UNOFFICIAL COPY

COOK COUNTY ILLINOIS

RELEASE DEED

MAIL TO: First Community Bank and Trust, P.O. Box 457 Beecher, IL 60401 NAME & ADDRESS OF PREPARER: D. Shearer, First Community Bank and Trust, P.O. Fox 457



Doc#: 0600402117 Fee: \$26.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 01/04/2006 08:57 AM Pg: 1 of 2

Cashier

(Seal)

80 45 730 to 1	RECORDER'S STAMP			
O'GRADY, SR. VICE PRESIDENT FIRST	COMMUNITY BANK AND TRUST BY JEANETTE			
07 17:11				
and quit-claim unto VESTA INVESTMENTS,	for and in consideration of one dollar, and for twhereof is hereby confessed, do hereby remise, convey,			
of the County of				
Cement who have	all right, title, interest, claim, or through or by a certain MORTGAGE bearing			
date the 16th day of May	dirough or by a certain MORTGAGE			
of Ulinois, or f. P. to the premises	Book Page Document No. therein described, situated in the County of CookState			
of Illinois, as follows to wit:	and the County of CookState			
1/2 OF THE SOUTH EAST 1/4 OF SECTION OF THE THIRD PRINCIPAL MERIDIAN, IN	TSOM			
roperty Address: 6119-21 S. LANGLEY, CH	belonging or appertaining. ILCAGO, IL 60637 h day of December 2005			
(Seal) BY: Bar	Chara J. Hodgett, Cashier (Seal)			

NOTE: PLEASE TYPE OR PRINT NAME BELOW ALL SIGNATURES. **BOX 334 CTI**

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STATE OF ILLINOIS)	SS				,	
County of Will						
I, the undersigned, a Notar CERTIFY THAT Barba Personally known to me	y Public in and for ra J. Hodget	or said County, i	n the State	aforesaid, DO	HEREBY	
instrument, appeared befo	re me this day in	person where	our caree	is subscribe	d to the f	oregoir
-v- vity microstilly the release	and makes at a		. " more tor i	me aree bud i	ourposes th	erein s
Given under my har	id and notarial se	al, this 6th	day of _De	ecember	ر20 ر	05 .
(Seal)	"OFFICIAL SEAL" DONNA M. BARB COMMISSION EXPIRES 04/0	ER 🖁		Donnal	Barbe	
My commission expires on						
		, 20	 •	•		
<i>y</i>	<u> </u>	ing and				
	For the	Protection	of the	7		
	owner, t	his release	shall			
	be files	with the Co	ounty	<u> </u> 		
	themow	i in whose	office			
	trust wa	gage or de	ed of			
	th use wa	s med.				
*This conveyance must contr	in the name on a		9			
LCS 5/3-5022).	in the name and	address of the p	erson prepa	uring the instr	ument (Cha	p. 55
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				TRUST		
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