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This Document Prepared By
and, After Recording, Mail to:

95469174

Arnstein & Lehr
Suite 1200
120 South Riverside Plaza
Chicago, Illinois 60606
Attn: Stephen F. Galler, Esq.

, DEPT-01 RECORDING \$59.00
. T47777 TRAN 5420 07/19/95 11:37:00
. 49882 # SK * - 95 - 469174
. COOK COUNTY RECORDER

ORDINANCE NO. 94-786

**AN ORDINANCE ESTABLISHING
THE VILLAGE OF NORTHFIELD'S SPECIAL SERVICE AREA #1**

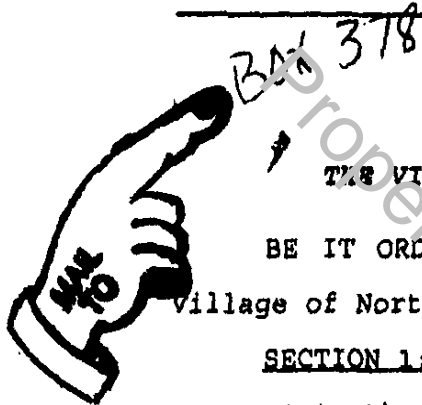
BE IT ORDAINED by the President and Board of Trustees of the
Village of Northfield, Cook County, Illinois, as follows:

SECTION 1: Authority. Special Service Area #1 is established
pursuant to the provisions of Article VII, Section 6(A) and 6(L) of the
Constitution of the State of Illinois and pursuant to an Act to provide
the manner of levying or imposing taxes for the provisions of special
services to areas within the boundaries of home rule units and non-home
rule municipalities and counties (Public Act 78-901).

SECTION 2: Findings.

A. The question of the establishment of the area hereinafter
described as a Special Service Area was considered by the Village Board
pursuant to an ordinance adopted on October 25, 1993 providing for a
public hearing with respect to this Special Service Area, and is
considered pursuant to that hearing held on November 22, 1993 by the
President and Board of Trustees of the Village of Northfield after a
notice duly published as required by law. The certificate of
publication of the notice and an affidavit of mailing of the notice are
attached to this ordinance as Exhibits "1" and "2." The notices
conformed in all respects to the requirements of Section 5 of Public
Act 78-901.

B. All interested persons were given an opportunity at the
public hearing to speak on the question of the creation of the Special
Service Area. All parties have been duly informed that



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the purpose of the Special Service Area is to provide a means of funding the water service improvements to the residents of the area. Numerous questions were asked and many persons who received notice attended the hearing. However, there were no objections to the establishment of the Special Service Area and no one requested that the Village not proceed to establish Special Service Area #1. Further, the Special Service Area is to be established pursuant to an Annexation Agreement adopted by the Village of Northfield on August 23, 1993. That Annexation Agreement was duly executed by all owners of properties affected by the Special Service Area, except one.

C. After considering all the matters as presented at the public hearing, the President and Board of Trustees of the Village of Northfield finds that it is in the best interest of the public at large, the Village of Northfield, and the residents of proposed Special Service Area #1 that this Special Service Area, as hereinafter described, to be established.

D. The Special Service Area is located entirely within the boundaries of the Village of Northfield, except for 268 Meadowbrook which is in the process of being annexed to the Village of Northfield. The area is zoned as residential and each residence will benefit specially from the extension of the Village water main. The water main is uniquely a municipal service and was provided to this Special Service Area because most of the properties in the area previously drew their water from wells.

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SECTION 3: Village of Northfield Special Service Area #1 Established. A special service area to be known and designated as Village of Northfield Special Service Area #1 is hereby established and shall consist of the following described territory (see Exhibit "3").

SECTION 4: Purpose of Special Service Area. The Village of Northfield Special Service Area #1 is established to provide for the payment of a water main which has been extended to the area and which is in addition to those services now being provided by the Village. The establishment of this Special Service Area and the installation of the water main were provided for in an Annexation Agreement adopted by the Village on August 23, 1993. Pursuant to that Annexation Agreement, the Village of Northfield Special Service Area #1 is also created for the purpose of refunding to the Village a portion of the cost of the water main. This refunding will be accomplished by a special tax levied on the property in the Special Service Area in addition to all other Village taxes so levied. This special tax shall be levied in an amount that will require each property located in the Special Service Area to pay a total of \$6,525.00 plus interest at eight percent (8%) per annum from December 31, 1993 amortized over a period of eight (8) years from the date of this ordinance. No bonds have been or are intended to be issued by the Village of Northfield to pay for the extension of the water main which is the subject matter of this Special Service Area.

SECTION 5: Effective Date This ordinance shall be in full force and effect as of January 24, 1994.

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PASSED: This 24th day of January, 1994.

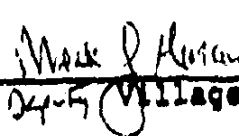
AYES: 4 NAYS: 0 ABSENT: 3 PASS:

APPROVED by me this 24th day of January, 1994.



President of the Village of Northfield

ATTESTED and FILED in the office of the Village Clerk this 25th
day of January, 1994.



Deputy Village Clerk

WGM\EMH10RD-41

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Receipt for Certified Mail
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TO: <u>WHITE</u>	
STREET: <u>364 SUNSET DR</u>	
CITY: <u>NBC</u>	
Postage	\$.29
Insured	1.00
Restrictive Service Fee	
Return receipt showing to Whom & Date Delivered	1.00
Return receipt showing to Whom Date and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	

PS Form 3811, December 1991 U.S. GPO: 1989-38-714 DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4, 5, 6, 7, 8, and 9.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the package, or on the back if space does not permit.
- The Return Receipt will show to whom the article was delivered and the date delivered.
- Write "Return Receipt Requested" on the package below the article number assigned.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 4a. Article Number
 4b. Service Type: Registered Insured Certified COD Express Mail Return Receipt for Merchandise

7. Date of Delivery
 8. Addressee's Address (Only if requested and fee is paid)



Receipt for Certified Mail
 No Insurance Coverage Provided
 Do not use for International Mail
 See Reverse!

TO: <u>MR. PETER BAGIK</u>	
STREET: <u>4249 S. ARCHER AVE</u>	
CITY: <u>CHICAGO, IL 60632</u>	
Postage	\$ 0.29
Insured	1.00
Restrictive Service Fee	
Return receipt showing to Whom & Date Delivered	1.00
Return receipt showing to Whom Date and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	

PS Form 3811, December 1991 U.S. GPO: 1989-38-714 DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4, 5, 6, 7, 8, and 9.
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3. Article Addressed to:
 4a. Article Number
 4b. Service Type: Registered Insured Certified COD Express Mail Return Receipt for Merchandise

7. Date of Delivery
 8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 U.S. GPO: 1989-38-714 DOMESTIC RETURN RECEIPT

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- Complete items 3, 4, 5, 6, 7, 8, and 9.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:
 4a. Article Number
 4b. Service Type: Registered Insured Certified COD Express Mail Return Receipt for Merchandise

7. Date of Delivery
 8. Addressee's Address (Only if requested and fee is paid)



Receipt for Certified Mail
 No Insurance Coverage Provided
 Do not use for International Mail
 (See Reverse)

TO: <u>MR & MRS ROBERT WHITE</u>	
STREET: <u>364 SUNSET DRIVE</u>	
CITY: <u>NORTHBROOK, IL 60062</u>	
Postage	\$ 0.29
Insured	1.00
Restrictive Service Fee	
Return receipt showing to Whom & Date Delivered	1.00
Return receipt showing to Whom Date and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	

PS Form 3811, December 1991 U.S. GPO: 1989-38-714 DOMESTIC RETURN RECEIPT

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- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4, 5, 6, 7, 8, and 9.
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3. Article Addressed to:
 4a. Article Number
 4b. Service Type: Registered Insured Certified COD Express Mail Return Receipt for Merchandise

7. Date of Delivery
 8. Addressee's Address (Only if requested and fee is paid)

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Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

RESIDENT
275 SUNSET DR.
NORTHBROOK, IL 60062

Postage	\$ 0.29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom Date and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29

NOV. 30 1993

PS Form 3800, June 1991

SENDER: Complete item 1 and/or 2 for additional services. Print your name. Attach this to card. Write return address. The return fee is \$1.00. Article A RESID 275 NORTHBROOK

DOMESTIC RETURN RECEIPT



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

MS. MAXINE PEARSON
1990 SOUTHRIDGE TERRACE
NORTHBROOK, IL 60062

Postage	\$ 0.29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom Date and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29

NOV 27 1993

PS Form 3800, June 1991

SENDER: Complete item 1 and/or 2 for additional services. Print your name. Attach this to card. Write return address. The return fee is \$1.00. Article A MS. MAXINE PEARSON 1990 SOUTHRIDGE TERRACE NORTHBROOK, IL 60062

DOMESTIC RETURN RECEIPT



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Pera
245 SUNSET DR.
NORTHBROOK, IL 60062

Postage	\$ 29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom Date and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29

PS Form 3800, June 1991

SENDER: Complete item 1 and/or 2 for additional services. Print your name. Attach this to card. Write return address. The return fee is \$1.00. Article A PERA 245 SUNSET DR. NORTHBROOK

DOMESTIC RETURN RECEIPT



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

MR & MRS EDWARD KATZ
234 MERIDON BROOK
NORTHBROOK, IL 60062

Postage	\$ 0.29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom Date and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29

NOV 22 1993

PS Form 3800, June 1991

SENDER: Complete item 1 and/or 2 for additional services. Print your name. Attach this to card. Write return address. The return fee is \$1.00. Article A MR & MRS EDWARD KATZ 234 MERIDON BROOK NORTHBROOK, IL 60062

DOMESTIC RETURN RECEIPT

PS Form 3800, June 1991

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Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Rosauer 305 Sunset Dr. Natick	
Postage	\$.29
Certified fee	1.00
Special Delivery fee	
Restricted Delivery fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark of Date	

PS Form 3800, June 1991

RECEIPT

Thank you for using Return Receipt Service

1. Complete the following information:
 a. Complete the return address (indicated by a dashed line) on the reverse of the form so that we can return your copy of this receipt to you.
 b. Complete the return address (indicated by a dashed line) on the reverse of the form so that we can return your copy of this receipt to you.

SENDER: Complete the following information:
 1. Complete the return address (indicated by a dashed line) on the reverse of the form so that we can return your copy of this receipt to you.
 2. Complete the return address (indicated by a dashed line) on the reverse of the form so that we can return your copy of this receipt to you.

P 239 447 998



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Kearneyville 1985 Valley View Northbrook, IL 60062	
Postage	\$.29
Certified fee	1.00
Special Delivery fee	
Restricted Delivery fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark of Date	

PS Form 3800, June 1991

RECEIPT

Thank you for using Return Receipt Service

1. Complete the following information:
 a. Complete the return address (indicated by a dashed line) on the reverse of the form so that we can return your copy of this receipt to you.
 b. Complete the return address (indicated by a dashed line) on the reverse of the form so that we can return your copy of this receipt to you.

SENDER: Complete the following information:
 1. Complete the return address (indicated by a dashed line) on the reverse of the form so that we can return your copy of this receipt to you.
 2. Complete the return address (indicated by a dashed line) on the reverse of the form so that we can return your copy of this receipt to you.

P 239 447 996



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to Caruso 1940 Southridge Northbrook, IL 60062	
Postage	\$.29
Certified fee	1.00
Special Delivery fee	
Restricted Delivery fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark of Date	

PS Form 3800, June 1991

RECEIPT

Thank you for using Return Receipt Service

1. Complete the following information:
 a. Complete the return address (indicated by a dashed line) on the reverse of the form so that we can return your copy of this receipt to you.
 b. Complete the return address (indicated by a dashed line) on the reverse of the form so that we can return your copy of this receipt to you.

SENDER: Complete the following information:
 1. Complete the return address (indicated by a dashed line) on the reverse of the form so that we can return your copy of this receipt to you.
 2. Complete the return address (indicated by a dashed line) on the reverse of the form so that we can return your copy of this receipt to you.

P 239 440 590



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to MCGILCHRIST 300 MEADOW BROOK Natick, IL 60062	
Postage	\$.29
Certified fee	1.00
Special Delivery fee	
Restricted Delivery fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark of Date	

PS Form 3800, June 1991

RECEIPT

Thank you for using Return Receipt Service

1. Complete the following information:
 a. Complete the return address (indicated by a dashed line) on the reverse of the form so that we can return your copy of this receipt to you.
 b. Complete the return address (indicated by a dashed line) on the reverse of the form so that we can return your copy of this receipt to you.

SENDER: Complete the following information:
 1. Complete the return address (indicated by a dashed line) on the reverse of the form so that we can return your copy of this receipt to you.
 2. Complete the return address (indicated by a dashed line) on the reverse of the form so that we can return your copy of this receipt to you.

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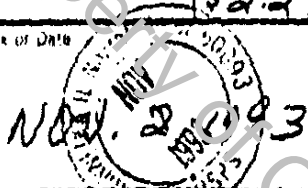


Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
See Reverse

Sent to: MR. & MRS. DANIEL FRANKS	
Street: 1980 SOUTHWIDGE TERRACE	
P.O. State and ZIP Code: NORTHBROOK, IL 60062	
Postage	\$ 0.29
Certified fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return receipt Showing to Whom & Date Delivered	1.00
Return receipt Showing to Whom Date and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark of Date	

PS Form 3800, June 1991



- SENDER: Complete this form. Print your name and return this card to the post office. Attach this to the envelope. Write "Return to Sender" on the envelope. This Return is subject to Article 3, Article 4, Article 5, Article 6, Article 7, Article 8, Article 9, Article 10, Article 11, Article 12, Article 13, Article 14, Article 15, Article 16, Article 17, Article 18, Article 19, Article 20, Article 21, Article 22, Article 23, Article 24, Article 25, Article 26, Article 27, Article 28, Article 29, Article 30, Article 31, Article 32, Article 33, Article 34, Article 35, Article 36, Article 37, Article 38, Article 39, Article 40, Article 41, Article 42, Article 43, Article 44, Article 45, Article 46, Article 47, Article 48, Article 49, Article 50, Article 51, Article 52, Article 53, Article 54, Article 55, Article 56, Article 57, Article 58, Article 59, Article 60, Article 61, Article 62, Article 63, Article 64, Article 65, Article 66, Article 67, Article 68, Article 69, Article 70, Article 71, Article 72, Article 73, Article 74, Article 75, Article 76, Article 77, Article 78, Article 79, Article 80, Article 81, Article 82, Article 83, Article 84, Article 85, Article 86, Article 87, Article 88, Article 89, Article 90, Article 91, Article 92, Article 93, Article 94, Article 95, Article 96, Article 97, Article 98, Article 99, Article 100.

Return address completed on the reverse side?

DOMESTIC RETURN RECEIPT

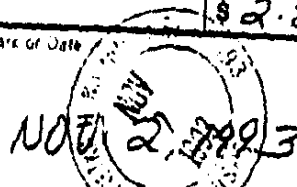


Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
See Reverse

Sent to: MR. & MRS. CARUSO	
Street: 1940 SOUTHWIDGE TERRACE	
P.O. State and ZIP Code: NORTHBROOK, IL 60062	
Postage	\$ 0.29
Certified fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return receipt Showing to Whom & Date Delivered	1.00
Return receipt Showing to Whom Date and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark of Date	

PS Form 3800, June 1991



- SENDER: Complete this form. Print your name and return this card to the post office. Attach this to the envelope. Write "Return to Sender" on the envelope. This Return is subject to Article 3, Article 4, Article 5, Article 6, Article 7, Article 8, Article 9, Article 10, Article 11, Article 12, Article 13, Article 14, Article 15, Article 16, Article 17, Article 18, Article 19, Article 20, Article 21, Article 22, Article 23, Article 24, Article 25, Article 26, Article 27, Article 28, Article 29, Article 30, Article 31, Article 32, Article 33, Article 34, Article 35, Article 36, Article 37, Article 38, Article 39, Article 40, Article 41, Article 42, Article 43, Article 44, Article 45, Article 46, Article 47, Article 48, Article 49, Article 50, Article 51, Article 52, Article 53, Article 54, Article 55, Article 56, Article 57, Article 58, Article 59, Article 60, Article 61, Article 62, Article 63, Article 64, Article 65, Article 66, Article 67, Article 68, Article 69, Article 70, Article 71, Article 72, Article 73, Article 74, Article 75, Article 76, Article 77, Article 78, Article 79, Article 80, Article 81, Article 82, Article 83, Article 84, Article 85, Article 86, Article 87, Article 88, Article 89, Article 90, Article 91, Article 92, Article 93, Article 94, Article 95, Article 96, Article 97, Article 98, Article 99, Article 100.

Return address completed on the reverse side?

DOMESTIC RETURN RECEIPT

P 239 447 994



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to: Maxine Pearson	
Street: 1980 Southwidge Terrace	
P.O. State and ZIP Code: Northbrook, IL 60062	
Postage	\$ 29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return receipt Showing to Whom & Date Delivered	1.00
Return receipt Showing to Whom Date and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark of Date	

PS Form 3800, June 1991

RECEIPT

954651

- SENDER: Complete this form. Print your name and return this card to the post office. Attach this to the envelope. Write "Return to Sender" on the envelope. This Return is subject to Article 3, Article 4, Article 5, Article 6, Article 7, Article 8, Article 9, Article 10, Article 11, Article 12, Article 13, Article 14, Article 15, Article 16, Article 17, Article 18, Article 19, Article 20, Article 21, Article 22, Article 23, Article 24, Article 25, Article 26, Article 27, Article 28, Article 29, Article 30, Article 31, Article 32, Article 33, Article 34, Article 35, Article 36, Article 37, Article 38, Article 39, Article 40, Article 41, Article 42, Article 43, Article 44, Article 45, Article 46, Article 47, Article 48, Article 49, Article 50, Article 51, Article 52, Article 53, Article 54, Article 55, Article 56, Article 57, Article 58, Article 59, Article 60, Article 61, Article 62, Article 63, Article 64, Article 65, Article 66, Article 67, Article 68, Article 69, Article 70, Article 71, Article 72, Article 73, Article 74, Article 75, Article 76, Article 77, Article 78, Article 79, Article 80, Article 81, Article 82, Article 83, Article 84, Article 85, Article 86, Article 87, Article 88, Article 89, Article 90, Article 91, Article 92, Article 93, Article 94, Article 95, Article 96, Article 97, Article 98, Article 99, Article 100.

Return address completed on the reverse side?

P 239 440 520



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to: MR. & MRS. GIULIACCHINI	
Street: 2516 MEADOWBROOK DR	
P.O. State and ZIP Code: N.B.K., IL 60062	
Postage	\$ 29
Certified fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return receipt Showing to Whom & Date Delivered	1.00
Return receipt Showing to Whom Date and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark of Date	

PS Form 3800, June 1991

RECEIPT

- SENDER: Complete this form. Print your name and return this card to the post office. Attach this to the envelope. Write "Return to Sender" on the envelope. This Return is subject to Article 3, Article 4, Article 5, Article 6, Article 7, Article 8, Article 9, Article 10, Article 11, Article 12, Article 13, Article 14, Article 15, Article 16, Article 17, Article 18, Article 19, Article 20, Article 21, Article 22, Article 23, Article 24, Article 25, Article 26, Article 27, Article 28, Article 29, Article 30, Article 31, Article 32, Article 33, Article 34, Article 35, Article 36, Article 37, Article 38, Article 39, Article 40, Article 41, Article 42, Article 43, Article 44, Article 45, Article 46, Article 47, Article 48, Article 49, Article 50, Article 51, Article 52, Article 53, Article 54, Article 55, Article 56, Article 57, Article 58, Article 59, Article 60, Article 61, Article 62, Article 63, Article 64, Article 65, Article 66, Article 67, Article 68, Article 69, Article 70, Article 71, Article 72, Article 73, Article 74, Article 75, Article 76, Article 77, Article 78, Article 79, Article 80, Article 81, Article 82, Article 83, Article 84, Article 85, Article 86, Article 87, Article 88, Article 89, Article 90, Article 91, Article 92, Article 93, Article 94, Article 95, Article 96, Article 97, Article 98, Article 99, Article 100.

Return address completed on the reverse side?

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239 448 002



Receipt for Certified Mail

No Insurance Coverage Provided Do not use for International Mail (See Reverse)

To: Franks	
1985 Southridge	
Northbrook, IL 60062	
Postage	\$ 29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to Whom & Date Delivered	1.00
Return Receipt showing to Whom Date and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	

PS Form 3800, June 1991

DOMESTIC RETURN RECEIPT

PS Form 3811, December 1991

Signature Agent

93

Return Receipt for Certified Mail (See Reverse)

93

Return Receipt for Certified Mail (See Reverse)

Thank you for using Return Receipt Service.



Receipt for Certified Mail

No Insurance Coverage Provided Do not use for International Mail (See Reverse)

To: BRUCCIO	
275 Sunset Dr.	
Northbrook, IL 60062	
Postage	\$ 29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to Whom & Date Delivered	1.00
Return Receipt showing to Whom Date and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	

PS Form 3800, June 1991

DOMESTIC RETURN RECEIPT

PS Form 3811, December 1991

Signature Agent

8002

Return Receipt for Certified Mail (See Reverse)

8002

Return Receipt for Certified Mail (See Reverse)

Thank you for using Return Receipt Service.

P 239 440 591



Receipt for Certified Mail

No Insurance Coverage Provided Do not use for International Mail (See Reverse)

Sent to: RESIDENT	
Street and No: 310 MEADOWBROOK	
P.O. Box and ZIP Code: N.B.K., IL 60062	
Postage	\$ 29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to Whom & Date Delivered	1.00
Return Receipt showing to Whom Date and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	

PS Form 3800, June 1991

DOMESTIC RETURN RECEIPT

PS Form 3811, December 1991

Signature Agent

91

Return Receipt for Certified Mail (See Reverse)

91

Return Receipt for Certified Mail (See Reverse)

Thank you for using Return Receipt Service.

P 239 440 517



Receipt for Certified Mail

No Insurance Coverage Provided Do not use for International Mail (See Reverse)

Sent to: MR & MRS. BAUMAN	
Street and No: 395 SUNSET DR.	
P.O. Box and ZIP Code: NORTHBROOK, IL 60062	
Postage	\$ 29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to Whom & Date Delivered	1.00
Return Receipt showing to Whom Date and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	

PS Form 3800, June 1991

DOMESTIC RETURN RECEIPT

PS Form 3811, December 1991

Signature Agent

92

Return Receipt for Certified Mail (See Reverse)

92

Return Receipt for Certified Mail (See Reverse)

Thank you for using Return Receipt Service.

55405173

UNOFFICIAL COPY

Property of Cook County Clerk's Office

P 239 441 271

UNOFFICIAL COPY



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	
MR. & MRS. CURCIO	
1960 VALLEY VIEW	
N.B.K., IL 60062	
Postage	\$.29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom Date and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	

PS Form 3800, June 1991

is your RETURN ADDRESS completed on the reverse side?
• Complete to
• Print your name
• Attach this card
• Does not return
• Write "Return
• The Return
• Article

DOMESTIC RETURN RECEIPT
PS Form 3811, December 1991

is your RETURN ADDRESS completed on the reverse side?
• Complete to
• Print your name
• Attach this card
• Does not return
• Write "Return
• The Return
• Article

P 239 440 522



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	
DOLAN	
280 MEADOWBROOK	
N.B.K., IL 60062	
Postage	\$.29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom Date and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	

PS Form 3800, June 1991

Thank you for using Return Receipt Service
• Complete to
• Print your name
• Attach this card
• Does not return
• Write "Return
• The Return
• Article

DOMESTIC RETURN RECEIPT
PS Form 3811, December 1991

P 239 448 004



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	
RESIDENT	
270 SUNSET DR.	
NORTH BROOK, IL 60062	
Postage	\$.29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom Date and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	

PS Form 3800, June 1991

is your RETURN ADDRESS completed on the reverse side?
• Complete to
• Print your name
• Attach this card
• Does not return
• Write "Return
• The Return
• Article

DOMESTIC RETURN RECEIPT
PS Form 3811, December 1991

P 239 440 588



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to	
FOLEY	
285 MEADOWBROOK	
N.B.K., IL 60062	
Postage	\$.29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom Date and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	

PS Form 3800, June 1991

Thank you for using Return Receipt Service
• Complete to
• Print your name
• Attach this card
• Does not return
• Write "Return
• The Return
• Article

DOMESTIC RETURN RECEIPT
PS Form 3811, December 1991

95469173

UNOFFICIAL COPY

Property of Cook County Clerk's Office



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Name		Karlove	
Street		1980 Valley View	
City, State, ZIP		Northbrook, IL 60062	
Postage	\$.29	Certified fee	1.00
Special delivery fee		Restricted delivery fee	
Return receipt showing to whom & date delivered	1.00	Return receipt showing to whom date and addressee's address	
TOTAL Postage & Fees	\$ 2.29	Postmark or Date	

PS Form 3800, June 1991

DOMESTIC RETURN RECEIPT

SENDER: Complete Form 3800, June 1991
 • Print your name and return this receipt with the mail
 • Attach this receipt to the mail
 • Write "Certified Mail" on the mail
 • The return receipt is not guaranteed.
 3. Article
 10/28/91
 Signature
 15/11/91



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Name		Biederman	
Street		310 Meadowbrook	
City, State, ZIP		NBL	
Postage	\$.29	Certified fee	1.00
Special delivery fee		Restricted delivery fee	
Return receipt showing to whom & date delivered	1.00	Return receipt showing to whom date and addressee's address	
TOTAL Postage & Fees	\$ 2.29	Postmark or Date	

PS Form 3800, June 1991

DOMESTIC RETURN RECEIPT

SENDER: Complete Form 3800, June 1991
 • Print your name and return this receipt with the mail
 • Attach this receipt to the mail
 • Write "Certified Mail" on the mail
 • The return receipt is not guaranteed.
 3. Article
 Biederman
 310
 NBL



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Name		Spillotto	
Street		310 Sunset Dr.	
City, State, ZIP		NBL	
Postage	\$.29	Certified fee	1.00
Special delivery fee		Restricted delivery fee	
Return receipt showing to whom & date delivered	1.00	Return receipt showing to whom date and addressee's address	
TOTAL Postage & Fees	\$ 2.29	Postmark or Date	

PS Form 3800, June 1991

DOMESTIC RETURN RECEIPT

SENDER: Complete Form 3800, June 1991
 • Print your name and return this receipt with the mail
 • Attach this receipt to the mail
 • Write "Certified Mail" on the mail
 • The return receipt is not guaranteed.
 3. Article
 Spillotto
 310
 NBL
 Signature
 Signature



Receipt for Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Name		Salvador	
Street		310 Sunset Dr.	
City, State, ZIP		Northbrook, IL 60062	
Postage	\$.29	Certified fee	1.00
Special delivery fee		Restricted delivery fee	
Return receipt showing to whom & date delivered	1.00	Return receipt showing to whom date and addressee's address	
TOTAL Postage & Fees	\$ 2.29	Postmark or Date	

PS Form 3800, June 1991

DOMESTIC RETURN RECEIPT

SENDER: Complete Form 3800, June 1991
 • Print your name and return this receipt with the mail
 • Attach this receipt to the mail
 • Write "Certified Mail" on the mail
 • The return receipt is not guaranteed.
 3. Article
 Salvador
 310
 NBL
 Signature
 Signature

9546977

UNOFFICIAL COPY

Property of Cook County Clerk's Office

UNOFFICIAL COPY

Property of Cook County Clerk's Office

P 239 441 114

UNOFFICIAL COPY

P 239 447 979



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

NOUAK	
1975 SUNSET RIDGE	
NAB, IL. 60062	
Postage	\$ 29
Certified fee	1.00
Special Delivery fee	
Restricted Delivery fee	
Return receipt showing to whom & date delivered	1.00
Return receipt showing to whom date and addressee's address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	

PS Form 3800, June 1991

DOMESTIC RETURN RECEIPT U.S. GPO: 1989-380-714

SENDER:

- Complete item
- Print your name
- Attach this form to return this card
- Attach this form to card if does not permit
- Write "Return to" on card
- The Return Receipt is delivered

3. Article Ad
Signature
Date



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Kell	
375 SUNSET DR.	
NAB	
Postage	\$.29
Certified fee	1.00
Special Delivery fee	
Restricted Delivery fee	
Return receipt showing to whom & date delivered	1.00
Return receipt showing to whom date and addressee's address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	

PS Form 3800, June 1991

DOMESTIC RETURN RECEIPT U.S. GPO: 1989-380-714

SENDER:

- Complete item
- Print your name
- Attach this form to return this card
- Attach this form to card if does not permit
- Write "Return to" on card
- The Return Receipt is delivered

3. Article Ad
Signature
Date

648 044 622



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

MR & MRS. SCOTT SNYDER	
350 MEADOWBROOK	
NAB, IL. 60062	
Postage	\$ 29
Certified fee	1.00
Special Delivery fee	
Restricted Delivery fee	
Return receipt showing to whom & date delivered	1.00
Return receipt showing to whom date and addressee's address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	

PS Form 3800, June 1991

DOMESTIC RETURN RECEIPT U.S. GPO: 1989-380-714

SENDER:

- Complete item
- Print your name
- Attach this form to return this card
- Attach this form to card if does not permit
- Write "Return to" on card
- The Return Receipt is delivered

3. Article Ad
Signature
Date

P 239 448 000



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

BRANDT'S	
268 MEADOWBROOK	
NAB, IL. 60062	
Postage	\$ 29
Certified fee	1.00
Special Delivery fee	
Restricted Delivery fee	
Return receipt showing to whom & date delivered	1.00
Return receipt showing to whom date and addressee's address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	

PS Form 3800, June 1991

DOMESTIC RETURN RECEIPT U.S. GPO: 1989-380-714

SENDER:

- Complete item
- Print your name
- Attach this form to return this card
- Attach this form to card if does not permit
- Write "Return to" on card
- The Return Receipt is delivered

3. Article Ad
Signature
Date

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Property of Cook County Clerk's Office

P 239 440 531

UNOFFICIAL COPY

P 239 440 536



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

MR. & MRS. HAYHILD	
365 MEADOW BROOK	
NAB, IL. 60062	
Postage	\$ 29
Certified fee	1.00
Special Delivery fee	
Restricted Delivery fee	
Return receipt showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom Date and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	DEC 29

PS Form 3800, June 1991

DOMESTIC RETURN RECEIPT

U.S. GPO: 1991-35-74

December 1991

SENDER:

- Complete Name
- Complete Address
- Print your name
- Return this card to Whom & Date Delivered
- Attach this to envelope
- Write "Return" on envelope
- The Return Receipt is returned to you

Article # 365 NAB

Signature (Agent)

Signature (Agent)



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

MR. & MRS. SKULLS	
385 SUNSET DRIVE	
NORTH BROOK, IL. 60062	
Postage	\$ 29
Certified fee	1.00
Special Delivery fee	
Restricted Delivery fee	
Return receipt showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom Date and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	DEC 29

PS Form 3800, June 1991

DOMESTIC RETURN RECEIPT

U.S. GPO: 1991-35-74

December 1991

SENDER:

- Complete Name
- Complete Address
- Print your name
- Return this card to Whom & Date Delivered
- Attach this to envelope
- Write "Return" on envelope
- The Return Receipt is returned to you

Article # 385 NAB

Signature (Agent)

Signature (Agent)

P 239 441 629



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to PATINO	
1975 VALLEY VIEW	
NAB, IL. 60062	
Postage	\$ 29
Certified fee	1.00
Special Delivery fee	
Restricted Delivery fee	
Return receipt showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom Date and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	

PS Form 3800, June 1991

DOMESTIC RETURN RECEIPT

December 1991

SENDER:

- Complete Name
- Complete Address
- Print your name
- Return this card to Whom & Date Delivered
- Attach this to envelope
- Write "Return" on envelope
- The Return Receipt is returned to you

Article # 1975 NAB

Signature (Agent)

Signature (Agent)

P 239 441 850



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to KOPALA	
365 MEADOW BROOK	
NAB, IL. 60062	
Postage	\$ 29
Certified fee	1.00
Special Delivery fee	
Restricted Delivery fee	
Return receipt showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom Date and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	

PS Form 3800, June 1991

DOMESTIC RETURN RECEIPT

December 1991

SENDER:

- Complete Name
- Complete Address
- Print your name
- Return this card to Whom & Date Delivered
- Attach this to envelope
- Write "Return" on envelope
- The Return Receipt is returned to you

Article # 365 NAB

Signature (Agent)

Signature (Agent)

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Property of Cook County Clerk's Office

PS Form 3800, June 1991
 No Insurance Coverage Provided
 Do not use for International Mail
 (See Reverse)

HILMUND

245 MEADOWBROOK
 N.B.K., IL 60062

Postage	\$ 29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	

SENDER:
 Complete items 1 and/or 2 for additional services
 Complete items 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

PS Form 3800, June 1991

Article Add: MR. HILMUND

Signature (Add): MR. HILMUND

Signature (Agent): MR. HILMUND

PS Form 3811, December 1991

Receipt for Certified Mail
 No Insurance Coverage Provided
 Do not use for International Mail
 (See Reverse)

BAYLOR

375 MEADOWBROOK
 N.B.K., IL 60062

Postage	\$ 29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	

SENDER:
 Complete items 1 and/or 2 for additional services
 Complete items 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

PS Form 3800, June 1991

Article Add: MR. BAYLOR

Signature (Add): MR. BAYLOR

Signature (Agent): MR. BAYLOR

PS Form 3811, December 1991

000 448 003 P

Receipt for Certified Mail
 No Insurance Coverage Provided
 Do not use for International Mail
 (See Reverse)

WEISS

200 Sunset Dr.
 NORTHBROOK IL 60062

Postage	\$ 29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	

SENDER:
 Complete items 1 and/or 2 for additional services
 Complete items 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

PS Form 3800, June 1991

Article Add: MR. WEISS

Signature (Add): MR. WEISS

Signature (Agent): MR. WEISS

PS Form 3811, December 1991

015 040 519 P

Receipt for Certified Mail
 No Insurance Coverage Provided
 Do not use for International Mail
 (See Reverse)

MRS. JEANNE BURKE

255 MEADOWBROOK
 N.B.K., IL 60062

Postage	\$ 29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	

SENDER:
 Complete items 1 and/or 2 for additional services
 Complete items 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

PS Form 3800, June 1991

Article Add: MRS. BURKE

Signature (Add): MRS. BURKE

Signature (Agent): MRS. BURKE

PS Form 3811, December 1991

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Property of Cook County Clerk's Office

UNOFFICIAL COPY

Form 3871, December 1991

Signature

Signature

P 239 447 977



Receipt for Certified Mail

No Insurance Coverage Provided Do not use for International Mail (See Reverse)

Block	
355 Sunset Dr.	
Northbrook IL	
Postage	\$.29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom Date and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	29 1991

DOMESTIC RETURN RECEIPT

PS Form 3800, June 1991

AUS. GPO: 1980-583-714

Receipt for Certified Mail No Insurance Coverage Provided Do not use for International Mail (See Reverse)

MOORE	
305 Sunset Dr.	
Northbrook IL	
Postage	\$.29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom Date and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	29 1991

DOMESTIC RETURN RECEIPT

PS Form 3800, June 1991

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4, 5, and 6. Print your name and address on return this card if it does not pertain. Attach this fee if you wish to insure. Write "Return to" in the return address field. The Return Receipt will be delivered. Article No. 3. Article No. 4. Article No. 5. Article No. 6. Article No. 7. Article No. 8. Article No. 9. Article No. 10. Article No. 11. Article No. 12. Article No. 13. Article No. 14. Article No. 15. Article No. 16. Article No. 17. Article No. 18. Article No. 19. Article No. 20. Article No. 21. Article No. 22. Article No. 23. Article No. 24. Article No. 25. Article No. 26. Article No. 27. Article No. 28. Article No. 29. Article No. 30. Article No. 31. Article No. 32. Article No. 33. Article No. 34. Article No. 35. Article No. 36. Article No. 37. Article No. 38. Article No. 39. Article No. 40. Article No. 41. Article No. 42. Article No. 43. Article No. 44. Article No. 45. Article No. 46. Article No. 47. Article No. 48. Article No. 49. Article No. 50. Article No. 51. Article No. 52. Article No. 53. Article No. 54. Article No. 55. Article No. 56. Article No. 57. Article No. 58. Article No. 59. Article No. 60. Article No. 61. Article No. 62. Article No. 63. Article No. 64. Article No. 65. Article No. 66. Article No. 67. Article No. 68. Article No. 69. Article No. 70. Article No. 71. Article No. 72. Article No. 73. Article No. 74. Article No. 75. Article No. 76. Article No. 77. Article No. 78. Article No. 79. Article No. 80. Article No. 81. Article No. 82. Article No. 83. Article No. 84. Article No. 85. Article No. 86. Article No. 87. Article No. 88. Article No. 89. Article No. 90. Article No. 91. Article No. 92. Article No. 93. Article No. 94. Article No. 95. Article No. 96. Article No. 97. Article No. 98. Article No. 99. Article No. 100.

Is your RETURN ADDRESS completed on the reverse side?

P 239 447 982



Receipt for Certified Mail

No Insurance Coverage Provided Do not use for International Mail (See Reverse)

Gould	
2005 Valley View	
Northbrook, IL 60062	
Postage	\$.29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom Date and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	29 1991

PS Form 3800, June 1991

Also wish to receive the following services (for an extra fee):

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4, 5, and 6. Print your name and address on return this card if it does not pertain. Attach this fee if you wish to insure. Write "Return to" in the return address field. The Return Receipt will be delivered. Article No. 3. Article No. 4. Article No. 5. Article No. 6. Article No. 7. Article No. 8. Article No. 9. Article No. 10. Article No. 11. Article No. 12. Article No. 13. Article No. 14. Article No. 15. Article No. 16. Article No. 17. Article No. 18. Article No. 19. Article No. 20. Article No. 21. Article No. 22. Article No. 23. Article No. 24. Article No. 25. Article No. 26. Article No. 27. Article No. 28. Article No. 29. Article No. 30. Article No. 31. Article No. 32. Article No. 33. Article No. 34. Article No. 35. Article No. 36. Article No. 37. Article No. 38. Article No. 39. Article No. 40. Article No. 41. Article No. 42. Article No. 43. Article No. 44. Article No. 45. Article No. 46. Article No. 47. Article No. 48. Article No. 49. Article No. 50. Article No. 51. Article No. 52. Article No. 53. Article No. 54. Article No. 55. Article No. 56. Article No. 57. Article No. 58. Article No. 59. Article No. 60. Article No. 61. Article No. 62. Article No. 63. Article No. 64. Article No. 65. Article No. 66. Article No. 67. Article No. 68. Article No. 69. Article No. 70. Article No. 71. Article No. 72. Article No. 73. Article No. 74. Article No. 75. Article No. 76. Article No. 77. Article No. 78. Article No. 79. Article No. 80. Article No. 81. Article No. 82. Article No. 83. Article No. 84. Article No. 85. Article No. 86. Article No. 87. Article No. 88. Article No. 89. Article No. 90. Article No. 91. Article No. 92. Article No. 93. Article No. 94. Article No. 95. Article No. 96. Article No. 97. Article No. 98. Article No. 99. Article No. 100.

Is your RETURN ADDRESS completed on the reverse side?

55469173

P 239 447 983



Receipt for Certified Mail

No Insurance Coverage Provided Do not use for International Mail (See Reverse)

Lost	
380 Meadbrook	
Northbrook, IL 60062	
Postage	\$.29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom Date and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	29 1991

PS Form 3800, June 1991

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4, 5, and 6. Print your name and address on return this card if it does not pertain. Attach this fee if you wish to insure. Write "Return to" in the return address field. The Return Receipt will be delivered. Article No. 3. Article No. 4. Article No. 5. Article No. 6. Article No. 7. Article No. 8. Article No. 9. Article No. 10. Article No. 11. Article No. 12. Article No. 13. Article No. 14. Article No. 15. Article No. 16. Article No. 17. Article No. 18. Article No. 19. Article No. 20. Article No. 21. Article No. 22. Article No. 23. Article No. 24. Article No. 25. Article No. 26. Article No. 27. Article No. 28. Article No. 29. Article No. 30. Article No. 31. Article No. 32. Article No. 33. Article No. 34. Article No. 35. Article No. 36. Article No. 37. Article No. 38. Article No. 39. Article No. 40. Article No. 41. Article No. 42. Article No. 43. Article No. 44. Article No. 45. Article No. 46. Article No. 47. Article No. 48. Article No. 49. Article No. 50. Article No. 51. Article No. 52. Article No. 53. Article No. 54. Article No. 55. Article No. 56. Article No. 57. Article No. 58. Article No. 59. Article No. 60. Article No. 61. Article No. 62. Article No. 63. Article No. 64. Article No. 65. Article No. 66. Article No. 67. Article No. 68. Article No. 69. Article No. 70. Article No. 71. Article No. 72. Article No. 73. Article No. 74. Article No. 75. Article No. 76. Article No. 77. Article No. 78. Article No. 79. Article No. 80. Article No. 81. Article No. 82. Article No. 83. Article No. 84. Article No. 85. Article No. 86. Article No. 87. Article No. 88. Article No. 89. Article No. 90. Article No. 91. Article No. 92. Article No. 93. Article No. 94. Article No. 95. Article No. 96. Article No. 97. Article No. 98. Article No. 99. Article No. 100.

Also wish to receive the following services (for an extra fee):

Thank you for using Domestic Certified Mail

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P 239 440 592



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
See Reverse

MCKERR	
324 MEADOWBROOK	
N.B.K., IL. 60062	
POSTAGE	\$ 29
CERTIFIED FEE	1.00
SPECIAL DELIVERY FEE	
RESTRICTED DELIVERY FEE	
Return receipt showing to Whom & Date Delivered	1.00
Return receipt showing to Whom Date and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	

PS Form 3800, June 1991

Northfield, Illinois 60093-3482

Village Hall
361 Happ Road

NORTHFIELD

Property of Cook County



P 239 448 008



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
See Reverse

Andersons	
324 MEADOWBROOK	
N.B.K., IL. 60062	
POSTAGE	\$ 29
CERTIFIED FEE	1.00
SPECIAL DELIVERY FEE	
RESTRICTED DELIVERY FEE	
Return receipt showing to Whom & Date Delivered	1.00
Return receipt showing to Whom Date and Addressee's Address	
TOTAL Postage & Fees	\$ 2.29
Postmark or Date	

PS Form 3800, June 1991

John Waterman and
Dee Brooks
P.O. Box 575

NSN

95469174
1216856
DOMESTIC RETURN RECEIPT

SENDER'S RETURN ADDRESS completed on the reverse side

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EXHIBIT "3"

Legal Description

THE WEST 25 FEET OF LOT 26, LOTS 27 THROUGH 33, LOTS 35 AND 36, LOTS 39 AND 40, THE NORTH 20 FEET OF LOT 41, LOT 43 (EXCEPT THE NORTH 40 FEET), LOTS 44 THROUGH 47, LOTS 50 THROUGH 53, LOTS 55 THROUGH 59, THE WEST 10 FEET OF LOT 60, LOT 61 (EXCEPT THE WEST 60 FEET), LOT 62, LOT 64 (EXCEPT THE WESTERLY HALF), LOT 65, LOTS 67 THROUGH 69, LOT 76, AND LOTS 78 THROUGH 83 IN WILLIAM H. BRITIGAN'S SUNSET RIDGE GOLF CLUB ADDITION BEING A SUBDIVISION IN THE NORTHWEST QUARTER AND THE SOUTHWEST QUARTER OF SECTION 13, TOWNSHIP 42 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED ON JULY 31, 1925 AS DOCUMENT NO. 8992112, IN COOK COUNTY, ILLINOIS.

Common Addresses of Properties:

258 Meadowbrook Drive, Northfield, Illinois 60093
268 Meadowbrook Drive, Northfield, Illinois 60093
280 Meadowbrook Drive, Northfield, Illinois 60093
295 Meadowbrook Drive, Northfield, Illinois 60093
300 Meadowbrook Drive, Northfield, Illinois 60093
310 Meadowbrook Drive, Northfield, Illinois 60093
324 Meadowbrook Drive, Northfield, Illinois 60093
350 Meadowbrook Drive, Northfield, Illinois 60093
375 Meadowbrook Drive, Northfield, Illinois 60093
380 Meadowbrook Drive, Northfield, Illinois 60093
385 Meadowbrook Drive, Northfield, Illinois 60093
1980 Valley View Road, Northfield, Illinois 60093
1985 Valley View Road, Northfield, Illinois 60093
2005 Valley View Road, Northfield, Illinois 60093
245 Sunset Drive, Northfield, Illinois 60093
255 Sunset Drive, Northfield, Illinois 60093
270 Sunset Drive, Northfield, Illinois 60093
275 Sunset Drive, Northfield, Illinois 60093
294 Sunset Drive, Northfield, Illinois 60093
305 Sunset Drive, Northfield, Illinois 60093
324 Sunset Drive, Northfield, Illinois 60093
325 Sunset Drive, Northfield, Illinois 60093
350 Sunset Drive, Northfield, Illinois 60093
355 Sunset Drive, Northfield, Illinois 60093
364 Sunset Drive, Northfield, Illinois 60093
375 Sunset Drive, Northfield, Illinois 60093

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385 Sunset Drive, Northfield, Illinois 60093
390 Sunset Drive, Northfield, Illinois 60093

Permanent Index Numbers:

04-13-113-004	04-13-118-011
04-13-113-005	04-13-118-012
04-13-113-010	04-13-118-019
04-13-113-011	04-13-118-020
04-13-113-012	04-13-118-021
04-13-113-013	04-13-118-022
04-13-114-001	04-13-118-023
04-13-114-002	04-13-300-001
04-13-114-003	04-13-300-002
04-13-114-004	04-13-300-003
04-13-114-005	04-13-300-013
04-13-114-014	04-13-300-016
04-13-117-006	04-13-300-017
04-13-117-007	04-13-301-001
04-13-117-008	04-13-301-009
04-13-117-009	04-13-301-020
04-13-117-014	04-13-301-022
04-13-117-017	04-13-301-023
04-13-117-018	
04-13-117-020	
04-13-117-024	

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NORTHFIELD

I, Mark J. Morien, Deputy Village Clerk of the Village of Northfield, do hereby certify that attached hereto is a true, correct and complete copy of Ordinance No. 94-786 approving the establishment of Special Service Area No. 1, which was approved at the regularly-scheduled meeting of the Board of Trustees of the Village of Northfield on January 24, 1994, at which time a quorum of members was present and voted.



Mark J. Morien
Deputy Village Clerk
Village of Northfield

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