

Recording Requested By: Cenlar FSB

When Recorded Return To: FRANCISZEK GAL 8946 W 104TH ST PALOS HILLS, IL 60465

Doc#: 0733915088 Fee: \$26,50 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 12/05/2007 11:10 AM Pg: 1 of 2



SATISFACTION

Cenlar FSB #:0012094371 "C/L" Lender ID:W18/0101031392 Cook, Illinois

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 ALLIANCE FSB, FORMERLY KNOWN AS PREFERRED SAVINGS BANK holder of a certain mortgage, made and executed by FRANCISZEK GAL AND ANNA GAL, HUSBAND AND WIFE, originally to PREFERRED SAVINGS BANK, in the Coun y of Cook, and the State of Illinois, Dated: 01/16/1998 Recorded: 01/20/1998 as Instrument No.: 98049630, 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: Lot 28 in Alpine Gardens East, being a subdivision of part of the east 1/2 of the northeast 1/4 of section 2, township 37 north, range 12, east of the third principal meridian, according to the plat thereof registered in the office of the registrar of titles of Cook County Illinois on February 16, 1966 as document no. 2256688 in Cook County Illinois.

Assessor's/Tax ID No. 23-02-218-010-0000

Property Address: 8940 S ROBERTS ROAD, HICKORY HLS, IL 60457

IN WITNESS WHEREOF, the undersigned, by the officer duly authorized, has (uly executed the foregoing instrument. COPPE CO

ALLIANCE FSB, FORMERLY KNOWN AS PREFERRED SAVINGS BANK

agreeust MICHAEL BAGNIEWSKI, Vice-President

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STATE OF Illinois COUNTY OF Cook

on_11.9.01 , before me, ., a Notary Public in and for Cook in the State of Illinois, personally appeared MICHAEL BAGNIEWSKI, Vice-President, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal,

Notary Expires: \(\(\frac{4}{7} \textit{0} \)

RESA BENES CUMMISSION EXPIRES: 11/04/09

(This area for notarial seal)

Parker, C.

ORCOOK COUNTY CLORK'S OFFICE Prepared By: Susanna Parker, CENLAR FSB PO BOX 77414, TRENTON, NJ 08628 609-883-3900