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#. 1521008303 Fee: \$50.00 Karen A. Yarbrough Cook County Recorder of Deeds Date: 07/29/2015 10:04 AM Pg: 1 of 2

MORTGAGE OF DEED OF			
	ABOVE SPACE FOR RECORDER'S USE ONLY		
hereinafter mentioned, and the cancellation of	HealthCare Associates Credit Union of the County of sideration of the payment of the indebtedness secured by the Mortgage all the notes thereby secured, and of the sum of one dollar, the receipt REMISE, RELEASE, CONVEY and QUIT CLAIM unto:		
JODY H THOMPSON AKA JODY LEE K	ING MARRIED TO ROBERT E KING		
may have acquired in, through or by a certain mand recorded in the Recorder's Office of COOK	s therein deccribed as follows, situated in the County		
THEREOF) IN BLOCK 6 IN FEUERBORI			
	es thereunto belonging or appertaining.		
together with all the appurtenances and privileg Permanent Real Estate Index Number(s): 12-1	es thereunto belonging or appertaining.		
Address of premises: 4042 N PLAINFIELD CH	IICAGO, IL 60634		
Witness hands and seal this 8TH da	y of <u>JULY</u> , <u>2015</u>		
	Mahamb		
	Jean Morris - Lending Manager		
	Last Aleda		
	Todd J. Niedermeier - Senior VP/COO		

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

1521008303 Page: 2 of 2

UNOFFICIAL COPY

STATEOFILLINOIS				
COUNTY OFDUPAG	E			
CHRISTINE OLIVER		, a notary public in and fo	or said County, in the State	
aforesaid DO HEREBY CERTIFY tha	t Jean Morris persor	hally known to me to be th	18	
Lending Manager of HealthCare As	sociates Credit Union, an II	linois corporation, and 📧	odd J. Niedermeler	
personally known to me to be the Ser				
persons whose names are subscribe		• •	• •	
acknowledged that as such Lending				
said instrument as their free and volu	ntary act, and as the free a	nd voluntary act of said c	orporation, for the uses and	
purposes therein set forth.				
GIVEN under my hand and official se	al, this <u>8TH</u> d	ay of <u>JULY</u> ,	<u> 2015 .</u>	
My commission expires: JANUARY	6. 2019			
my commission expires. <u>57.39.33.</u>				
		$P \sim P \sim$	\sim	
		HRISTINE OLIVER	NOTARY PUBLIC	
OFFICIAL SEAL			***************************************	
CHRISTINE ULTVEINOIS NOTARY PUBLIC, STATE OF ILLINOIS NOTARY PUBLIC STATE OF ILLINOIS	RELEASE	DEED		
NOTARY PUBLIC, STATE OT/06/2019 My Gommission Expires 01/06/2019	By Cornor			
	HEALTHCARE ASSOCIAT			
1151 EAST WARREN VILLE ROAD				
•	NAPERVILLE, IL 6	30533		
	TO		·	
	ТО	THOMBOON	A	
JODY LEE (KING) THOMPSON				
4042 N PLAINFIELD				
	CHICAGO, IL	60634	U _S C.	
·			Office	
			C	
	MAILTO	0		
	HEALTHCARE ASSOC	CREDIT UNION		
•	1151 EAST WARRI	ENVILLE RD		
	NAPERVILLE,	IL 60563		