

ASSIGNMENT OF MORTGAGE
(ILLINOIS)

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94398882

CAUTION: Consult a lawyer before using or acting under this form. Neither the publisher nor the editor of this form makes any warranty with respect thereto, including any warranty of merchantability or fitness for a particular purpose.

KNOW ALL MEN BY THESE PRESENTS, that Assignor,

of Independence Bank of Chicago,
7936 South Cottage Grove Avenue, Chgo, IL
in consideration of Ten and No/100 Dollars and
other good and valuable consideration
paid by Assignee,

of SUSAN LEVIN, 7934 North Tripp,
Skokie, Illinois 60076

, receipt whereof is hereby acknowledged, does hereby sell,
assign, transfer and set over to Assignee the mortgage dated October 27, 1984, from Lois J.
Robinson to Independence Bank of
Chicago recorded in Recorder's office of Cook
County, in the State of Illinois, as document number 85,266,569 in book _____

of _____ at pg. _____; together with all of Assignor's right, title and interest in and to
(a) the note, notes, accrued interest and other obligations secured thereby and payable in accordance therewith, and
(b) the real estate described therein. The mortgage and the instrument or instruments secured thereby are delivered
herewith to Assignee.

Assignor represents and warrants to Assignee that Assignor has full right and power to make this assignment, and
that the following is true with respect to said mortgage:

Unpaid principal balance	\$ 17,166.37
Unpaid interest from <u>Sept. 9, 1992</u> through <u>Dec. 31</u> 19 <u>93</u>	\$ 3,355.39
Tax deficit	\$ 1,067.66
Late charges	\$ 239.85
Interest expense	\$ _____
Total	\$ 21,829.27

*together with an Assignment of Rents recorded February 20, 1990 with
said Recorder of Deeds as document 90,617,174.

LEGAL DESCRIPTION:
Lot 18 and the South half of Lot 17 in Block 132 in Cornell a Subdivision
in Section 26 and 35, Township 38 North, Range 14, East of the Third
Principal Meridian, in Cook County, Illinois.

Permanent Real Estate Index Number(s): 20-35-116-025
Address(es) of real estate: 8142 South Ingleside, Chicago, Illinois

IN WITNESS WHEREOF, Assignor has hereunto set his hand and seal this 21st
day of April, 1994.

Susan Levin (SEAL) BY: David W. Murphy (SEAL)
Senior Vice President

This instrument was prepared by Herbert H. Fisher, 205 West Wacker Drive, #1000
(NAME AND ADDRESS) Chicago, IL 60609

MAIL TO: { Susan Levin
7934 N Tripp
Skokie, IL 60076 }

OR RECORDER'S OFFICE BOX NO. _____

DEPT-01 RECORDING \$23.50
145556 TRAM 7542 05/04/94 10:07:00
\$2575 \$ 1.1 94-24-378882
COOK COUNTY RECORDER

Above Space For Recorder's Use Only.

94398882

9380
JP

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Supplemental

STATE OF ILLINOIS)
)SS:
COUNTY OF C O O K)

I, the undersigned, a Notary Public in and for the County and State aforesaid, DO HEREBY CERTIFY, that Louis Bryght, the senior Vice President and Julia M. Murrell, the Secretary of the Independence Bank of Chicago, an Illinois corporation, personally known to me to be the same persons whose names are subscribed to the foregoing instrument as such Vice President and Secretary, respectively, appeared before me this day in person and acknowledged that they signed and delivered the same instrument as their own free and voluntary act and as the free and voluntary act of said corporation for the uses and purposes therein set forth; and that said Secretary then and there acknowledged that said Secretary, as custodian of the corporate seal of the corporation, caused the corporate seal of said corporation to be affixed to said instrument as said Secretary's own free and voluntary act and as the free and voluntary act of said corporation for the uses and purposes therein set forth.

Given under my hand and Notarial Seal this 21st day of April, 1994.

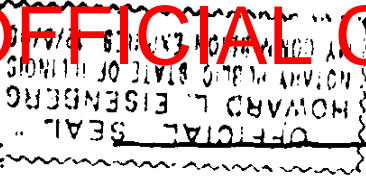
"OFFICIAL SEAL"
LANITA A. RICHARDSON
Notary Public Cook County, Illinois
My Commission Expires 02-21, 1995


Notary Public

25446056

100-1000

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Notary Public

Howard L. Eisenberg

this 14th day of May, A.D. 1994

BETTY L. HAMBURG

Subscribed and sworn to before me by the said

in Title Insurance Policy, describing the above mentioned property.

Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue

exceed the sum of _____ dollars.

That the total value of the estate of the deceased, including both real and personal property owned by

the deceased either individually or in joint tenancy at the time of the death of the deceased, does not

Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate

Division of the Circuit Court of _____ County, Illinois about

Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven

will should be filed with the Clerk of the Probate Division of the Circuit Court of _____

Leaving no Last Will & Testament.

That the deceased died:

certified copy of death certificate of the deceased attached hereto.

That the deceased died _____ as evidenced by a

DECEASED JOINT TENANCY AFFIDAVIT

Chicago Title Insurance Company



94398854

15-10-1994

578834

Dec. 7, 1983
 STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

1. HENRY STANTON, ACTING LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS OF THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

9-139-5554

Henry Stanton

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH **522732**

REGISTRATION DISTRICT NO. **16.10**

DECEASED - NAME: **WILLIAM C. HEINBERG** SEX: **Male** DATE OF DEATH: **3. November 7, 1983**

DATE OF BIRTH: **6. JUNE 15, 1930** COUNTY OF DEATH: **Cook**

CITIZENSHIP: **U.S.A.** MARRIED: **10. MARRIED** NAME OF SURVIVING SPOUSE: **BETTY TRAVIS**

CITY OF BIRTH: **Chicago** HOSPITAL OR OTHER INSTITUTION: **Northwest Hospital**

CITY, TOWN, VILLAGE OR POST OFFICE: **Chicago** COUNTY: **Cook** STATE: **Illinois**

FATHER - NAME: **WILLIAM L. HEINBERG** MOTHER - MAIDEN NAME: **EVELYN HESS**

IMMIGRANT NAME (TYPE OR PRINT): **Kathy Kaminski** MAILING ADDRESS: **5645 W. Addison, Chgo, IL 60634**

DEATH WAS CAUSED BY: **Acute myocardial infarction and Cardiac Genec Stroke**

OTHER SIGNIFICANT CONDITIONS: **Triple vessel Coronary artery disease and history of 3 miibs**

DATE OF OPERATION, IF ANY: **None** MAJOR INDICIES OF OPERATION: **None**

DATE OF DEATH: **11-7-83** HOUR OF DEATH: **12:15PM**

SIGNATURE: **[Signature]** ILLINOIS LICENSE NUMBER: **224 #36-57035**

NAME OF ATTENDING PHYSICIAN: **DR. S. SHIH** 4920 N. CENTRAL, CHGO., IL 60630

CITY OF BIRTH: **Chicago** CITY OF DEATH: **Chicago**

CITY OF BIRTH: **Chicago** CITY OF DEATH: **Chicago**

REGISTRAR'S SIGNATURE: **[Signature]** LOCAL REGISTRAR'S SIGNATURE: **[Signature]** ACTING LOCAL REGISTRAR: **[Signature]**

DATE: **NOV 8 1983**

ILLINOIS DEPARTMENT OF PUBLIC HEALTH - OFFICE OF VITAL RECORDS (BASED ON 1978 U.S. STANDARD CERTIFICATE)