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#. 2323508023 Fee: \$107.00

Karen A. Yarbrough Cook County Clerk

Date: 08/23/2023 09:29 AM Pg: 1 of 2

	ABOVE SPACE FOR RECORDER'S U	<u> ISE ONLY </u>
	:	
KNOW ALL MEN BY THESE PRESENTS, that	HealthCare Associates Credit Union	of the County of
	sideration of the payment of the indebtedness se-	
	all the notes thereby secured, and of the sum of	
whereof is hereby acknowledged does hereby I	REMISE, RELEASE, CONVEY and QUIT CLAIM u	nto:
SAMUEL J. BANK AND CLA'JDETTE E.	BANKS, husband and wife, as tenants by the er	ntirety
Op		
heirs, legal representatives and assigns, all the	right, title, interest, claim or demand whatsoever 🔔	<u>they</u>
	origage, bearing date the <u>5th</u> day of <u>Sen</u>	
	County, in the State of Illinois, as	
No. <u>1826757004</u> to the premises of <u>Cook</u> State of Illinois, to w	s the cir described as follows, situated in the Count	Ty .
of State of fillinois, to w		
LOT 1781 IN STRATHMORE, SCHAUMB	URG, UNIT NUMBER 21, BEING A SUBDIVISION	I OF PART
	17, TOWNSHIP 4% NORTH, RANGE 10, EAST OF	
	ING TO THE PLAY THEREOF RECORDED	
AUGUST22,1978AS DOCUMENT NUMBI	ER 24594903, IN COCK COUNTY, ILLINOIS.	•
	C'/	
	Clarks	
PROPER TITLE LLC		
PROPER TITLE, LLC	1,0	
	0.	
PT23-93955 lof3),_
together with all the appurtenances and privilege	es thereunto belonging or appertaining.	<i>//</i> \$•
Permanent Real Estate Index Number(s): 07-17	7-309-007-0000	
Address of premises: 1922 Fairhaven Ln Sch	aumburg, IL 60194	70
Witness hands and seal this 5th day	of April <u>0</u> , 2019	
	- Vinna S	
	Teresa Schneider - COLLECTIONS MA	ANAGER
	Control of the Contro	Acceptable and the second of the second
	()	
	Fach Nuda	

Todd Niedermeler - SENIOR VP/COO

UNOFFICIAL COPY

STATE OF ILLINOIS				
COUNTY OFDuPag	<u>e</u>			
Kelly H Krumwiede		, a notary public in and	for said County, in the State	
aforesaid DO HEREBY CERTIFY that	at Teresa Schneider pi	ersonally known to me to be	*	
collections manager of HealthCare A	ssociates Credit Union,	an Illinois corporation, and	Todd J Niedermeier	
personally known to me to be the			known to me to be the same	
persons whose names are subscribe acknowledged that as such collecti			day in person and severally indidelivered the	
said instrument as their free and volu		• -		
purposes therein set forth.		or and values, doctor out	sorporador, for the good and	
GIVEN under my hand and official se	eal, this 5th	day of _April	, 2019	
My commission expires: April 5, 20)22	\mathcal{I}	l _d	
	>	Jan. N HAM	(
OFFICIAL:		SULVINIO	NOTARY PUBLIC	
KELLY H. KRUI Notary Public, State	KWIEDE I	IJ	NUTART PUBLIC	
My Commission Equipms	April 6 i, 2012 💃			
Commission No.	20 A B E + L 20	SE DEED		
Ey-Corporation				
HEALTHCARE AS SOC.ATES CREDIT UNION				
1151 EAST WARF ENVILLE ROAD				
NAPERVILLE, IL 50563				
	ד	0		
	SAMUEL	J BANKS		
CLAUDETTE BANKS				
		HAVEN LN		
	SCHAUMBU	RG, IL 60194	V/Sc.	
			Office	
	MAI	L TO	0	
	UEAL TUCADE /	SCOCIATES CIL		
HEALTHCARE ASSOCIATES CU 1151 EAST WARRENVILLE ROAD				
NAPERVILLE, IL 60563				
•				