r Title 560068

UNOFFICIAL COPY

GEORGE E. COLE® LEGAL FORMS

No. 371 REC February 1996

SATISFACTION OR RELEASE OF MECHANICS LIEN (Illinois)

CAUTION: Consult a lawyer before using or acting under this form. Neither the publisher nor the seller of this form makes any warranty with respect thereto, including any warranty of merchantability or fitness for a particular purpose.



Doc#: 0508446092 Eugene "Gene" Moore Fee: \$26.00 Cook County Recorder of Deeds Date: 03/25/2005 11:10 AM Pg: 1 of 2

	Above Space for Recorder's use only
STATE OF ILLINOIS	•
SS.	
COUNTY OF <u>COOK</u>)	

Pursuant to and in compliance with the Illinois statute relating to machanics! liens, and for valuable consideration, receipt whereof is hereby acknowledged, the undersigned,

ALDEN-HEATHER REHABILITATION AND HEALTH CARE CENTER, INC., an Illinois corporation does hereby acknowledge satisfaction or release of the claim for lien against

ANNA POTOCHNY

which claim for lien was filed in the office	of the recorder of deeds or the registrar of title of Cook County,
Illinois, as mechanicsklien document No	0434434083
Permanent Real Estate Index Number(s):	32-29-215-013-0000
Address(es) of property:	22 W. 23rd Street, Chicago Heights, 1121-pis 60411
	ndersigned has signed this instrument this <u>1st</u> day of <u>February</u> ,
12 2005 .	ALDEN-HEATHER REHABILITATION AND HEALTH CARE CENTER, INC.
x x xxxxxxxx	(NAME OF SOLE OWNERSHIP, FIRM OR CORPORATION) By CFO
Secretary	Ву

FOR THE PROTECTION OF THE GWNER, THIS RELEASE SHOULD BE FILED WITH THE RECORDER OF DEEDS OR THE REGISTRAR OF TITLES IN WHOSE OFFICE THE CLAIM FOR LIEN WAS FILED.

This instrument was prepared by <u>KENNETH J. FISCH</u>, 4200 W. Peterson Avenue, Chicago, Illinois 60646 (Name and Address)

0508446092 Page: 2 of 2

UNOFFICIAL COPY

STATE OF ILLINOIS : SS
COUNTY OF Land to the second of the second o
i, a notary public in and for the county in the state aforesaid, do hereby certify that personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed and delivered the said instrument as his free and voluntary act, for the uses and purpose, therein set forth.
Given under my hand and official seal this day of
Notary Public
STATE OF ILLINOITS
COUNTY OF COOK
I, KENNETH J. FISCH , a notary public in and for the county in the state
aforesaid, do hereby certify that ST:V:N M. KROLL, Chief Financial Officer MXXIVIXIX
of ALDEN-HEATHER REHABILITATION AND HEALTH CARE CENTER, INC. a corporation, AND
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
the same persons whose names are subscribed to the foregoing instrument as such Chief Financial Office
THE SHANK WAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
acknowledged that they signed and delivered the said instrument is their own free and consolary occand as the
free and voluntary act of said Corporation, for the uses and purposes therein set forth; xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
X N KKX X SEKENTA KENTA
GIVEN under my hand and official seal this <u>lst</u> day of <u>February</u> y 2005
OFFICIAL SEASON KENNETY SISCH NOTARY POBLE TO BE OF JUNOS MY JOMMISSION (NEPES 8/11/2007)
After Recording Main to
ATEUST HATSELEOS:
Chicago Hts Il 60411