## **UNOFFICIAL COPY**

RELEASE OF MORTGAGE OR TRUST DEED BY CORPORATION (ILLINOIS)

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#: 1032146068 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds Date: 11/17/2010 12:17 PM Pg: 1 of 2

merciel or been or			
	ABOVE SPA	ACE FOR RECORDER'S USE ONLY	
KNOWALL MEN BY THESE PRESENTS	that HealthCare Associa	tes Credit Union	of the County of
DuPage and the State of Ulinois for and inhereinafter mentioned, and the cancellation whereof is hereby acknowledged does he	n consideration of the paon of all the notes there	ayment of the indebtedness sec by secured, and of the sum of a	ured by the Mortgage
JOANNE C ROSS, A WIDOV		y contact and got our minding	<b>o</b> .
	1		
	<i>X</i>		
heirs, legal representatives and assigns, a may have acquired in, through or by a cert and recorded in the Recorder's Office of _C No0730908102 to the pre ofCOOK State of Illinois	ain mortgage, bearing da COOK Cemises therein described	claim or demand whatsoever ate the 19TH day of OCTO county, in the State of Illinois, as day as follows, situated in the County	ocument
LOT 165 IN LAKEVIEW TOWERS UNIT WEST 1/2 OF THE SOUTHWEST 1/4 (EX MEASUREMENT) SECTION 29, TOWNS PRINCIPAL MERIDIAN, IN COOK COUN	XCEPT THE WEST 6327 SHIP 41 NORTH, RANGE	FEET THEREOF AT RIGHT AND	GLE
together with all the appurtenances and pri Permanent Real Estate Index Number(s):	vileges thereunto belongi 09-29-308-012-0000	ing or appertaining.	Ö
Address of premises: 2081 EASTVIEW D	R	<b>DES PLAINES, IL 60018-27</b>	
Witness hands and seal this 5TH	day of <b>NOVEMBER</b>	, 2010	<del></del>
		as t. Needl	
	Todd J.	Niedermeier - Vice President	
		Munony	
	Jean Mo	orris- Loan Manager	-

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 OF					
TRACY R BREYER		, a notary public in a	and for s	aid County	in the State
aforesaid DO HEREBY CERTIFY that Vice President of HealthCare Ass	Todd J. Niedermeier persor sociates Credit Union, an II	nally known to me to	be the	·	m mo otato
personally known to me to be the Loan		poration, and persor			be the same
persons whose names are subscribed acknowledged that as such Vice President	to foregoing instrument, ap	opeared before me t	this day i	in person ar elivered the	d severally
said instrument and caused the corporation, for the	orate seal of said corporatine uses and purposes there	ion, as their free vo	oluntary	act, and as	the free and
GIVEN under my hand and official sea	al, this <u>54h</u> d	ay of <u>Jovemb</u>	er,2	<u>a0</u>	
My commission expires: 0123	2013				
7		Jan.	2	Bo.	$\sim$
	0,5			NOTARYP	OBLIC
	C	U	****	44460 <b>4444</b>	10110000000000000000000000000000000000
	RELEASE D	)CCD	}	"OFFICIAL	SEAL"
	By Corpora		Not	TRACY R. I ary Public, St	ate of Illinois
<b>L</b>	HEALTHCARE ASSOCIAT		My Con	mission Expire	es Sept. 23, 2013
<u>.</u>	1151 EAST WARREN		-	Commission N	o. 635045
_	NAPERVILLE, IL 6		-		
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<u>.J</u>	OANNE C ROSS		0		
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<u>_D</u>	ES PLAINES, IL 60018-27	706	_	175.	
_			-	Diffico.	
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	MAIL TO				
<u>H</u>	EALTHCARE ASSOCIAT	ES CU	•		
<u>н</u>	OME EQUITY DEPARTM	ENT	_		
<u>1</u>	151 E WARRENVILLE RO	AD	_		
<u>N</u>	APERVILLE, IL 60563		_		