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IN THE OFFICE OF THE COOK
COUNTY RECORDER OF DEEDS,
COOK COUNTY, ILLINOIS

Doc#: 0534648073 Fee: \$26.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 12/12/2005 12:40 PM Pg: 1 of 2

Paul F. Sandquist

Official business, Paul F. Sandquist
attorney for the Old Town Sanitary
District

**RELEASE OF CLAIM FOR LIEN BY THE
OLD TOWN SANITARY DISTRICT, WHEELING
TOWNSHIP, COOK COUNTY, ILLINOIS**

WHEREAS, the OLD TOWN SANITARY DISTRICT ("DISTRICT") is a unit of local government organized and operating under the provisions of the "Sanitary District Act of 1936" (70 ILCS 2805/93); and

WHEREAS, on November 11, 2001, the DISTRICT filed a Claim for Lien, Document No. 0011088433, in the Office of the Recorder of Deeds, Cook County, Illinois. Said claim was made against the following described real property for tap-on and inspection fees regarding connection to the DISTRICT'S sanitary sewer system:

LEGAL DESCRIPTION:

LOT 6 IN SCHOENBECK SUBDIVISION OF THE SOUTH 300.00 FEET OF THE NORTH 933.00 FEET OF THE EAST 871.20 FEET IN THE EAST 1/2 OF SECTION 9, TOWNSHIP 42 NORTH, RANGE 11 EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS. RECORDED JANUARY 28, 1957, AS DOCUMENT 1681134.

PROPERTY ADDRESS: 3027 Jackson Drive, Arlington Heights, IL
PERMANENT INDEX NUMBER: 03-09-401-067-0000

NOW THEREFORE, the OLD TOWN SANITARY DISTRICT, for valuable consideration, receipt whereof is hereby acknowledged, releases its aforementioned claim for lien recorded on November 19, 2001, as Document No. 0011088433.

OLD TOWN SANITARY DISTRICT


By *Paul F. Sandquist*

Paul F. Sandquist, attorney and duly
authorized agent for the Old Town
Sanitary District. 1845 East Rand Road,
Suite 111, Arlington Heights, IL 60004
(847) 392-5363

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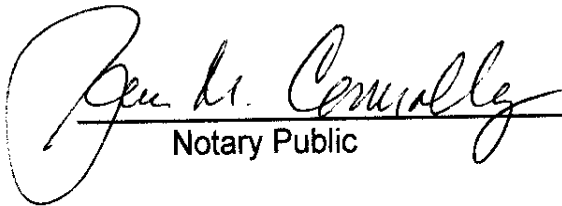
STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

I, PAUL F. SANDQUIST, being duly sworn on oath, depose and state that I am the attorney and duly authorized agent for the OLD TOWN SANITARY DISTRICT, Wheeling Township, Cook County, Illinois, that the statements contained in the foregoing Release of Claim for Lien are true and correct, and that I have signed this Release, as agent, on behalf of the District by the authority given me by the Board of Trustees of the OLD TOWN SANITARY DISTRICT.

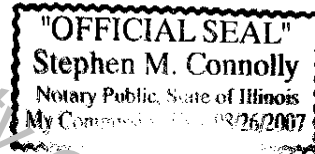


Paul F. Sandquist

SUBSCRIBED and SWORN to
before me this 7th day of
December, 2005



Notary Public



This document prepared by Paul F. Sandquist, 224 South Marion Street, Oak Park, IL 60302-3104, (708) 386-1989

MAIL TO: Paul F. Sandquist, P.O. Box 5724, River Forest, IL 60305-5724