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91553345

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FOR THE PROTECTION OF THE OWNER, THIS RELEASE SHALL BE FILED WITH THE RECORDER OF DEEDS OR THE REGISTRAR OF TITLES IN WHOSE OFFICE THE MORTGAGE OR DEED OF TRUST WAS FILED.

DEPT. OF RECORDING \$13.00
RECORDS & COMM. DIVISION
4955 N. W. Hwy 91-553345
TOBY HUGHLY RECORDER

91553345

Above Space For Recorder's Use Only

KNOW ALL MEN BY THESE PRESENTS,

THAT TCF BANK SAVINGS FSB

of the County of Hennepin and State of Minnesota, DO HEREBY CERTIFY that a certain Mortgage dated the 12 day of JUNE 1990, made by JAMES F FOSTER AND SUSAN J FOSTER, HUSBAND AND WIFE

to TCF BANK SAVINGS, fsb

and recorded as document No. 90283121 in Book _____ at page _____ in the office of County Recorder of Cook County, in the State of Illinois

is, with the notes accompanying it, fully paid, satisfied, released and discharged.

Legal Description of premises: LOT 13 IN GARDEN COURT SUBDIVISION, BEING A RESUBDIVISION IN THE SOUTHEAST 1/4 OF SECTION 7, TOWNSHIP 42 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number(s): 04 07 401 052

Address(es) of premises: 3614 Walters Avenue, Northbrook, Ill 60062

is, with the note or notes accompanying it, fully paid, satisfied, released and discharged.

Witness _____ hand _____ and seal _____ this 3 day of October 1991.

[Signature] Asst. Vice President (SEAL)

[Signature] Processing Officer (SEAL)

STATE OF _____

COUNTY OF _____

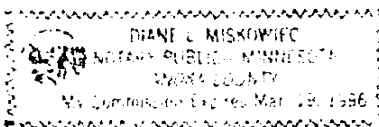
ss.

Diane Miskowicz

a notary public in and for the said County, in the State aforesaid, DO HEREBY CERTIFY that J.M. Schrier, Assistant Vice President and Julie K Gilstad, Processing Officer

personally known to me to be the same person S whose name S subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that t he y signed, sealed and delivered the said instrument as above free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal, this 3th day of October 1991



[Signature]
Notary Public

Commission expires _____

This instrument was prepared by [Signature]
(NAME AND ADDRESS)

BOX 15

TCF-Discharged
Comm # ICB 6910.

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1309

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