

8-5LS-87-822CG  
**UNOFFICIAL COPY**

SATISFACTION OF MORTGAGE

88193325

KNOW ALL MEN BY THESE PRESENTS, that,

I, Samuel R. Pierce, Jr., Secretary of Housing and Urban Development of Washington, D.C., acting by and through the Rehabilitation Program Specialist, Office of Urban Rehabilitation, do hereby certify that a certain mortgage, more particularly described herein below, is, together with the debt thereby secured, cancelled and satisfied and I do hereby discharge the same and request and consent that it be satisfied of record. The aforesaid mortgage being described as follows:

DATE: September 17, 1980

MORTGAGOR: Constance H. Abruzino, divorced & not yet remarried

MORTGAGEE: United States of America  
Acting By and Through the  
Secretary of Housing & Urban Development

RECORDED: November 13, 1980 Instrument # 25663854

PREMISES: 839 Monroe Street  
Maywood, Illinois 60104

88-193325

The interest of the Secretary of Housing and Urban Development was acquired pursuant to the provisions of Public Law 88-560, 78 Stat. 769, 790, 42 U.S.C. 1452b, as amended.

IN WITNESS WHEREOF, the undersigned on September 23, 1980, and set his hand and seal as Rehabilitation Program Specialist, Office of Urban Rehabilitation, for and on behalf of the Secretary of Housing and Urban Development, under authority delegated to him at 51 Federal Register 5412.

SAMUEL R. PIERCE, JR.  
Secretary of Housing and Urban Development

By William D. Hanson (Seal)  
William D. Hanson  
Rehabilitation Program Specialist  
Office of Urban Rehabilitation

DEPT-01 \$14.25  
124444 TRAN 2298 09/26/80 10:44:00  
#1592 # D #-88-193325  
COOK COUNTY RECORDER

Signed, sealed and delivered  
in the presence of:

Ruby C. Dixon  
WITNESS RUBY C. DIXON  
SUPERVISOR, PAYOFF DEPT.

Brenda M. Stevenson  
WITNESS BRENDA M. STEVENSON  
PAYOFF PROCESSOR

DISTRICT OF COLUMBIA: SS

I, Arlene Murray, a Notary Public in and for the District of Columbia, do hereby certify that William D. Hanson, who is personally well known to me to be the Rehabilitation Program Specialist, Office of Urban Rehabilitation appeared before me this day in person and acknowledge that he signed, sealed and delivered the foregoing satisfaction of mortgage as his free and voluntary act as Rehabilitation Program Specialist, Office of Urban Rehabilitation, by virtue of the authority delegated to him at 51 Federal Register 5412.

GIVEN under my hand and notarial seal this 23rd day of September, 1980.

14<sup>00</sup> MAIL

Arlene Murray  
NOTARY PUBLIC  
District of Columbia

My Commission Expires: My Commission Expires November 14, 1982

PREPARER: CMS, INC.  
P.O. BOX 28590  
WASHINGTON, D.C. 20038

PREPARED BY: Brenda M. Stevenson  
PAYOFF PROCESSOR

87622CG

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REPRODUCTION OF ORIGINAL

KNOW ALL MEN BY THESE PRESENTS, THAT

I, [Name], of the County of Cook, State of Illinois, do hereby certify that the foregoing is a true and correct copy of the original as the same appears in my possession and control. Witness my hand and seal of office at Chicago, Illinois, this [Date] day of [Month], 19[Year].

DATE: \_\_\_\_\_  
NOTARIAL: \_\_\_\_\_  
RECORDED: \_\_\_\_\_  
FEE: \_\_\_\_\_

Property of Cook County Clerk's Office

1952

MAIL 00 11

88193325

My Commission Expires [Date]