UNOFFICIAL COPY

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

After recording, this instrument should returned to:

Timothy M. McLean Clingen Callow & McLean, LLC 2100 Manchester Road, Suite 1750 Wheaton, Illinois 60187



Doc#: 1335319054 Fee: \$42.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 12/19/2013 11:40 AM Pg: 1 of 3

RELEASE OF COMMON OPERATING EXPENSES CLAIM FOR LIEN

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned, ACADEN Y CF GENERAL DENTISTRY, an Illinois not-for-profit corporation, as successor in interest to the UNITED WAY/CRUSADE OF MERCY n/k/a UNITED WAY OF METROPOLITAN CHICAGO, an Idinois not-for-profit corporation ("Claimant") does hereby acknowledge the release in the amount of TWENTY-ONE THOUSAND TWO HUNDRED THIRTY-EIGHT AND 50/100 DOLLARS (\$21,238.10) of the claim for lien against JAMES D. ASCOT ("Owner") on the property commonly known as 565 West Lake Street, Unit 1W, Chicago, Cook County, Illinois, and more specifically described by the legal description shown on Exhibit A attached hereto and incorporated herein, which Claim for Common Operating Expenses Lien was recorded in the Office of the Cook County Recorder as Document No. 113344057, as amended by that certain Amended Claim for Common Operating Expenses Lien, recorded in the Office of the Cook County Recorder as Document No. 1231118005.

IN WITNESS WHEREOF, the undersigned has executed this Release of Common Operating Expenses Claim for Lien this $/\nu^{+}$ day of December, 2013.

ACADEMY OF GENERAL DENTISTRY, an Illinois not-forprofit corporation, as successor in interest to the UNITED WAY/CRUSADE OF MERCY, n/k/a UNITED WAY OF METROPOLITAN CHICAGO, an Illinois not-for-profit corporation

By: HSA COMMERCIAL, INC., d/b/a HSA COMMERCIAL
REAL ESTATE, an Illinois corporation, its Authorized Agent
By: Amalec
Ву: 7 () 10 00 ()

Name: <u>Heather Smalec</u>
Title: <u>Property Manager</u>

{0018663LDOC A, 1 }

1335319054 Page: 2 of 3

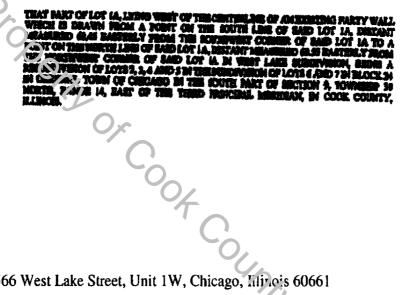
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STATE OF ILLINOIS)		
COUNTY OF Cool)	is:	
I, the undersigned, a Meather Snalec, person inc., d/b/a HSA Commercial Resame person whose name is suappeared before me in person the	al Estate, an Illinois corporation, all Estate, an Illinois corporation, abscribed to the foregoing instrumis day of December, 2013, anstrument as his/her free and vol	County and State, do certify that are to feel HSA Commercial, and personally known to me to be the ment, as having executed the same, and acknowledged that he/she signed, funtary act for the uses and purposes are:
		O _{ff}
		CO

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EXHIBIT A

LEGAL DESCRIPTION



Address:

566 West Lake Street, Unit 1W, Chicago, Idivois 60661 C/OPTS OFFICE

Property Index Number: 17-09-315-031-0000

RECEIVED IN BAD CONDITION