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Doc#. 1929744037 Fee: \$98.00

Edward M. Moody

Cook County Recorder of Deeds
Date: 10/24/2019 10:55 AM Pg: 1 of 1

State Bar of Wisconsin Form 29-2 X03 - SATISFACTION OF MORTGAGE

Document Number	Docume	nt Name	
The undersigned certifies that GSF Mortgage Corporation			
is the present owner of a Mortgage executed by Vincent J. Donohue and Kyoko Kimura			
to GSF Mortgage Copyration			
to secure payment of \$ 3?,00 0.00 , dated 11/20/07			
recorded on 12/04/07 , in the Office of the Register of Deeds			
for Cook County, Illinois			Recording Area
and further certifies that the undersigned has a right to satisfy the same, and hereby satisfies the above-described Mortgage on the following described real estate located in said county ("Property") (if more space is needed, please attach addendum):			Name and Return Address GFS Mortgage Corporation 15430 W. Capitol Dr Brookfield, WI 53005
Lot 352 in Hollywood Ridge Unit 4, being a resubdivision 1.1 Sections 3 and 4,			03-03-301-081-0000
Township 42 North, Range 11, East of the Third Principal Nicolann, in Cook County, Illinois.			Parcel Identification Number (PIN)
Commonly known as 112 Valley Stream Dr, Wheeling, Illinois, 60090			
Dated 10-21-1	<u>(</u> SEA		(SEAL)
AUTHENT	TCATION .	ACK	NOWLEDGMENT PUNA NIVA
Signature(s)			
authenticated on STATE OF WISCONSIN) SSE ON OTAR;) ss=
		· NACORCOLI	COUNTY) FOR PUBLIC S
Personally came before			
TITLE: MEMBER STATE BAR OF WISCONSIN		YOKKI BELEVISOEWISCOM	
(If not, authorized by Wis. Stat. § 706.06) to me known to be the instrument and acknowless.		e person(s) who executed the foregoing	
THIS INSTRUMENT DRAFTED BY: BYLOUVE * BYLOUVE Notary Public, State of W			Mulioli Ve x Nivadike
NOTE: THIS IS A		My Commission (is perred or acknowledged. Both are no	manent) (expires: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\

NOTE: THIS IS A STANDARD FORM. ANY MODIFICATIONS TO THIS FORM SHOULD BE CLEARLY IDENTIFIED.

SATISFACTION OF MORTGAGE © 2003 STATE BAR OF WISCONSIN FORM NO. 29-2003

Note: Only one mortgage may be described in this document.

^{*} Type name below signatures.