Cook

13a. 413 47th Ave

13b. Bellwood

13c. Bellwood

14b. YES

CITY OR TOWN, STATE, ZIP

13e. Illinois

14a. Black

14b. YES

14c. YES

15. 3319 West VanBuren, Chicago, IL 60624

15. Roosevelt

16. Carr

17a. Rhodia Carr

17b. Wife

17c. Josephine

18. PART I

18a. Immediate Cause (Final disease or condition resulting in death)

18b. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

18c. Metastatic Prostate Cancer

18d. 1 1/2 years

19. PART II

19a. Conditions, if any which give rise to immediate cause (a) stating the underlying cause last.

19b. Due to, or as a consequence of

19c. Due to, or as a consequence of

19d. Due to, or as a consequence of

20. DATE OF OPERATION, IF ANY

20a. MAJOR FINDINGS OF OPERATION

20b. DATE OF OPERATION, IF ANY

20c. DATE OF OPERATION, IF ANY

20d. DATE OF OPERATION, IF ANY

21. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

21a. SIGNATURE

21b. NAME AND ADDRESS OF CERTIFIER

21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

21d. DATE SIGNED

22. SIGNATURE

22a. NAME AND ADDRESS OF CERTIFIER

22b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

22c. DATE SIGNED

22d. ILLINOIS LICENSE NUMBER

23. BURIAL, CREMATION, REMOVAL (SPECIFY)

23a. CEMETERY OR CREMATORY-NAME

23b. FOREST PARK, ILLINOIS

23c. CITY OR TOWN

23d. DATE

24. FOREST PARK, ILLINOIS

24a. FOREST PARK, ILLINOIS

24b. CITY OR TOWN

24c. STATE

24d. DATE

25a. Corbin Colonial Funeral Chapel

25a. STREET AND NUMBER OR R.F.D.

25a. CITY OR TOWN

25a. STATE

25a. ZIP

25b. LOCAL REGISTRAR

25b. NAME

25b. CITY OR TOWN

25b. STATE

25b. ZIP

26a. REGISTRAR

26a. NAME

26a. CITY OR TOWN

26a. STATE

26a. ZIP

26b. REGISTRAR

26b. NAME

26b. CITY OR TOWN

26b. STATE

26b. ZIP

26c. REGISTRAR

26c. NAME

26c. CITY OR TOWN

26c. STATE

26c. ZIP

26d. REGISTRAR

26d. NAME

26d. CITY OR TOWN

26d. STATE

26d. ZIP

26e. REGISTRAR

26e. NAME

26e. CITY OR TOWN

26e. STATE

26e. ZIP