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THIRD AMENDMENT
TO DECLARATION OF
CONDOMINIUM OWNERSHIP
AND OF EASEMENTS,
RESTRICTIONS, COVENANTS
AND BY-LAWS
FOR THE MADISON PLACE
CONDOMINIUM ASSOCIATION



Doc#: 1101145037 Fee: \$308.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 01/11/2011 01:43 PM Pg: 1 of 137

This Third Amendment to the Declaration of Condominium Ownership and of Easements, Restrictions, Covenants, and By-Laws for The Madison Place Condominium Association, is made and entered into this 15th day of December, 20 10, by the Unit Owners of The Madison Place Condominium Association holding not less than three-fourths of the total vote of the unit ownership.

WITNESSETH

WHEREAS, by a certain Declaration of Condominium Ownership and of Easements, Restrictions, Covenants and By-Laws for The Madison Place Condominium Association (hereinafter called "Declaration") recorded in the Office of the Recorder of Deeds of Cook County, Illinois, as Document No. 0021302667, on November 25, 2002, certain real estate located in Skokie, Cook County, Illinois (hereinafter called "Property") identified therein was submitted to the Condominium Property Act of the State of Illinois (hereinafter called "Act"). The real estate now subject to the Declaration, as amended, is identified and legally described in Exhibit "A" which is attached hereto and forms a part hereof; and

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RECORDING FEE 308
DATE 1-11-11 COPIES 6
OK BY [Signature]

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WHEREAS, a First Amendment to the Declaration of Condominium Ownership was recorded in the Office of the Recorder of Deeds of Cook County, Illinois, as Document No. 0401331130, on January 13, 2004; and

WHEREAS, a Second Amendment to the Declaration of Condominium Ownership was recorded in the Office of the Recorder of Deeds of Cook County, Illinois, as Document No. 0504703009, on February 16, 2005, and

WHEREAS, the Unit Owners deem it desirable to restrict the leasing, renting or occupying of the residential units so that no more than twenty percent (20%) of the total number of Units shall be leased at any time (except as otherwise permitted by this Amendment); and

WHEREAS, the Unit Owners desire to reserve to the Board the authority, in its sole and absolute discretion, to lease or rent units owned or possessed by the Board or the Madison Place Condominium Association;

WHEREAS, Section 21 of the Declaration provides that the Declaration may be changed, modified, or rescinded by an instrument in writing setting forth such change, modification or rescission, signed by Unit Owners holding not less than three-quarters (3/4) of the total vote (percentage of ownership) of the Association, and certified by the Secretary of the Association; and further provided that all lienholders of record have been notified by certified mail of such change, modification or rescission, and an affidavit by said secretary certifying to such mailing is made a part of such instrument; and

WHEREAS, Section 19 (b)(iv) of the Declaration previously stated the provisions of Section 19 may only be amended or modified upon the consent of Unit Owners owning 100%

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of the total ownership; it is hereby recognized that said provision has been abrogated by Section 27 of the Illinois Condominium Property Act, which provides, at Section 27(a), that the condominium instruments shall be amended upon the approval vote of 2/3 of those voting or upon the majority specified by the condominium instruments, "provided that in no event shall the condominium instruments require more than a three-quarters vote of unit owners";

NOW THEREFORE, the Board and owners having at least three-fourths (3/4) of the total vote (percentage of ownership), do hereby amend and modify the Declaration as follows:

Section 19 of the Declaration, entitled "Transfer of a Unit"; is hereby amended and modified by replacing subparagraphs (a) and (b) with the following subparagraphs (a) and (b) in its place and stead:

(a). Leasing of Units Restricted.

(i). Leasing of Units, and occupancy of Units by persons other than the Owner of the Unit or those authorized by Subsections (i) through (vi) of this Section 19(a), is hereby restricted so that no more than twenty percent (20%) of the total number of Units in the Association (by number) may be leased or rented (or occupied by persons other than those permitted by this Section 19) at any particular time.

Notwithstanding the leasing restrictions set forth herein, for purposes of this Section 19(a) only, a Unit may be occupied by the Unit Owner's immediate family member, without the Unit Owner, provided that those family members actually occupy and reside in the Unit as their primary residence. Such occupancy by immediate family members shall not be considered leasing or renting the Unit for these purposes and shall not count as being leased or rented to determine the total number of units being leased or rented in the Association. For purposes of this subsection 19(a) immediate family member shall mean the Unit Owner's a spouse, parent, child, brother or sister, and shall not include any other family member or person.

(ii) The Board shall have sole and absolute discretion to determine when and which Units may be leased or rented in accordance with these provisions of Section 19(a), including, but not limited to, determining if twenty percent of the total number of Units are being leased or rented. The Board's determinations shall not be subject to challenge or judicial review and shall be final and binding upon the Unit and the Unit Ownership.

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The Board shall have the authority, in its discretion, to adopt and amend rules and regulations to implement and enforce these limitations and restrictions on the number of Units which may be leased or rented, including, but not limited to, setting the method or procedure to determine which units may be rented, leased or occupied to comply with the restrictions and limitations set forth in this Amendment. The Board shall have sole and absolute discretion to determine whether or not twenty percent (20%) of the Units are leased or rented at any time, and whether and which Units may be rented, leased or occupied in accordance with this Amendment, and the Board's determinations shall not be subject to challenge or judicial review and shall be final and binding upon the unit and the unit Ownership.

All leases in effect on or before the effective date of this Amendment, and all leases in effect and permitted after the effective date, shall be subject to the Declaration and By-Laws, this Amendment, all prior and subsequent Amendments, the Condominium Property Act now in effect and as amended from time to time, provided, however, that no changes to the Condominium Property Act will allow leasing or limit the restrictions herein. All permitted, tenants and occupants shall be subject to the Declaration, By-Laws, Amendments, all Rules and Regulations in effect at the time of this Amendment or as amended by the Board from time-to-time and to the Act, provided, that no changes to the Condominium Property Act which would allow leasing as otherwise prohibited herein, or which would otherwise limit the restrictions herein, shall supersede this provision. The Rules and Regulations in effect at the time of this Amendment shall be deemed incorporated herein by this reference and shall be deemed reasonable in all respects by all Unit Owners, lessees, occupants and tenants and by any court of competent jurisdiction.

(iii). A Unit shall not be leased or occupied except as allowed or authorized in Subsections (i) through (vi) of this Section 19(a). Except for Units which may be leased pursuant to this Section 19(a), all other Units must be occupied by the Owner of the Unit (and persons residing with the Owner), or the Owner's immediate family directly related to the Owner, which, for purposes of the provisions of this Section 19(a), such immediate family shall be defined only as a spouse, parent, child, brother or sister (and persons residing with each of those immediate family members), or any one or more of them, for use as their primary personal residence only, and further provided that those family members actually occupy and reside in the Unit. No other person may occupy and reside in the Unit except with the Owner or as permitted by this Subsection 19(a). For purposes of this Section 19(a), if the Owner is a corporation, the occupant must be a shareholder of the corporation who owns at least twenty-five (25%) percent of the stock of the corporation; if the Unit Owner is a Limited Liability Company (an "LLC"), the occupant must be a member of the LLC; if the Unit Owner is a partnership, the occupant must be a partner of the partnership; and if the Unit Ownership is a trust, the occupant must be the trustee or a beneficiary of the trust. Upon request by the Board, the Unit Owner must provide to the Board sufficient information, documentation and evidence that the person who occupies or will occupy

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the Unit is a person permitted and authorized by this Subsection B(ii), and the Board shall have sole discretion to determine whether or not any person is permitted or authorized to occupy a Unit in accordance with this provision. Units are for single family occupancy only, and only one family may occupy and reside in a Unit at any time.

(iv). Notwithstanding the provisions of Subsections 19(a)(i) and (iii), with respect to any Unit which the Association or Board has or shall have possession or an ownership interest, the Board shall have the authority to lease the Unit to any person, exempt from and without complying with the lease restrictions or any provision of this Section 19(a) whenever the Board shall determine, in its sole and absolute discretion, that the interest of the Association would be served thereby.

(v). The Board shall have the authority at its sole discretion to adopt such rules and regulations it deems necessary to administer, enforce and supplement the provisions of Section 19(a), but the absence of any such rules and regulations shall not prevent the Board from administering or enforcing the provisions of Section 19(a), including subparagraphs (i) through (vi). Any such rules and regulations shall be deemed reasonable. The Board shall have the right to establish Rules and Regulations limiting the number of persons occupying, residing or staying in a Unit.

(vi). In the event that a Unit or any interest therein is leased or occupied in violation of this Section 19(a), such lease or occupancy shall be void, and the Board shall have the right to enforce the restrictions, limitations, prohibitions or conditions set forth in Section 19(a) or other provisions of the Declaration and By-Laws, Rules and Regulations, and the Act, by any proceeding at law or in equity, and may pursue any or all of the remedies set forth in the Declaration, By-Laws and Rules and Regulations, including, but not limited to, Forcible Entry & Detainer actions to obtain possession of the Unit and injunctive or other relief. All expenses of the Board or Association incurred in connection with enforcement of Section 19(a) or with such actions and proceedings including all attorneys' fees, court costs, other fees and expenses, and all damages, liquidated or otherwise, together with interest thereon at the maximum legal rate until paid, incurred prior to, during, and after such actions or proceedings, shall be charged to and assessed against the defaulting Owner, and shall be added to and deemed a part of the Owner's respective share of the common expenses, and the Board shall have a lien for all of the same upon the Unit and the Owner and upon all of the Owner's personal property in the Unit or located elsewhere on the property.

(b). Provisions Relating to Leased Units. The following provisions apply to all Units that are leased or rented as allowed pursuant to Section 19:

(i). A Unit Owner shall not lease or rent the Unit for less than one (1) year, or for hotel or transient purposes.

(ii) All rentals and leases must be in writing. A copy of the lease, as and when executed shall be provided to the Association Board, or its managing agent, no

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~~less~~ ^{later}

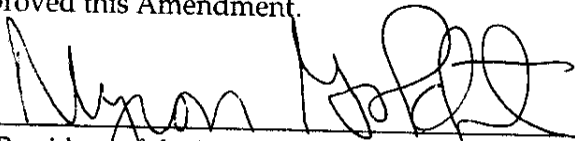
less than ten (10) days after execution or the date of occupancy by the lessee, whichever is first.

(iii) The provisions of the Act, this declaration, the Bylaws, and the Association's rules and regulations shall apply to every person leasing a Unit and to any and all Occupants of a Unit claiming by and through the person leasing a Unit and by this reference such application shall be deemed incorporated in each and every lease.

(iv) In addition to any other remedies, the Association may seek to enjoin a tenant and Unit Owner from occupying a Unit or seek to evict a tenant under the provisions of Article IX of the Code of Civil Procedure for failure of the lessor-Owner to comply with the leasing requirements prescribed by this Section or by the Declaration, Bylaws and rules and regulations, and the Unit Owner hereby waives any claim to homestead under 735 ILCS 5/12-903. The Board may proceed directly against a tenant, at law or in equity, under the provisions of Article IX of the Code of Civil Procedure and for any other breach by tenant of any covenants, rules, regulations or bylaws.

This Third Amendment To Declaration of Condominium Ownership And Of Easements, Restrictions, Covenants and By-Laws for The Madison Place Condominium Association shall become effective on the date it is filed with the Recorder of Deeds of Cook County, Illinois.

IN WITNESS WHEREOF, the President of the Association has signed this instrument below as the President of the Association; and the Unit Owners holding not less than three-quarters (3/4) of the total vote (percentage of ownership) of the Association, as set forth on the pages attached hereto, have approved this Amendment.



As President of the Madison Place Condominium Association

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AFFIDAVIT OF SECRETARY

The undersigned, on oath, state that I have personal knowledge of the facts in this Affidavit and could testify to the same if necessary; and further state that I am the Secretary of the Board of Managers of The Madison Place Condominium Association, and further certify that signatures attached to this Amendment represent Unit Owners having at least three-quarters of the total vote in the Association. I further certify that notice of this Amendment has been mailed by certified mail to all lienholders of record.

IN WITNESS WHEREOF, I have sent my hand and seal as the Secretary of this Association on this 11th day of JANUARY, 2011.

Hattie A. Dewey

Secretary

Title

SUBSCRIBED AND SWORN to before me
this 11th day of January, 2011.

[Signature]

NOTARY PUBLIC



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SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

The undersigned personally and as unit owners(s) by signing this document hereby approve the Third Amendment to the Declaration of Condominium Ownership for Madison Place Condominium Association and all of its contents to restrict the leasing of units, and authorize detachment of this signature page from the copy to which it is attached and to attach this signature page to the Amendment to be recorded.

<u>UNIT OWNER</u>	<u>UNIT/ADDRESS</u>
<u>Hattie A. Nwan</u>	<u>5055 Madison St.</u>
Signature	
<u>Hattie S. Stewart</u>	<u>Unit 404</u>
Printed Name	

PIN NO.

10-21-405-077-1018

Signature

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: BANK of AMERICA

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____

Financial Institution Full Name: CCO Mortgage

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____

COOK COUNTY CLERK'S OFFICE

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INDEXED

10/21/2018

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UNIT OWNER

UNIT/ADDRESS



5055 Madison #205

Signature

Dan Shin
Printed Name

SKOKIE ZL 600917

PIN NO.

Signature

10-31-405-071-1021

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____

Financial Institution Full Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____

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UNIT OWNER

UNIT/ADDRESS

Apollonia J. Slivinski 5055 MADISON ST, #211
 Signature
APOLLONIA J. SLIWINSKI SKOKIE, IL 60077
 Printed Name

PIN NO.

10-21-405-077-1051

Signature

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name:

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

Financial Institution Full Name:

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

Proprietor of Cook County Clerk's Office

IF 2 OWNERS
Get Both Names/Signatures

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UNIT OWNER

UNIT/ADDRESS

✓ Donna J. Marano
Signature
✓ DONNA J. MARANO
Printed Name

5055 MADISON ✓
UNIT 308

Signature

Printed Name

PIN NO.

10-21-405-077-1037

Signature

Printed Name

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UNIT OWNER

UNIT/ADDRESS

Luditha Lager
Signature
LUDITHA LAGER
Printed Name

5055 MADISON #311
SKOKIE IL 60077

PIN NO.

10-21-405-077-1052

Signature

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: NO MORTGAGE
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

IF 2 OWNERS
GET BOTH NAMES / SIGNATURES

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UNIT OWNER

UNIT/ADDRESS

✓ Franklin Ray Misrac
Signature
✓ FRANKLIN RAY MISRAC
Printed Name

5055 W. MADISON ST., # 312 ✓
SKOKIE, IL 60077

PIN NO.

Signature

10-21-405-077-1057 ✓

Printed Name

Signature

Printed Name

Property of Cook County Clerk's Office

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UNIT OWNER

UNIT/ADDRESS

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

401

5055 MADISON
SKOKIE, IL 60077
PIN NO.

10-21-405-077-1003

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name:
Street/P.O. Box:
City/State/Zip:
Mortgage Number:

N/A

Financial Institution Full Name:
Street/P.O. Box:
City/State/Zip:
Mortgage Number:

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UNIT OWNER

UNIT/ADDRESS

Marla Carson
Signature
MARLA CARSON
Printed Name

5055 MADISON
#405

PIN NO.

Signature

Printed Name

10-21-405-077-1033

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

IF 2 OWNERS
Get Both Names/Signatures

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UNIT OWNER

UNIT/ADDRESS

✓ I. Cohen

5055 Madison St, Unit ~~409~~ 409

Signature

✓ Ilya Cohen

Skokie, IL 60077

Printed Name

R. Smolgor

PIN NO.

Signature

Rina Smolgor

0-21-405-1043

Printed Name

Signature

Printed Name

DeKalb County Clerk's Office

IF 2 OWNERS

Get Both Names / Signatures

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<u>UNIT OWNER</u>	<u>UNIT/ADDRESS</u>
✓ <u>Mel F. Feidenberg</u> Signature	<u>Trustee 5055 W MADISON ST #50</u>
✓ <u>MEL FEIDENBERG,</u> Printed Name	<u>SKOKIE, IL 60017</u>

Signature

PIN NO.

10-21-405-077-1019

Printed Name

Signature

Printed Name

Office of Cook County Clerk's Office

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505

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

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UNIT OWNER

UNIT/ADDRESS



5055 Madison #505 UNIT 505

Signature
TANAPHOL CHANTANA

State IL 60077

Printed Name

PIN NO.

Signature

10-21-405-077-1024

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: Bank of America
 Street/P.O. Box: P.O. Box 650225
 City/State/Zip: Dallas TX 0225
 Mortgage Number: _____

Financial Institution Full Name: _____
 Street/P.O. Box: _____
 City/State/Zip: _____
 Mortgage Number: _____

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UNIT OWNER

UNIT/ADDRESS

Daisy Farmakis
Signature

#507

DAISY FARMAKIS
Printed Name

5055 W. MADISON

PIN NO.

Signature

10-21-405-077-1034

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: NONE
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

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11/02/2010 14:28

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<p><input checked="" type="checkbox"/> <u>UNIT OWNER</u></p> <p><u>[Signature]</u></p> <p>Signature <u>Andrew Kim</u></p> <p><input checked="" type="checkbox"/> <u>Printed Name</u></p>	<p><u>UNIT/ADDRESS</u></p> <p><input checked="" type="checkbox"/> <u>505 W. Madison #508</u></p> <p><input checked="" type="checkbox"/> _____</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------

Signature

Printed Name

Signature

Printed Name

PIN NO.

10-21-405-077-1039

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

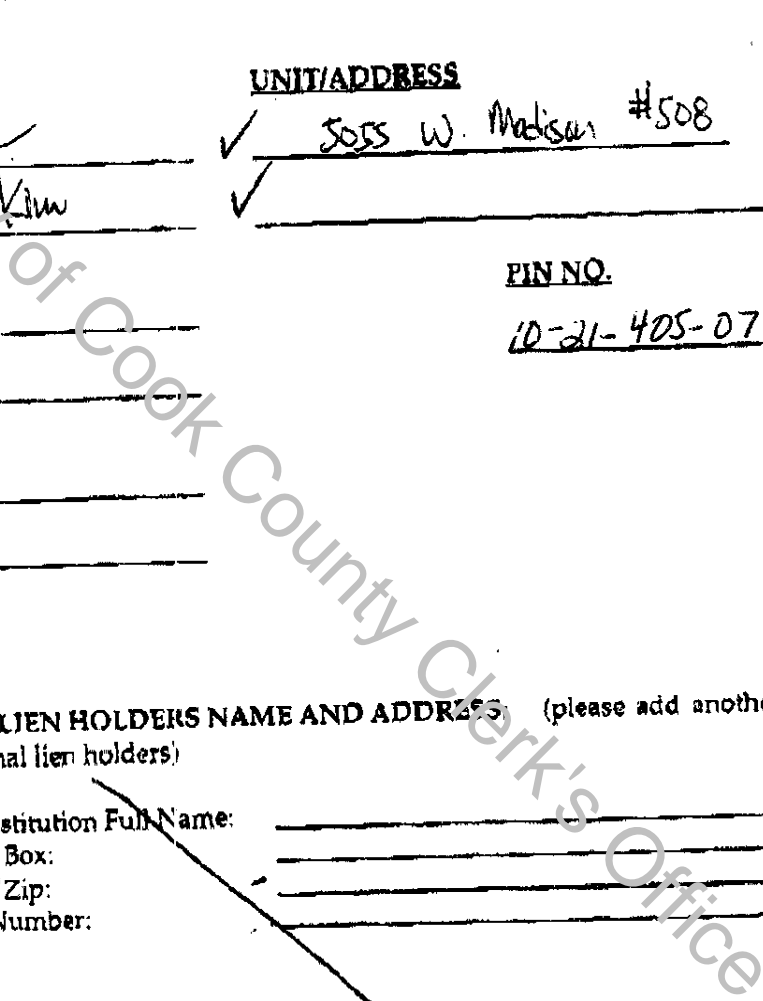
Mortgage Number: _____

Financial Institution Full Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____



IF 2 OWNERS
GET BOTH NAMES/SIGNATURES

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509

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

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UNIT OWNER

UNIT/ADDRESS

✓ Jonathan Persky
Signature

5055 Madison St Unit #509

✓ Jonathan Persky
Printed Name

Signature

PIN NO.

10-21-405-077 ✓ 1044

Printed Name

Account # 17581

Signature

Printed Name

Property of Cook County Clerk's Office

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510

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UNIT OWNER

UNIT/ADDRESS

Signature

5055 Madison #R #510

Printed Name

KONTOROVICH

Skokie, IL, 60077

PIN NO.

Signature

10-21-405-077-1049

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name:

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

NO MORTGAGE

Financial Institution Full Name:

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

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605

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

The undersigned personally and as unit owners(s) by signing this document hereby approve the Third Amendment to the Declaration of Condominium Ownership for Madison Place Condominium Association and all of its contents to restrict the leasing of units, and authorize detachment of this signature page from the copy to which it is attached and to attach this signature page to the Amendment to be recorded.

UNIT OWNER

UNIT/ADDRESS

Suzan Bates
Signature
Suzan Bates
Printed Name

5055 Madison #605
Skokie, IL 60077

PIN NO.

10-21-405-077-1025

Signature

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

UNOFFICIAL COPY

606

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

The undersigned personally and as unit owners(s) by signing this document hereby approve the Third Amendment to the Declaration of Condominium Ownership for Madison Place Condominium Association and all of its contents to restrict the leasing of units, and authorize detachment of this signature page from the copy to which it is attached and to attach this signature page to the Amendment to be recorded.

UNIT OWNER

UNIT/ADDRESS

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

5055 W. Madison St. #606
Skokie, IL 60077

PIN NO.

10-21-405-077-1030

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name:

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

Chase Mortgage
Po Box 9001123
Louisville KY 40290-1123
5304282196

Financial Institution Full Name:

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

UNOFFICIAL COPY

607

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

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UNIT OWNER

UNIT/ADDRESS

[Signature]
Signature

5055 Madison #607

Kave Nazarian
Printed Name

Skokie, IL 60077

PIN NO.

Signature

10-21-405-077-1035

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

Property of Cook County Clerk's Office

UNOFFICIAL COPY

609

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

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UNIT OWNER

UNIT/ADDRESS

Patrick Hanley
Signature
PATRICK HANLEY
Printed Name

#609
5055 MADISON

PIN NO.

Signature

Printed Name

10-21-405-077-1045

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name:
Street/P.O. Box:
City/State/Zip:
Mortgage Number:

GMAC
PO BOX 4622
WATERLOO IA 50704-4622
0687521707

Financial Institution Full Name:
Street/P.O. Box:
City/State/Zip:
Mortgage Number:

UNOFFICIAL COPY

612

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

The undersigned personally and as unit owners(s) by signing this document hereby approve the Third Amendment to the Declaration of Condominium Ownership for Madison Place Condominium Association and all of its contents to restrict the leasing of units, and authorize detachment of this signature page from the copy to which it is attached and to attach this signature page to the Amendment to be recorded.

UNIT OWNER

UNIT/ADDRESS

Norma S. Beal
Signature
Norma S. Beal
Printed Name

5055 Madison, Apt 612
Skokie, Ill. 60077

PIN NO.

Signature

Printed Name

10-21-405-077-1060

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: No Mortgage
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

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202

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

The undersigned personally and as unit owners(s) by signing this document hereby approve the Third Amendment to the Declaration of Condominium Ownership for Madison Place Condominium Association and all of its contents to restrict the leasing of units, and authorize detachment of this signature page from the copy to which it is attached and to attach this signature page to the Amendment to be recorded.

UNIT OWNER

UNIT/ADDRESS

Matthew S. Reznik
Signature
Matthew S. Reznik
Printed Name

5105 Madison St.
202

PIN NO.

10-21-405-077-1062

Signature

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

PROPERTY OF COOK COUNTY CLERK'S OFFICE

Of 2 owners, both must sign
UNOFFICIAL COPY

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF
CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM
ASSOCIATION TO RESTRICT LEASING

The undersigned personally and as unit owners(s) by signing this document hereby approve the Third Amendment to the Declaration of Condominium Ownership for Madison Place Condominium Association and all of its contents to restrict the leasing of units, and authorize detachment of this signature page from the copy to which it is attached and to attach this signature page to the Amendment to be recorded.

UNIT OWNER

UNIT/ADDRESS

✓ *[Signature]*
Signature

5105 Madison ✓

✓ *Kyang Pak*
Printed Name

Stokil 2A 60077 ✓ #204

PIN NO.

✓ _____
Signature

10-31-405-077-1064

✓ _____
Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____

Financial Institution Full Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____

Property of Cook County Clerk's Office

~~212~~
212

If 2 owners, both must sign. **UNOFFICIAL COPY**

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF
CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM
ASSOCIATION TO RESTRICT LEASING

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UNIT OWNER

UNIT/ADDRESS

✓ Jean Colling
Signature

5105 Madison #212 ✓

✓ JEAN COLLING
Printed Name

212 ✓

PIN NO.

✓ _____
Signature

10-21-405-077-1072

✓ _____
Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

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SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

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UNIT OWNER

UNIT/ADDRESS



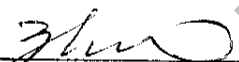
5105 Madison #304

Signature

Don Stan

SKOKIE IL 60077

Printed Name



PIN NO.

Signature

M. J. RA

10-21-405-011-1076

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name:

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

Financial Institution Full Name:

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

2 owners

UNOFFICIAL COPY

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

The undersigned personally and as unit owners(s) by signing this document hereby approve the Third Amendment to the Declaration of Condominium Ownership for Madison Place Condominium Association and all of its contents to restrict the leasing of units, and authorize detachment of this signature page from the copy to which it is attached and to attach this signature page to the Amendment to be recorded.

UNIT OWNER

UNIT/ADDRESS

IZRAIL BICKEL

5105 Madison St Unit 306

Signature

IZRAIL BICKEL

SKOKIE IL 60077

Printed Name

PIN NO.

10-21-425-077-1078

Signature

IDA BICKEL

Printed Name

IDA BICKEL

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name:
Street/P.O. Box:
City/State/Zip:
Mortgage Number:

Financial Institution Full Name:
Street/P.O. Box:
City/State/Zip:
Mortgage Number:

If 2 owners both must sign

UNOFFICIAL COPY

308

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

The undersigned personally and as unit owners(s) by signing this document hereby approve the Third Amendment to the Declaration of Condominium Ownership for Madison Place Condominium Association and all of its contents to restrict the leasing of units, and authorize detachment of this signature page from the copy to which it is attached and to attach this signature page to the Amendment to be recorded.

UNIT OWNER

UNIT/ADDRESS

✓ *Danielle Giza*
Signature

✓ 5105 Madison St.

✓ Danielle Giza
Printed Name

✓ Unit 2-308

PIN NO.

✓ _____
Signature

10-21-1405-DTH/080

✓ _____
Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

Property of Cook County Clerk's Office

If 2 owners, both must sign
UNOFFICIAL COPY

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF
CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM
ASSOCIATION TO RESTRICT LEASING

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UNIT OWNER

UNIT/ADDRESS

✓ [Signature]
Signature

✓ 5105 W MADISON # 311

✓ L. SARIN MATA
Printed Name

✓ _____

✓ Shelli M. Mata
Signature

PIN NO.

10-21-405-077-1083

✓ Shelli M. Mata
Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____

Street/P.O. Box: _____

✓ City/State/Zip: _____

✓ Mortgage Number: _____

Financial Institution Full Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____

If 2 owners both must sign
UNOFFICIAL COPY

UNIT 501

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF
CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM
ASSOCIATION TO RESTRICT LEASING

The undersigned personally and as unit owners(s) by signing this document hereby approve the Third Amendment to the Declaration of Condominium Ownership for Madison Place Condominium Association and all of its contents to restrict the leasing of units, and authorize detachment of this signature page from the copy to which it is attached and to attach this signature page to the Amendment to be recorded.

UNIT OWNER

UNIT/ADDRESS

✓ _____
Signature
✓ W. Y. ...
Printed Name

✓ BLDG #2 - UNIT - 501
✓ _____

✓ _____
Signature
✓ _____
Printed Name

PIN NO.
10-21-405-077-1097
1097

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____
Street/P.O. Box: _____
✓ City/State/Zip: _____
Mortgage Number: _____

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

*If a owner (back) unit says
no need to fill in mortgage info at this time*

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF
CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM
ASSOCIATION TO RESTRICT LEASING

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UNIT OWNER

UNIT/ADDRESS

✓ *David Thornton* ✓ 5105 Madison #502

Signature

✓ DAVID THORNTON ✓ Skokie IL 60077

Printed Name

PIN NO.

✓ _____
Signature

10-21-405-077-1098

✓ _____
Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

IF MORE THAN ONE OWNER OF PROPERTY BOTH MUST SIGN. 503

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

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UNIT OWNER

UNIT/ADDRESS

<u>[Signature]</u>	<u>15105 Unit 503</u>
Signature	
<u>RICHARD C. SCHUBERT</u>	<u>15105 Unit 503</u>
Printed Name	

PIN NO.

[Signature] 10-21-405-077-1099

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____
 Street/P.O. Box: _____
 City/State/Zip: _____
 Mortgage Number: _____

Financial Institution Full Name: _____
 Street/P.O. Box: _____
 City/State/Zip: _____
 Mortgage Number: _____

If 2 owners both must sign
UNOFFICIAL COPY

UNIT 505

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF
CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM
ASSOCIATION TO RESTRICT LEASING

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UNIT OWNER

UNIT/ADDRESS

Michael Regan
Signature
MICHAEL REGAN
Printed Name

5105 W MADISON UNIT 505
SKOKIE IL 60077

PIN NO.

Signature

Printed Name

18021-405-077-1101

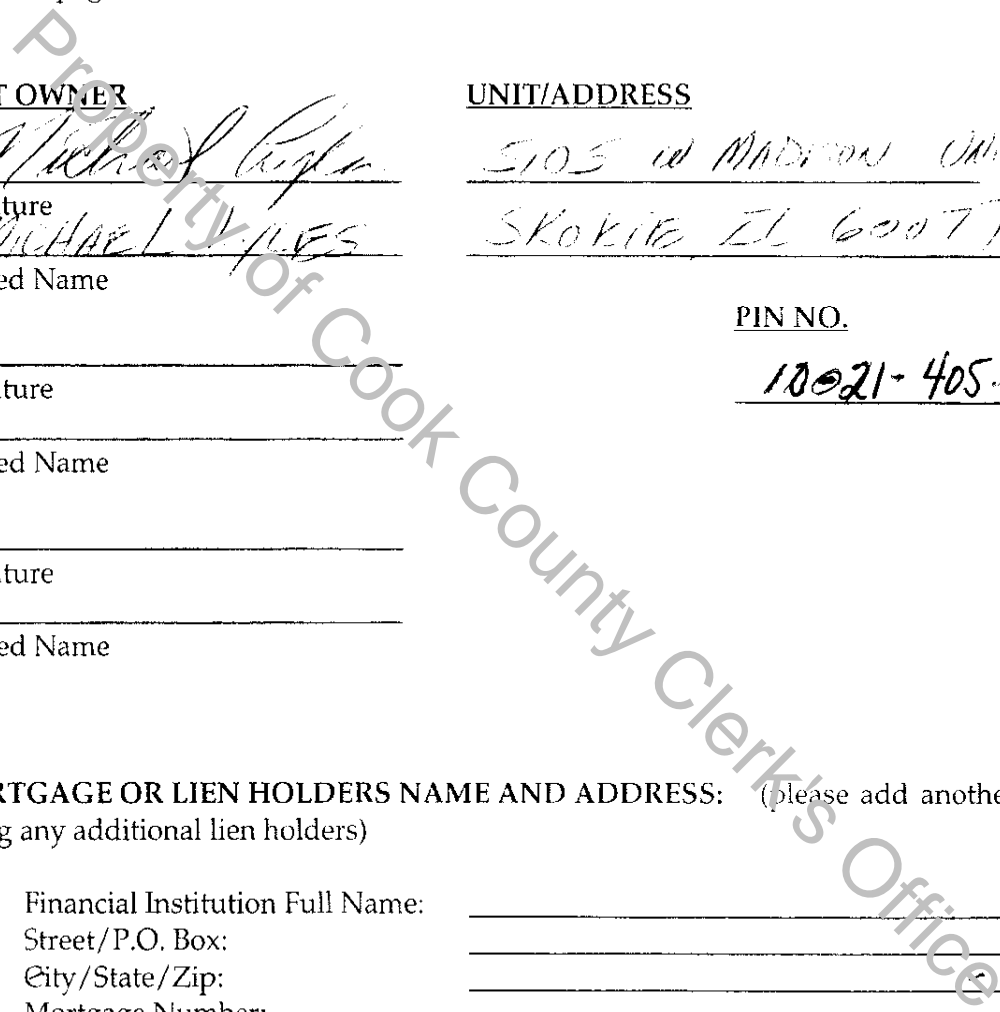
Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____



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603

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

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UNIT OWNER

UNIT/ADDRESS

Cyrille Brennan

603 5105 MADISON

Signature

CYRILLE BRENNAN

SKOKIE IL 60077

Printed Name

PIN NO.

Signature

10-21-405-077-1110

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____

Financial Institution Full Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____

If 2 owners each must sign
UNOFFICIAL COPY

UNIT # 612

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF
CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM
ASSOCIATION TO RESTRICT LEASING

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UNIT OWNER

UNIT/ADDRESS

Mary Mendelsohn
Signature
Mary Mendelsohn
Printed Name

2105 West Madison St #612
Chicago, IL 60677

PIN NO.

Signature

Printed Name

17-21-405-077-1116

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

Property of Cook County Clerk's Office

UNOFFICIAL COPY

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

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UNIT OWNER

UNIT/ADDRESS

Blanca Telhami

5155 Madison

Signature

Blanca Telhami

203

Printed Name

PIN NO.

Signature

10-21-405-077-1119

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____

Financial Institution Full Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____

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206

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

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UNIT OWNER

UNIT/ADDRESS

✓ *Vic G. Salandanan* 5155 MADISON UNIT 206
Signature

✓ VICTORINO G SALANDANAN
Printed Name

✓ *Caridad J. Salandanan*
Signature

PIN NO.

10-21-405-077-1122

✓ CARIDAD J. SALANDANAN
Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

UNOFFICIAL COPY

207

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

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UNIT OWNER

UNIT/ADDRESS

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

PIN NO.

10-21-409-077-1123

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name:

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

Financial Institution Full Name:

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

PROPERTY OF COOK COUNTY CLERK'S OFFICE

UNOFFICIAL COPY

208

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

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UNIT OWNER

UNIT/ADDRESS

Makoto Suzuki

5155 W. Madison #208

Signature

Makoto Suzuki

Printed Name

PIN NO.

Signature

10-21-405-077-1124

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name:

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

Financial Institution Full Name:

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

UNOFFICIAL COPY

211

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

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UNIT OWNER

UNIT/ADDRESS

✓ Aty [Signature]
Signature

✓ 5155 Madison st # 211 Skokie, IL

✓ ATIPORN CHETTASIRINUWAT
Printed Name

PIN NO.

Signature

✓ 10-21-405-077-1127

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name:

Northern Trust

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

Financial Institution Full Name:

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

PROPERTY OF COOK COUNTY CLERK'S OFFICE

UNOFFICIAL COPY

401

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

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UNIT OWNER

UNIT/ADDRESS

Harold Koenig
Signature
HAROLD KOENIG
Printed Name

5155 Madison Street Unit 401
SKOKIE IL 60077

PIN NO.

Signature

10-21-405-077-1141

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____
Street/P.O. Box: _____
- City/State/Zip: _____
Mortgage Number: _____

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

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SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

The undersigned personally and as unit owners(s) by signing this document hereby approve the Third Amendment to the Declaration of Condominium Ownership for Madison Place Condominium Association and all of its contents to restrict the leasing of units, and authorize detachment of this signature page from the copy to which it is attached and to attach this signature page to the Amendment to be recorded.

UNIT OWNER

UNIT/ADDRESS

Sarish M. Sunny
Signature
SARISH M. SUNNY
Printed Name

555. W. Madison st, unit 405
SKOKIE, IL 60077

PIN NO.

Mary Sunny
Signature
MARY SUNNY
Printed Name

10-21-405-077-1045

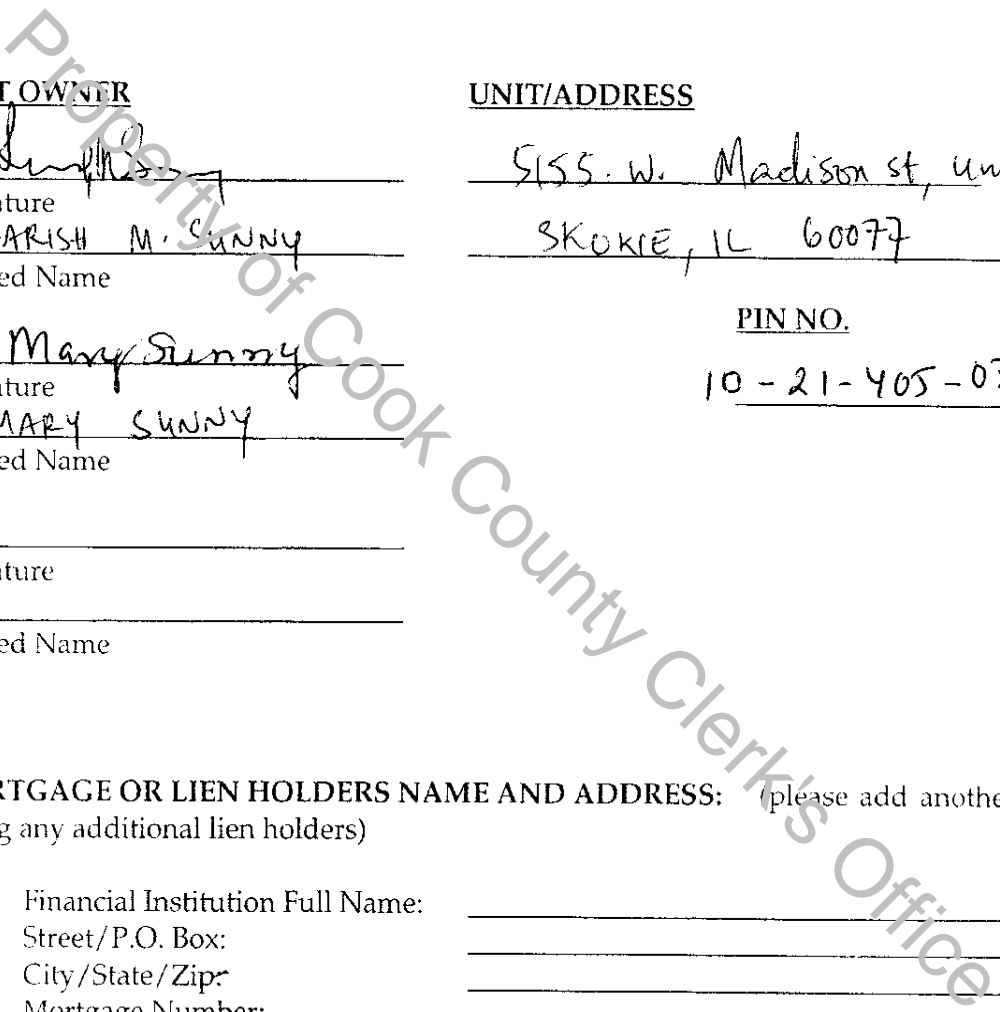
Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____



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UNIT OWNER

UNIT/ADDRESS

[Handwritten Signature]
Signature

SISS Madison

ARNOLD BECKER
Printed Name

Unit 406

PIN NO.

Signature

10-21-705-077-1146

Printed Name

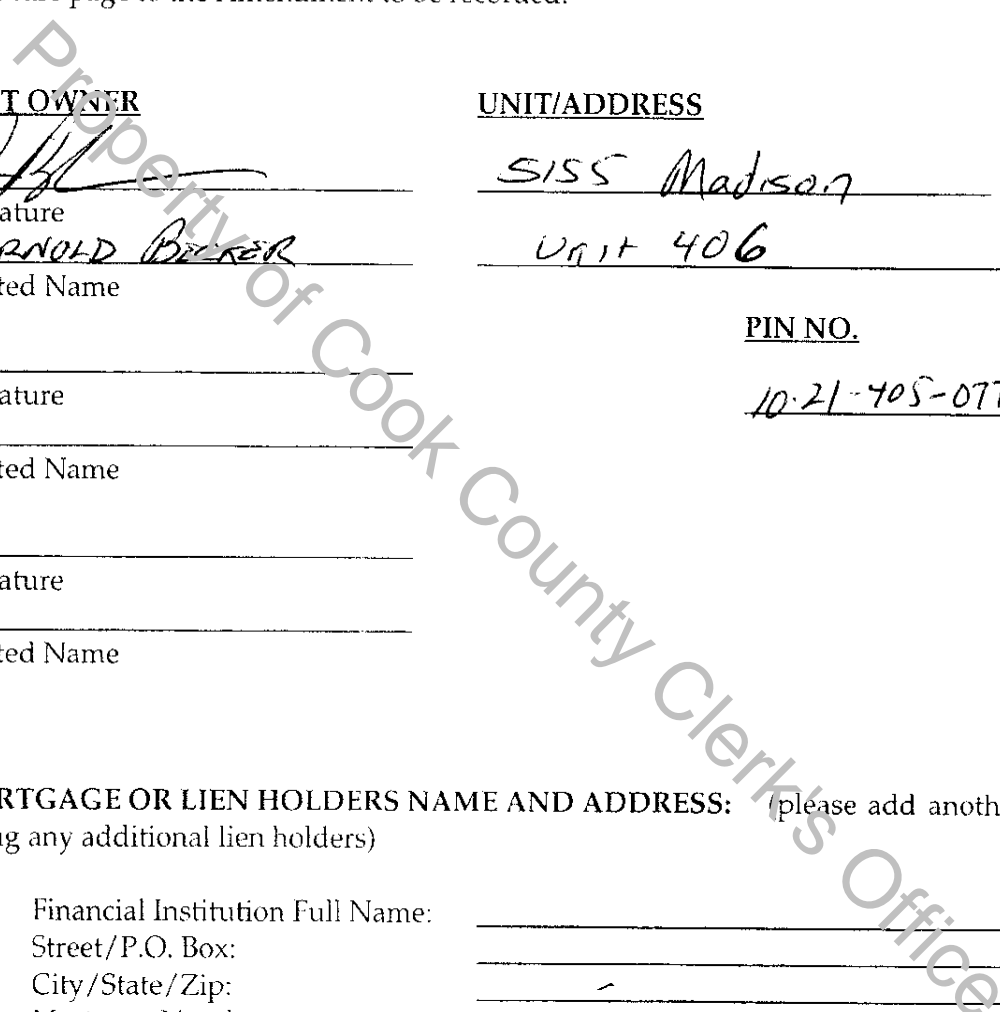
Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____



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409

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

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UNIT OWNER

UNIT/ADDRESS

Michael Shields

5155 Madison

Signature

Michael Shields

unit 409

Printed Name

Melna C Shields

PIN NO.

10-21-405077-1149

Signature

Melisa C. Shields

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____

Financial Institution Full Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____

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UNIT OWNER

UNIT/ADDRESS

Signature

DAVID

Printed Name

5155 Madison St. #410

PIN NO.

10-21-405-077-1150

Signature

Angela Lee

Printed Name

ANGELA LEE

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name:

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

Financial Institution Full Name:

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

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502

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

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UNIT OWNER

UNIT/ADDRESS

[Signature]
Signature
ZHIZHUA CHEN
Printed Name

5155 Madison St.
Unit 502

[Signature]
Signature
Bingling Zhou
Printed Name

PIN NO.

10-21-405-077-1154

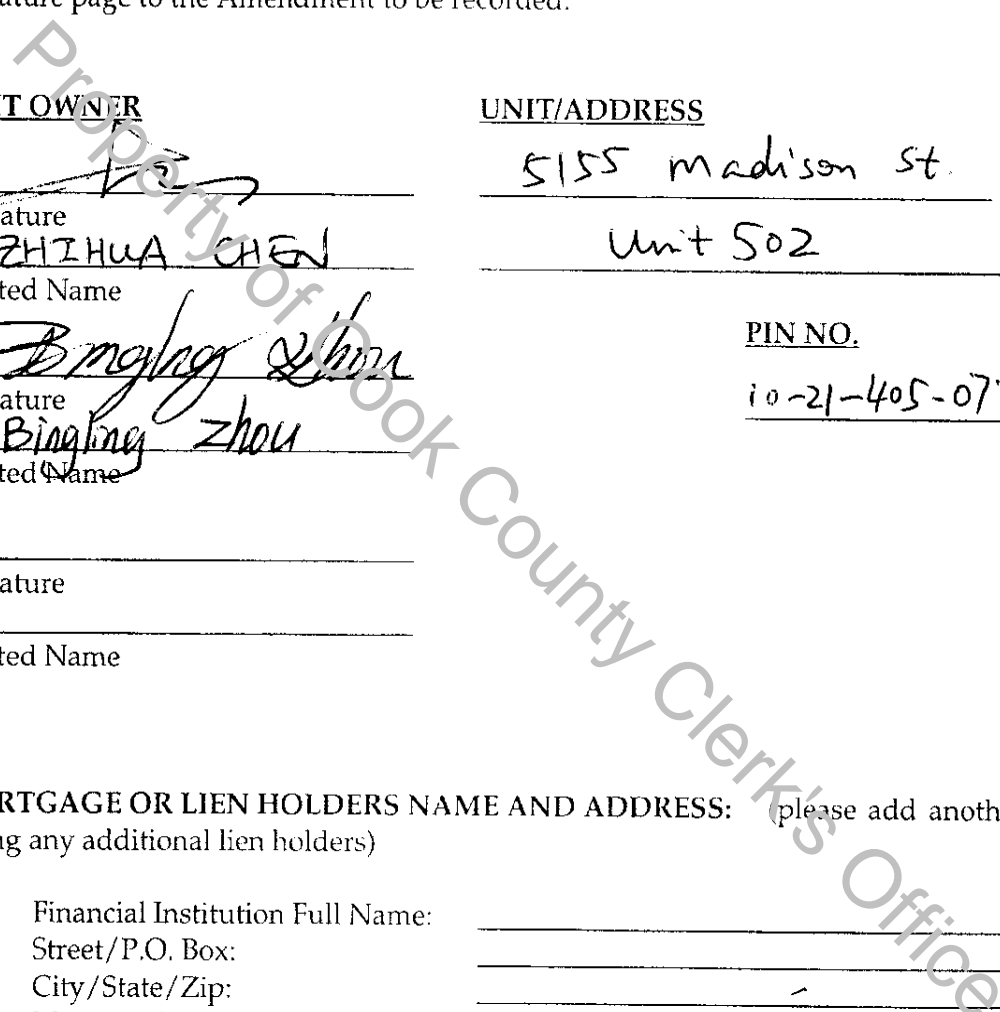
Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____



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503

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

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UNIT OWNER

UNIT/ADDRESS

Charita Evangelista
Signature

5155 Madison

Charita Evangelista
Printed Name

Spokie IL Unit 503

PIN NO.

Signature

10-31-405-077-1155

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____

Financial Institution Full Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____

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504

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

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UNIT OWNER

UNIT/ADDRESS

✓ Youngsup Cho
Signature

5155 MADISON #504

✓ Youngsup Cho
Printed Name

✓ Kyungae Cho
Signature

PIN NO.

10-21-405-077-1156

✓ Kyungae Cho
Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

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508

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

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UNIT OWNER

UNIT/ADDRESS

✓ [Handwritten Signature]

5155 MADISON #508

Signature

✓ LINDA STERN

Printed Name

PIN NO.

Signature

✓ 10-21-405-077-1160

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____

Financial Institution Full Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____

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512

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

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UNIT OWNER

UNIT/ADDRESS

Robert Yuwen
Signature

5155 MADISON ST. UNIT #512

ROBERT YUWEN
Printed Name

SKOKIE, IL 60077

PIN NO.

Signature

10-21-405-077-1164

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____

Financial Institution Full Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____

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UNIT OWNER

UNIT/ADDRESS

Signature

Printed Name

5155 Madison #603

Signature

Printed Name

PIN NO.

10-21-405-077-1166

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name:

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

Financial Institution Full Name:

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

*Not
Necessary*

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604

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

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UNIT OWNER

UNIT/ADDRESS

Charles T. Jenkins Jr
Signature

5155 MADISON ST
#604

CHARLES T. JENKINS JR
Printed Name

Susan J. Jenkins
Signature

PIN NO.

10-21-405-077-1167

SUSAN J. JENKINS
Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

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607

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

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UNIT OWNER

UNIT/ADDRESS

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

5155 Madison St. #607

Skokie, IL 60077

PIN NO.

10-21-405-077-1169

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name:

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

Financial Institution Full Name:

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

~~RETURN DATE:~~

~~MAY 1, 2010~~

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UNIT OWNER

UNIT/ADDRESS

Walter Gruenes
Signature
WALTER J. GRUENES
Printed Name

5055 MADISON ST UNIT 212
SKOKIE, IL 60077-2572

ELFRIEDE GRUENES
Signature
Elfriede Gruenes
Printed Name

PIN NO.
10-21-405-1056

AVA:

**WALTER J GRUENES AND ELFRIEDE
GRUENES TRUSTEES OF THE GRUENES
REVOCABLE TRUST U/A DTD 5/17/07**

RECORDED
MAY 06 2010
BY: _____

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name:
Street/P.O. Box:
City/State/Zip:
Mortgage Number:

DNA

Financial Institution Full Name:
Street/P.O. Box:
City/State/Zip:
Mortgage Number:

DNA

**PLEASE SIGN AND RETURN
NO LATER THAN MAY 15TH**

UNOFFICIAL COPY

RECEIVED
MAY 05 2010
BY:

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

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UNIT OWNER

UNIT/ADDRESS

Yoshiko K. Kelch
Signature

5055 MADISON ST. U-503

YOSHIKO K. KELCH
Printed Name

SKOKIE, IL. 60077

Ronald D. Kelch
Signature

PIN NO.

RONALD D. KELCH
Printed Name

175-75

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

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UNIT OWNER

UNIT/ADDRESS

MIRKO MIHASLOVIC

5055 MADISON #410

Signature

MIRKO MIHASLOVIC

SKOKIE IL 60077

Printed Name

NADICA MIHASLOVIC

PIN NO.

Signature

10-21-405-077-1048

NADICA MIHASLOVIC

Printed Name

VOLUME 120

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____

Financial Institution Full Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____

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NO LATER THAN MAY 15TH**

RECEIVED

APR 29 2010

BY: _____

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UNIT OWNER

UNIT/ADDRESS

Jeanette G. Franklin

5055 W. Madison, Skokie, IL 60077

Signature
Jeanette G. Franklin

Unit # 204 Bldg. H1

Printed Name

PIN NO.

Signature

10-21-405-077-1016

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

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NO LATER THAN MAY 15TH**

RECEIVED
APR 29 2010
BY: _____

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4-27-2010

UNIT OWNER

UNIT/ADDRESS

Albert E. Geimer
Signature
Albert E. Geimer
Printed Name

5055 Madison St Unit 208
Skokie, IL 60077-2522

Veronica A. Geimer
Signature
Veronica A. Geimer
Printed Name

PIN NO.

10-21-405-077-1036

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders) NONE

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

**PLEASE SIGN AND RETURN
NO LATER THAN MAY 15TH**

RECORDED
APR 29 2010
BY: _____

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UNIT OWNER

UNIT/ADDRESS

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

5055 Madison #305

Storie IL

PIN NO.

10-21-405-077-1022

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name:

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

Chase Home Finance
PO Box 24686
Columbus OH 43224-4686

Financial Institution Full Name:

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

**PLEASE SIGN AND RETURN
NO LATER THAN MAY 15TH**

RECEIVED

APR 29 2010

BY: _____

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UNIT OWNER

UNIT/ADDRESS

Maddison S Scallet
Signature

5155 W Madison # 309

Maddison S Scallet
Printed Name

Skokie, IL 60077

PIN NO.

Signature

10-21-405-077-1137

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____

Financial Institution Full Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____

**PLEASE SIGN AND RETURN
NO LATER THAN MAY 15TH**

RECORDED

MAY 06 2010

BY: _____

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UNIT OWNER

UNIT/ADDRESS

Gerald Slavin
Signature
GERALD SLAVIN
Printed Name

5155 MADISON
APT. 249

PIN NO.

Signature

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

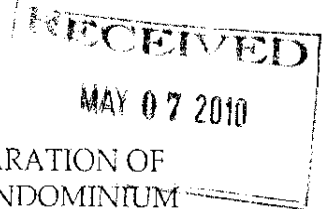
Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

**PLEASE SIGN AND RETURN
NO LATER THAN MAY 15TH**

RECORDED
MAY 06 2010
BY: _____

UNOFFICIAL COPY



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UNIT OWNER

UNIT/ADDRESS

Stephanie Majewski
Signature
Stephanie Majewski
Printed Name

5105 W. Madison St #207
Skokie, IL 60077

PIN NO.

10-21-905-077-1067

Signature

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

**PLEASE SIGN AND RETURN
NO LATER THAN MAY 15TH**

UNOFFICIAL COPY

RECEIVED
 MAY 07 2010
 BY _____

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF
 CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM
 ASSOCIATION TO RESTRICT LEASING

The undersigned personally and as unit owners(s) by signing this document hereby approve the Third Amendment to the Declaration of Condominium Ownership for Madison Place Condominium Association and all of its contents to restrict the leasing of units, and authorize detachment of this signature page from the copy to which it is attached and to attach this signature page to the Amendment to be recorded.

UNIT OWNER

UNIT/ADDRESS

Marilyn Perlman
 Signature

#410

Marilyn Perlman
 Printed Name

5105 Madison, Skokie 60077

[Signature]
 Signature

PIN NO.

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: N/A
 Street/P.O. Box: _____
 City/State/Zip: _____
 Mortgage Number: _____

Financial Institution Full Name: N/A
 Street/P.O. Box: _____
 City/State/Zip: _____
 Mortgage Number: _____

**PLEASE SIGN AND RETURN
 NO LATER THAN MAY 15TH**

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UNIT OWNER

UNIT/ADDRESS

Jacqueline A. Walker
Signature

5105 MADISON UNIT #410

JACQUELINE A. WALKER
Printed Name

Signature

PIN NO.

10-21-405-077-1094

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: NO MORTGAGE OFFICE
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

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SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

The undersigned personally and as unit owners(s) by signing this document hereby approve the Third Amendment to the Declaration of Condominium Ownership for Madison Place Condominium Association and all of its contents to restrict the leasing of units, and authorize detachment of this signature page from the copy to which it is attached and to attach this signature page to the Amendment to be recorded.

UNIT OWNER

UNIT/ADDRESS

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

5055 MADISON ST.

UNIT 412, SKOKIE, IL 60077

PIN NO.

10-21-405-077-1058

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name:

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

TCF NATIONAL BANK

101 E 5th ST. SUITE 101

ST. PAUL MN 55101

0920926205017-2998

Financial Institution Full Name:

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

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UNIT OWNER

UNIT/ADDRESS

<i>Mary E. Perrin</i>	-5055 Madison St. # 309
Signature	
<i>Mary E. Perrin</i>	Skokie, IL 60077
Printed Name	

PIN NO.

Signature

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name:	<i>J.B. Morgan Chase Bank Home Finance</i>
Street/P.O. Box:	<i>Lincoln Branch 068723</i>
City/State/Zip:	
Mortgage Number:	<i>0687451369</i>

Financial Institution Full Name:	_____
Street/P.O. Box:	_____
City/State/Zip:	_____
Mortgage Number:	_____

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UNIT OWNER

UNIT/ADDRESS

Su Kyeung Sing
Signature

5155 W. Madison St. Unit #311

Su K. Sing
Printed Name

SKOKIE IL 60077.

PIN NO.

Hyang Kyu Sing
Signature

10-21-405-077-1139

HYANG KYU SING
Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name:
Street/P.O. Box:
City/State/Zip:
Mortgage Number:

BAC Home Loans Servicing, LP
(Bank of America)
PO Box 650070
Dallas TX 75265-0070
#870946644

Financial Institution Full Name:
Street/P.O. Box:
City/State/Zip:
Mortgage Number:

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UNIT OWNER

UNIT/ADDRESS

Mary J. Julliat
Signature
Mary Julliat
Printed Name

5055 W. Madison #502
Skokie, IL 60077

PIN NO.

Signature

10-21-405-077-1009

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

NONE

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

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UNIT OWNER

UNIT/ADDRESS

Stephanie Moss
Signature

5105 MADISON ST

STEPHANIE MOSS
Printed Name

301

PIN NO.

Signature

10-21-405-077-1073

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

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UNIT OWNER

UNIT/ADDRESS

Amir Micharefi

5155 Madison St. Apt. #402

Signature

Amir Micharefi
Printed Name

PIN NO.

Signature

10-21-405-077-1142

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name:

Wells Fargo Home Mortgage

Street/P.O. Box:

PO Box 14411

City/State/Zip:

Des Moines, IA 50306-3411

Mortgage Number:

0147260509

Financial Institution Full Name:

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

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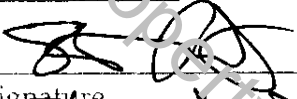
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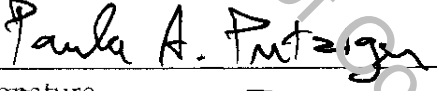
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UNIT OWNER

UNIT/ADDRESS


Signature
Steven D. Putziger
Printed Name

5155 Madison St.
Unit 610
SKOKIE, IL 60077


Signature
Paula A. Putziger
Printed Name

PIN NO.
10-21-405-077-1171

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: N/A
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

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UNIT OWNER

UNIT/ADDRESS

Marilyn Zief
Signature
MARILYN ZIEF
Printed Name

5155 Madison # 510
Skokie, IL 60077

PIN NO.

Signature

Printed Name

10-21-405-077-1162

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: NONE
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

Financial Institution Full Name: NONE
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

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UNIT OWNER,

UNIT/ADDRESS

RICHARD SWANSON

#305 5155

Signature: RICHARD SWANSON

Printed Name

PIN NO.

Signature

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____

Financial Institution Full Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____

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UNIT OWNER

UNIT/ADDRESS

Hazel J. Karschnick 5155 MADISON ST #312
 Signature
HAZEL J. KARSCHNICK SKOKIE, IL 60077
 Printed Name

PIN NO.

10-21-405-077-1140

Signature

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name:

FIRST AMERICAN BANK

Street/P.O. Box:

P.O. BOX 0794

City/State/Zip:

ELK GROVE VILLAGE IL 60009

Mortgage Number:

55916972450

Financial Institution Full Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____

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UNIT OWNER

UNIT/ADDRESS

Signature

NEEDUMATHI KURIAKOSE SKOKIE. IAK.

Printed Name

Signature

ANNAMMA KURIAKOSE

Printed Name

PIN NO.

60077.

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name:

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

Country wide - Bank of America

CA 6-919-02-03

PO Box - 10211 - VAN NUYS

Cal 91410-0211

Financial Institution Full Name:

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

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UNIT OWNER

UNIT/ADDRESS

Middle Suby
Signature
MIDDLE SUBY
Printed Name

5105 MADISON P-
406

PIN NO.

Signature

Printed Name

10-21-405-077-1090 120

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

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UNIT OWNER

UNIT/ADDRESS

David Hwang

5105 Madison St. #606

Signature

DAVID HWANG

skokie, IL 60077

Printed Name

Lydia Hwang

PIN NO.

10-21-405-077-1112

Signature

LYDIA HWANG

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____

Financial Institution Full Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____

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UNIT OWNER

UNIT/ADDRESS

Mrs. Lillian I. Benjamin 5105 Madison Unit 511
Signature

MRS. LILLIAN I. BENJAMIN 5105 MADISON #511
Printed Name

PIN NO.

Signature

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____

Financial Institution Full Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____

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UNIT OWNER

UNIT/ADDRESS

Eleanore Goldsmith
Signature

5105 Madison #408

Eleanore Goldsmith
Printed Name

Skokie, IL 60077

PIN NO.

Signature

10-21-405-077-1092

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____

Financial Institution Full Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____

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UNIT OWNER

UNIT/ADDRESS

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

PIN NO.

10-21-405-077-1077

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name:

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

Financial Institution Full Name:

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

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UNIT OWNER

UNIT/ADDRESS

Ana Turner

5055 Madison, #403

Signature

ANA TURNER

SKOKIE, IL 60077

Printed Name

Simone Marissa Brown

PIN NO.

Signature

SIMONE MARISSA BROWN

10-21-405-077-1013

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name:

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

N/A

Financial Institution Full Name:

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

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UNIT OWNER

UNIT/ADDRESS

Joe Nudelman

5055 W. Madison St Unit 512

Signature

ISA Nudelman

Skokie, IL 60077

Printed Name

PIN NO.

Signature

10-21-465-077-1059

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name:

Wells Fargo Home Mortgage

Street/P.O. Box:

P.O. Box 14411

City/State/Zip:

Des Moines, IA

Mortgage Number:

0136109873

Financial Institution Full Name:

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

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UNIT OWNER

UNIT/ADDRESS

Marilyn Doroshow

210

Signature

Marilyn Doroshow

5105 Madison

Printed Name

~~Signature~~

PIN NO.

10-21-405-077-1070

Signature

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name:

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

Financial Institution Full Name:

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

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UNIT OWNER

UNIT/ADDRESS

Julie A. Bejames
Signature

5155 W. Madison Street #302

Julie A. Bejames
Printed Name

Skokie, IL 60077

PIN NO.

Signature

10-21-405-077-1130

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name:

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

Glenview State Bank
800 Waukegan Road
Glenview, IL 60025
3079252

Financial Institution Full Name:

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

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UNIT OWNER

UNIT/ADDRESS

Unit 101 Madison Place Condominium Association, 101 Madison Place, Chicago, IL 60601
Signature _____ *Madison Place*

Printed Name

101 Madison Place Condominium Association, 101 Madison Place, Chicago, IL 60601
Signature _____

PIN NO.

10-21-405-077-1017

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: *please add another sheet listing any additional lien holders)*

Financial Institution Full Name:

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

NA

Financial Institution Full Name:

Street/P.O. Box:

City/State/Zip:

Mortgage Number:

N/A

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UNIT OWNER

UNIT/ADDRESS

Anne Kraus
Signature

5055 Madison #616

Anne Kraus
Printed Name

[Signature]
Signature

PIN NO.

10-21-405-076-1050

Anne Kraus
Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name:

BAC Home Loans Servicing, LP

Street/P.O. Box:

P.O. Box 650070

City/State/Zip:

Dallas, Texas 75265-0070

Mortgage Number:

213565471

Financial Institution Full Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____

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MAY 20 2010

SIGNATURE PAGE FOR THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM OWNERSHIP FOR MADISON PLACE CONDOMINIUM ASSOCIATION TO RESTRICT LEASING

The undersigned personally and as unit owners(s) by signing this document hereby approve the Third Amendment to the Declaration of Condominium Ownership for Madison Place Condominium Association and all of its contents to restrict the leasing of units, and authorize detachment of this signature page from the copy to which it is attached and to attach this signature page to the Amendment to be recorded.

UNIT OWNER

UNIT/ADDRESS

Myraa Urkov
Signature

5055 Madison #601

MYANA URKOV
Printed Name

Skokie IL 60077

PIN NO.

Signature

10-21-405-017-1005

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

**PLEASE SIGN AND RETURN
NO LATER THAN MAY 15TH**

UNOFFICIAL COPY

MAY 20 2010

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UNIT OWNER

UNIT/ADDRESS

[Signature]

UNIT 302 5055 MADISON PL

Signature
Harold Wolff

SKOKIE, IL 60077

Printed Name

PIN NO.

Signature

10-21-465-061-1007

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name:
Street/P.O. Box:
City/State/Zip:
Mortgage Number:

ASTORIA FEDERAL SAVINGS
1 Corporate Drive Suite 360
LAKE ZURICH - ILL - 60047-6945
5097983505

Financial Institution Full Name:
Street/P.O. Box:
City/State/Zip:
Mortgage Number:

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UNIT OWNER

UNIT/ADDRESS

Jillian Cowan
Signature
JILLIAN COWAN
Printed Name

5155 W. MADISON #210
SKOKIE, IL. 60077

PIN NO.

Signature

Printed Name

10-21-405-077-1126

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

Financial Institution Full Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Mortgage Number: _____

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MAY 24 2010

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UNIT OWNER

Samuella Rosenwald
Signature
SAMUELLE ROSENWALD
Printed Name

UNIT/ADDRESS

5155 Madison Place
5155 MADISON PLACE #204

PIN NO.

Signature

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____

Financial Institution Full Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____

RETURN DATE:

MAY 1, 2010

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MAY 24 2010

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UNIT OWNER

UNIT/ADDRESS

George A. Suarez
Signature
GEORGE A. SUAREZ
Printed Name

5105 MADISON UNIT 209
SKOKIE, IL 60077

Constancia M. Suarez
Signature
CONSTANCIA M. SUAREZ
Printed Name

PIN NO.

10-21-405-076-1069

NA
Signature
NA
Printed Name

Per George Appel
5/20/10

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name:
Street/P.O. Box:
City/State/Zip:
Mortgage Number:

None

Financial Institution Full Name:
Street/P.O. Box:
City/State/Zip:
Mortgage Number:

None

RETURN DATE:

MAY 1, 2010

UNOFFICIAL COPY

MAY 24 2010

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UNIT OWNER

UNIT/ADDRESS

Alvaro Cuellar
Signature
ALVARO H. CUELLAR
Printed Name



Alvaro Cuellar
5105 Madison St Unit 604
Skokie IL 60077-5230

Irvelva Cuellar
Signature
IRVELVA CUELLAR
Printed Name

PIN NO.

10-21-405-077-1111

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name:
Street/P.O. Box:
City/State/Zip:
Mortgage Number:

CHASE BANK
800 EAST STATE HIGHWAY 121 BYPASS
LEWISVILLE TX 75067-4180
1974161220

Financial Institution Full Name:
Street/P.O. Box:
City/State/Zip:
Mortgage Number:

RETURN DATE:

MAY 1, 2010

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UNIT OWNER

UNIT/ADDRESS

John Clech

5055 Madison Unit 310

Signature

John Clech

Printed Name

PIN NO.

Signature

Printed Name

Signature

Printed Name

MORTGAGE OR LIEN HOLDERS NAME AND ADDRESS: (please add another sheet listing any additional lien holders)

Financial Institution Full Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____

Financial Institution Full Name: _____

Street/P.O. Box: _____

City/State/Zip: _____

Mortgage Number: _____

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