RELEASE DEED	FFICIAL COPY	
ILLINOIS STATUTORY	Doc# 17076100	71 Fee \$40.00
MAIL TO:	RHSP FEE:\$9.00 RPR KAREN A.YARBROUGH COOK COUNTY RECORD DATE: 03/17/2017 1	
•		
U25A3Cb2lb4  CUB 10 F1  Know All Mon by These Procents That	RECORDER'S STAMP EBULON FINANCIAL GROUP, LLC, an Illino	is limited liability
company of the County of Cook State of Illin consideration, the receipt of which is hereby N. Richmond, Inc., an Illinois corporation demand whatsoever may he bearing the date the 17th day of May A.D.	nois for and in consideration of one dollar, and for othe acknowledged, do hereby remise, convey, release and q of the County of Cook, State of Illinois a_all right, titleave acquired in, through or by a certain Construction May 2013 and recorded in the Recorder's Office of Cook on premises therein described together with all the	r good and valuable uit-claim unto 2100 e, interest, claim or ortgage County, in the State
AND 14 IN BLOCK 4 IN TOWN OF SCH	5 1,2, AND 3 IN SUBDIVISION OF LOTS 11, 12, 13, ILESWIG, A SURDIVISION OF PART OF NORTH IP 40 NORTH, RANGE 13, EAST OF THE THIRD IOIS.	IWEST
	e is required for legal – attach on separate 8-1/2" x 11 sheet, inimum of 1/2" clear margin on all sides.	
PERMANENT INDEX NUMBERS: 13-36-	-117-018-0000	
	RICHMOND AVENUE 60047 GO, ILLINOIS	
Dated this day of day of day of Ebulon Financial Group, LLC By:	59/4. Aseal)	(Seal)
Alex Loyfman	(Scal)	$\overset{\text{(Seal)}}{\mathbf{S}}\underline{Y}$
•	ne owner, this release shall be filed with County Recorder fice the Mortgage or Deed of Trust was filed.	P 3 S N
NOTE: PLEASE TYPI	E OR PRINT NAME BELOW ALL SIGNATURES	SCY
COMPLIMENTS OF	® CHICAGO TITLE INSURANCE COMPANY	IIN BAKO

## **UNOFFICIAL COPY**

STATE OF ILLINOIS } ss. COUNTY OF COOK }					
I the undersigned a Notary Public in and fo  Alex Loyfman, manager of EBULON  person _ whose name subscrit  Appeared before me this day in person, and acknow  Instrument as free and voluntary act, for the	FINANCIAL bed to the foregoded that be uses and pur	GROUP, LL oing instrumenhe poses therein	C, Personally t,signe set forth.	known to r	ne to be the sam
Given under my and notarial seal, this _	28	day of	May		014
		M	1 ch		Notary Public
My commission expires		_,	·		
OFFICIAL SEAL DAVID CHAIKEN NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:07/29/17  IMPRESS SEAL HERE	04 Co4/				
NAME and ADDRESS OF PREPARER:  David Chaiken, Esq.		10	(PROVISI		PARAGRAPH Tion 4,
111 W. Washington, #823 Chicago, IL 60602	REAL ESTA DATE		FER ACT	<u> </u>	
Chicago, 11 00002		ure of Buyer	, Seller or F	Representa	ıtive
This conveyance must contain the name and add And name and address of the person preparing t	lress of the Grant	ee for tax billin	ng purposes: ( .	CV	
			ТО	FROM	RELEASE DE