

FOR THE PROTECTION OF THE OWNER, THIS RELEASE IS TO BE FILED WITH THE RECORDER OF DEEDS OR THE REGISTRAR OF TITLES IN WHOSE OFFICE THE MORTGAGE OR DEED OF TRUST WAS FILED.

UNOFFICIAL COPY



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2002-05-14 13:21:52
Cook County Recorder 23.50

RELEASE OF MORTGAGE

LOAN NO:

KNOW ALL MEN BY THESE PRESENTS That

A & M. MEDICAL SERVICE MONEY PURCHASE PLAN

existing under the laws of the United States of America, for and in consideration of one dollar, and the other good and valuable considerations, the receipt whereof is hereby confessed, does hereby Remise, Convey, Release and Quit-Claim unto **SIRAJ E. BHANPURI AND FATEMA BHANPURI, HIS WIFE** all the right, title, interest, claim or demand whatsoever it may acquired in, through or by a certain Mortgage recorded/registered in the Recorder's/Registrar's office of **COOK** County, Illinois, bearing date the 18th day of December 1996 as Document No: _____ the premises therein described to wit:

LOT 113 AND 114 IN CUMMINGS AND FOREMAN REAL ESTATE CORPORATION ROOSEVELT ROAD AND 1th AVENUE SUBDIVISION OF LOTS 1,2,3,4,5,7 AND 8 IN OWNERS PARTITION OF THE SOUTH 83.2 ACRES OF THE WEST HALF OF SECTION 15, TOWNSHIP 39 NORTH, RANGE 2, EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPT THE SOUTH 7 FEET OF SAID LOTS 113 AND 114 TAKEN FOR WIDENING OF ROOSEVELT ROAD) IN COOK COUNTY, ILLINOIS.

which, with the property hereinafter described, is referred to herein as the "premises",

Property Address: **1815 Roosevelt Road, Broadview, IL 60153**
Permanent Index Number: **15-15-330-030-0000 VOL:160**
15-15-330-031-0000

Said Mortgagor warrants that it has good right, title, and interest in and has the right to release the same, either as the original mortgagee or as successor in interest to the original mortgagee.

IN TESTIMONY WHEREOF, A. & M. MEDICAL SERVICE MONEY PURCHASE PLAN presents to be signed by its duly authorized officers, this 28th day of March, 2002.

By: *Abbas Zarif*
Abbas Zarif, M.D.

An authorized agent of A & M. Medical Service Money Purchase Plan.
STATE OF ILLINOIS)

)SS
COUNTY OF COOK)

I, the undersigned, a Notary Public in and for said County in the State aforesaid, DO HEREBY CERTIFY THAT: the persons whose names are subscribed to the foregoing instrument are personally known to me to be duly authorized officers of A. & M. MEDICAL SERVICE MONEY PURCHASE PLAN and THAT HE appeared before me this day in person and severally acknowledged that they signed and delivered the said instrument in writing as duly authorized officers of said corporation and as the free and voluntary act and deed of said corporation for the used and purposes herein set forth.
GIVEN under my hand and notarial seal, the day and year first above written.

THIS INSTRUMENT WAS PREPARED BY:
SAKINA CARBIDE
2906 W. PETERSON AVE, SUITE ID
CHICAGO, IL 60659

