Trustee's Deen UNOFFICIAL COPY

EVERGREEN BANK	•		9549	3525	
(101 West 98th Street Evergreen Park, Illinois 6064) (708) 422 6700 (708) 5 (708)	lon in t	•	4777	(040146 AN 1424-07/28/ 111 × 91. URLE RECORDER	1 9 95 19:51: 4935:
This Indenture, Niede this	12th day of FIRST NATIONAL BANK				d between 名り しし
a national banking associatione, or deeds in trust given pursuant to A.D. 19 87 and Holy Cross Hospital	h_{ν}			day of May , party of the	
sum of Ten (\$10.00) Dollars and edged, does hereby grant, sell and	art by virtue of the power and other good and valuable cons	ideration) in hand p	it by said deed	of which is hereby	tion of the
Unit 1N in One described Real Es	Capitol Court Condominium state:	n as defineated or	the survey of	the following	
5 in Theiner and I West 1/4 of Secti in Cook County, COndominium rec	eet if Lot 36 and all of Lots Malkins Crawford Highlands on 2, Township 37 North, 8 Allinois, which survey is corded November 25, 1986 as 1 in the common elements.	Subdivision of the Cange 13, East of t attached as Exhibi	South West in he Third Princ t "A" in the l	of the South ipal Meridian, Declaration of	95493525
	Deleva	Albert Transaction Stam	les p		

Property Address: 9401 South Pulaski, Unit 1N, Evergreen Park, II 60805
Permanent Tax Identification Notsi: 24-02-321-052-1001

BOX 333-CT1

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TO HAVE AND TO HOLD the same unto said part. Y of the second part, as aforesaid. Its heirs and assigns, torever

This deed is executed pursuant to and in the exercise of the power and authority granted to and vested in said Triesce by the terms of said deed or deeds in trust delivered to said. Trustee in pursuance of the trust agreement above mentioned, and made subject to the hen of every trust deed or mortgage and every other hen against said premises (if any there be) of record in said county affecting the said real estate or any part thereof given to secure the payment of money and remaining unreleased at the date of the delivery hereof

4N WITNESS WIII-REOF, said party of the first part has caused these presents to be signed in 6% name by its Vice President and Trust Officer attested by its Assistant Trust Officer and its corporate scal to be hereinto affixed the day and year first above written

FIRST NATIONAL BANK OF EVERGREEN PARK

as Inistee as aforesaid.

ATTE	ST: 2720c2: 1872 (2) ASSISTANT TRUS	ZUZZ) LOFFKUR	Ву	VICE PRESIDENT & TR	Туџ овъјсък
State c	of Illinois y of Cook	Coop	_		
1. that	undersigned Franklin Sellers		()	nty, in the State aforesaid, DC nd Trust Officer of FIRST NA	

Nancy Rodighiero EVERGREEN PARK, and Assistant Trust Officer thereof, personally known to me to be the same persons whose names are subscribed to the foregoing instrumena as such Vice-President and Trust Officer, and Assistant Trust Officer, respectively, appeared before me this day in person and acknowledged that they signed and delivered the said instrument as their own free and voluntary act, and as the free and voluntary act of said Bank, for the purposes therein set forth; and the said Assistant Trust Officer did also then and there acknowledge that he was custodian of the corporate seal of said Bank did affect the said corporate seal of said Bank to said instrument as his own free and voluntary act, and as the free and voluntary act of said Bank for the uses and purposes therein set forth.

GIVEN Under my hand and Notarial Seal this

Impress seal here

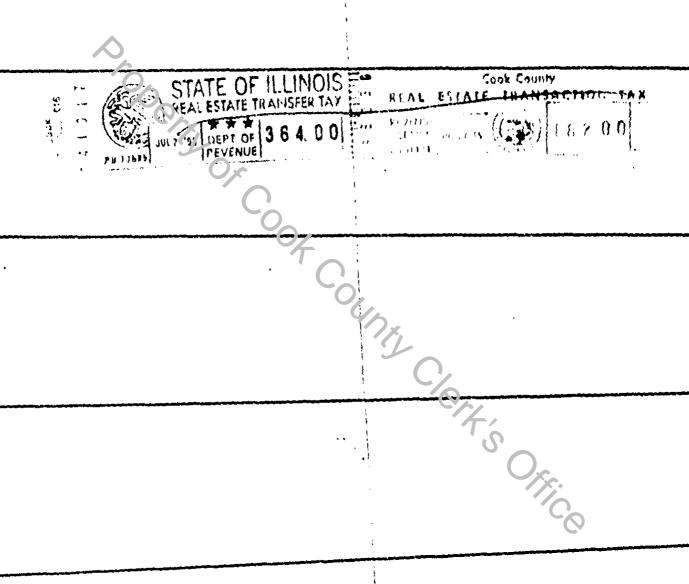
Mail recorded instrument to:

Mail future tax bills to:

Mylique Parmanin kaylan in Hory Chen Institute tech order & Att. The whiteppe 2701 W 68th 57 Constant a become

This instrument was prepared by: Joseph C. Fanelli, 3101 West 95th Street, Evergreen Park, Illinois 60642

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CHANGE OF INFORMATION FORM

SCANABLE DOCUMENT - READ THE FOLLOWING RULES				
Changes must be kept in the space limitations shown DO NOT use punctuation	Print in CAPITAL LETTERS with BLACK PEN ONLY Allow only one space between names, numbers and addresses			
SPEC	CIAL NOTE:			
Tyou do not have enough room for you	th the NAME, leave one space between the name and number or full name, just your last name will be adequate MUST BE INCLUDED ON EVERY FORM			
PI 24-02-32 NAME	N: 1-052-1001			
MAILING STREET NUMBER STREET N 2 70 1 W 687	ADDRESS: NAME - APT or UNIT H STREET			
CITY CHICA STATE: ZIP: LL	GO			
STREET NUMBER STREET I	Y ADDRESS: NAME - APT or UNIT ASVIVIT N SS			
STATE: ZIP:				

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