

UNOFFICIAL COPY

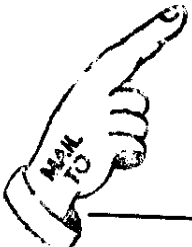
Recording Requested By:
WASHINGTON MUTUAL BANK, FA

When Recorded Return To:

WASHINGTON MUTUAL
PO BOX 45179
JACKSONVILLE, FL 32232-5179



Doc#: 0503216156
Eugene "Gene" Moore Fee: \$26.50
Cook County Recorder of Deeds
Date: 02/01/2005 12:41 PM Pg: 1 of 1



SATISFACTION

WASHINGTON MUTUAL - CLIENT ID #: 8005020618 "HILLARD" Lender ID: N40/001/1683779158 Cook, Illinois PIF: 12/21/2004

FOR THE PROTECTION OF THE OWNER, THIS RELEASE SHALL BE FILED WITH THE RECORDER OR THE REGISTRAR OF TITLES IN WHOSE OFFICE THE MORTGAGE OR DEED OF TRUST WAS FILED.
KNOW ALL MEN BY THESE PRESENTS that WASHINGTON MUTUAL BANK, FA holder of a certain mortgage, made and executed by SYLVESTER HILLARD, A SINGLE MAN, originally to EMBASSY MORTGAGE CORP., in the County of Cook, and the State of Illinois, Dated: 01/28/1998 Recorded: 01/30/1998 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 98081540, does hereby acknowledge that it has received full payment and satisfaction of the same, and in consideration thereof, does hereby cancel and discharge said mortgage.

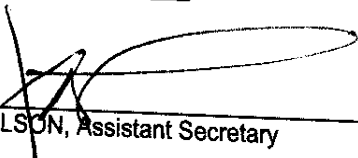
Legal: THE NORTH 1/2 OF THE EAST 1/2 OF THE SOUTH 1/2 OF TRACT 14 OF F.J. WACHEWICZ'S PARK VIEW GARDENS, BEING A SUBDIVISION OF THE NORTHWEST 1/4 OF THE SOUTHWEST 1/4 AND THE SOUTHWEST 1/4 OF THE NORTHWEST 1/4 OF THE SOUTHWEST 1/4 AND THE SOUTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 8, TOWNSHIP 36 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

Assessor's/Tax ID No. 30-08-301-026-0000

Property Address: 512 PRICE ST, CALUMET CITY, IL 60409

IN WITNESS WHEREOF, the undersigned, by the officer duly authorized, has duly executed the foregoing instrument.


WASHINGTON MUTUAL BANK, FA
On January 18th, 2005

By: 
K WILSON, Assistant Secretary

STATE OF Florida
COUNTY OF Duval

On January 18th, 2005, before me, the undersigned, a Notary Public in and for Duval in the State of Florida, personally appeared K WILSON, Assistant Secretary, personally known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. WITNESS my hand and official seal.

WITNESS my hand and official seal,


Pamela Ingram
Commission # DD365377
Expires October 24, 2008
Bonded Troy Pain - Insurance, Inc. 800-385-7019

Notary Expires: / /

(This area for notarial seal)

Prepared By: **Suzana Mulahmetovic**, WASHINGTON MUTUAL BANK, FA, PO BOX 45179, JACKSONVILLE, FL 32232-5179 1-866-926-8937

"S*M*S*MWAMT*01/18/2005 11:10:43 AM* WAMU01WAMU000000000000002238730* ILCOOK* 8005020618 ILSTATE_MORT_REL *S*M*S*MWAMT*

