H25195002 FFICIAL COPY

RELEASE OF MORTGAGE OR TRUST DEED BY CORPORATION LINOIS)

FOR THE PROTECTION OF THE OWNER, THIS RELEASE SHALL BE FILED WITH THE RECORDER OF DEEDS OR THE REGISTRAR OF TITLE IN WHOSE OFFICE THE MORTGAGE OF DEED OF



Doc#: 0900808202 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 01/08/2009 11:02 AM Pg: 1 of 2

	ABOVE SPACE FOR RECORDER'S USE UNLT	
KNOW ALL MEN BY THESE PRESENTS, th	at HealthCare Associates Credit Union	of the County of
DuPage and the State of Ill nois for and in of hereinafter mentioned, and the cancellation	consideration of the payment of the indebtedness secu- of all the notes thereby secured, and of the sum of o by REMISE, RELEASE, CONVEY and QUIT CLAIM unto	ired by the Mortgage ne dollar, the receipt
DAVID J SMITH AND NANCY O	SMITH, HIS WIFE, NOT AS JOINT TENANTS OR	
TENANTS IN COMMON BUT AS TELLAUTO	BY THE ENTIRETY	
may have acquired in, through or by a certain and recorded in the Recorder's Office of <u>CO</u>	ises therein described as follows, situated in the County	ocument
LOT 101 IN BEIFELD'S ADDITION TO SOL	JTH RIDGELAND 10 SOUTHWEST 1/4 OF SECTION	17,
TOWNSHIP 39 NORTH, RANGE 13, EAST COUNTY, ILLINOIS.	eges thereunto belonging or appertaining. 6-17-325-026	
together with all the appurtenances and privile Permanent Real Estate Index Number(s): 1	eges thereunto belonging or appertaining. 6-17-325-026	CO
Address of premises: 1167 S HIGHLAND A	VE OAK PARK, IL 60304-2244	
Witness hands and seal this 18TH	Jean Morris - Loan Manager	nU
	Todd J. Niedermeier - Vice President	

This instrument was prepared by HealthCare Associates Credit Union, 1151 East Warrenville Road, Naperville, Illinois 60563

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UNOFFICIAL COPY

STATE OF ILLINOIS			
COUNTY OFDUP	AGE		
GAIL GARTLEY	, a	notary public in and fo	or said County, in the State
aforesaid DO HEREBY CERTIFY t Loan Manager of HealthCare	hat Jean Morris personal Associates Credit Union, an Illino	ly known to me to be th	
personally known to me to be the V		•	known to me to be the same
persons whose names are subscrib acknowledged that as such Loan M	ped to foregoing instrument, app	eared before me this da	ay in person and severally
said instrument and caused the covoluntary act of said corporation, for	•		ary act, and as the free and
	(1		
GIVEN under my hand and official	seal, this \Sh\day	of DECEMBE	8 30 08
My commission expires: 11-23-2	011		
			Cad
	Ox GAI	CARTLEY	NOTARY PUBLIC
	GAII	L GARTLEY	NO IAINT OBLICE
	0-		24244444444
	RFLEASE DE By Corporati		"OFFICIAL SEAL" GAIL GARTLEY
	HEALTHCARE ASSUCIATES		Notary Public, State of Illinois My Commission Expires Oct. 08, 2011
	1151 EAST WARREN'S		**************************************
	NAPERVILLE, IL 605	93	
	ТО	On.	
	NANCY C SMITH	4	/
	DAVID J SMITH		7,
	1167 S HIGHLAND AVE		Office
	OAK PARK IL 60304-2244	<u> </u>	
			CO
	MAIL TO		
	HEALTHCARE ASSOCIATES	S CU	
	1151 EAST WARRENVILLE	ROAD	
	NAPERVILLE IL 60563		