

UNOFFICIAL COPY

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. DEPT-01 RECORDING \$116.00
 . 787777 TRAN 9686 09/21/95 10:00:00
 . #6668 BK #-95-637479
 . COOK COUNTY RECORDER

THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

DECLARATION OF FORFEITURE AND EXTINGUISHMENT OF ALL RIGHTS OF PURCHASER UNDER INSTALLMENT CONTRACT FOR SALE OF REAL ESTATE

On FEBRUARY 27, 1991, the Administrator of Veterans Affairs as Seller, and ROBERT WILLIAMS A/K/A ROBERT LANE WILLIAMS A/K/A ROBERT W. WILLIAMS A/K/A ROBERT L. WILLIAMS A/K/A ROBERT E. WILLIAMS A/K/A ROBERT F. WILLIAMS A/K/A ROBERT N. WILLIAMS as Purchasers (hereinafter "Purchasers"), entered into an Installment Contract for Sale of Real Estate (hereinafter "Contract"), concerning the real estate legally described as follows:

LOT 36 IN BLOCK 2 IN HARVEY HIGHLANDS, BEING A RESUBDIVISION OF M. FLAHERTY'S SUBDIVISION OF THE EAST 1/2 AND THE EAST 1/2 OF THE WEST 1/2 OF THE NORTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 20, TOWNSHIP 36 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. COMMONLY KNOWN AS 15920 WOODBRIDGE AVENUE, HARVEY, ILLINOIS 60426.

PERMANENT INDEX NUMBER 29-20-204-037

The Contract was subsequently assigned to the AMERICAN HOUSING TRUST IX (hereinafter "Seller"). BANKERS TRUST COMPANY is the sole Trustee of Seller.

Purchasers defaulted under the terms of the Contract by failing to make payments for the months of OCTOBER 1, 1994, and each month thereafter.

Seller served a copy of the attached NOTICE OF INTENTION TO DECLARE FORFEITURE OF ALL RIGHTS UNDER INSTALLMENT CONTRACT FOR SALE OF REAL ESTATE AND NOTICE OF INTENTION TO FILE FORCIBLE DETAINER SUIT (hereinafter "Notice"), upon the Purchasers pursuant to Illinois Revised Statutes, Chapter 110, Section 9-101 et. seq., by personal delivery.

Purchasers have failed to cure the Default set forth in the Notice and more than 30 days have elapsed from the date of service

Box 254

1/6/95

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03/17/2021

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of the Notice.

NOW THEREFORE, the Seller hereby declares that all rights of Purchasers under the Contract, and anyone claiming through them, are hereby forfeited and extinguished, and that all payments made by the Purchasers under the Contract will be retained by Seller pursuant to its rights under the Contract.

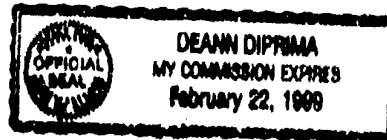
IT WITNESS WHEREOF, the BANKERS TRUST COMPANY, NOT IN ITS INDIVIDUAL CAPACITY, AS TRUSTEE FOR AMERICAN HOUSING TRUST IX, by its attorney Rosemary Kopriva of SHAPIRO & KREISMAN, has executed this document this 1st day of August, 1995.

Rosemary Kopriva
Rosemary Kopriva

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK

Subscribed and Sworn
before me this 1st
day of August, 1995.

Deann Dipprama
Notary Public



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SHAPIRO & KREISMAN

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011-110010

AFFIDAVIT OF SERVICE

Rosemary Kopriva, being first duly sworn on oath, states that a copy of the above DECLARATION OF FORFEITURE AND EXTINGUISHMENT OF ALL RIGHTS OF PURCHASER UNDER INSTALLMENT CONTRACT FOR PURCHASE OF REAL ESTATE AND NOTICE OF INTENTION TO FILE FORCIBLE DETAINER SUIT was served upon ROBERT WILLIAMS A/K/A ROBERT LANE WILLIAMS A/K/A ROBERT W. WILLIAMS A/K/A ROBERT L. WILLIAMS A/K/A ROBERT E. WILLIAMS A/K/A ROBERT F. WILLIAMS A/K/A ROBERT N. WILLIAMS at their last known address by personal service, by certified mail or by posting at the subject property.

Rosemary Kopriva

STATE OF ILLINOIS)

COUNTY OF COOK)

SS.



Subscribed and Sworn
before me this 19th
day of September, 1995.

Notary Public
Notary Public

Prepared By:
SHAPIRO & KREISMAN
Attorney for Plaintiff
4201 Lake Cook Road
Northbrook, Il 60062
(708) 498-9990
Atty #91140

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DUPLICATE

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

Complete items 1 and/or 2 for additional services.
a) Complete items 1, 4a, and 4b.
b) Print your name and address on the reverse of this form so that we can return the card to you.
c) Attach this form in the lower left corner of the envelope, or on the back if space does not permit.
d) Write "Return Receipt Requested" on the envelope below the article number.
e) The Return Receipt will show to whom the article was delivered and its date delivered.

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for details.

3. Article Addressed to:

*Attche of Detention
Post. Extension
115 W. DuSable St. 3rd Fl.
Chicago, IL 60601*

4a. Article Number

2 014 906 750

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt with Certificate COD

7. Date of Delivery

5. Received By: (Print Name)

ATTORNEY GENERAL

6. Signature: (Address or Agency)

X

8. Addressee's Address (only if requested and not paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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Is your RETURN ADDRESS completed on the reverse side?

SENDER:

1. Complete items 1 and 2 for additional services.
2. Complete items 3, 4a, and 4b.
3. Print your name and address on the reverse of this form so that we can return the card to you.
4. Attach this form to the front of the envelope, or on the back if space does not permit.
5. Attach "Return Receipt Requestor" on the envelope below the article number.
6. The Return Receipt will show to whom the article was delivered and to whom returned.

9563-729

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for details.

3. Article Addressed to:

HINSDALE HOSPITAL
100 N OAK
HINSDALE, IL 60521

4a. Article Number

P 236 473 345

4b. Service Type

Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

12-14-94

8. Addressee's Address (only if requested and fee is paid)

100 N OAK

5. Received By: (Print Name)

(OVER)

6. Signature of Addressee or Agent

X Dave Huggins

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:

Complete items 1 and/or 2 for additional services.
 a) Complete items 1, 4a, and 4b.
 b) Print your name and address on the reverse of this form so that we can return the card to you.
 c) Attach the form to one front of the envelope, or on the back if space does not permit.
 d) Write "Return Receipt Requested" on the envelope before the article number.
 e) The Return Receipt will allow us to return the article with additional and the date delivered.

1. Also wish to receive the following services (fill in each box):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:

*James Leibold & Co.
 45 Lincoln St. Raymond
 Building 1st. Dept. 2445
 Weymouth Station, MA 01979*

4a. Article Number

Z 016 906 509

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt (for Merchandise) COD

7. Date of Delivery

AUG 03 1995

8. Addressee's Address (Only if requested as to the is paid)

AM

6. Signature (Addressee or Agent)

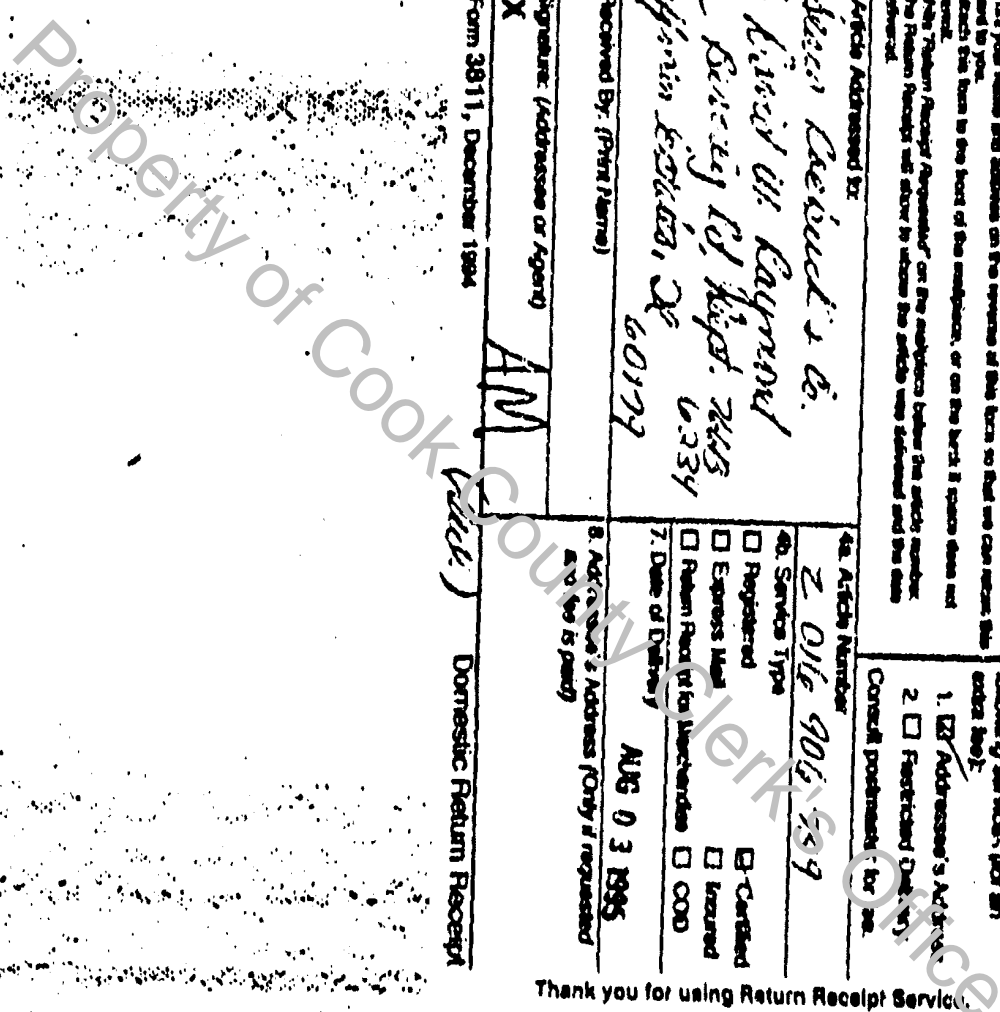
5. Received By: (Print Name)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1, 2, 3, 4, and 5.
- 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.

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

- 1. Addressee's Address
- 2. Restricted Delivery
- 3. Consult postmaster for fee.

3. Article Addressed to:

Deputy Asst. Asst. & Clerk Co.
123 S. Michigan Ave.
Chicago, Ill 60603

4a. Article Number

2 016 9060358

4b. Service Type

- Registered Registered
- Express Mail Registered
- Return Receipt for Merchandise COD

7. Date of Delivery

8/19/85

8. Addressee's Address (Only if requested and fee is paid)

123 S. Michigan Ave.
Chicago, Ill 60603

5. Packaged By: (Print Name)

X *[Signature]*

6. Signature (Addressee or Agent)

PS Form 3811, December 1984

Domestic Return Receipt

Thank you for using Return Receipt Service.

9563-779

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Is your RETURN ADDRESS completed on the reverse side?

SENDER:

Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
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 envelope, or on the back if space does not permit.
Trade Item: Return Receipt on the envelope before the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

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

- 1. Addressee's Address
 - 2. Restricted Delivery
- Consult postmaster for fee.

<p>3. Article Addressed to:</p> <p><i>People of State of Illinois Dept. of Employment 401 S. State Street 12th Floor Chicago, IL 60602</i></p>	<p>4a. Article Number</p> <p><i>2 016 906 760</i></p>
<p>5. Received by (Print Name)</p> <p><i>[Signature]</i></p>	<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input type="checkbox"/> Return Receipt for Mailed article <input type="checkbox"/> COD</p>
<p>6. Signature (Address or Agent)</p> <p><i>[Signature]</i></p>	<p>7. Date of Delivery</p> <p><i>AUG. 09 1995</i></p>
<p>8. Addressee's Address (Address Only if requested and fee is paid)</p> <p><i>Domestic Return Receipt</i></p>	

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

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01/20/1995

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5-11-1995

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

AUGUST 03, 1995


RE: WILLIAMS, ROBERT ILL. LOAN # 6025854 S&K 95-1498

AFFIDAVIT

I, JOHN LEWELLYN, SERVED OR POSTED THE FOLLOWING DOCUMENTS:

DECLARATION OF FORFEITURE AND EXTINGUISHMENT OF ALL RIGHTS OF PURCHASER UNDER INSTALLMENT CONTRACT FOR SALE OF REAL ESTATE.

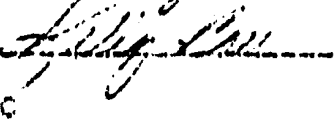
BY POSTING A COPY OF THE SAID DOCUMENTS, TO THE FRONT DOOR OF THE RESIDENCE, LOCATED AT 15920 WOODBRIDGE HARVEY, ILL 60426 ON AUGUST 3RD 1995 AT THE HOUR OF 7:23 P.M. HOURS.



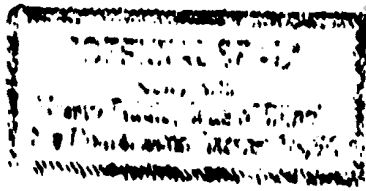
JOHN LEWELLYN

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

SUBSCRIBED AND SWORN
BEFORE ME THIS
DAY OF August 1995



NOTARY PUBLIC



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NOTICE OF INTENTION TO DECLARE FORFEITURE AND EXTINGUISHMENT OF ALL RIGHTS OF PURCHASER UNDER INSTALLMENT CONTRACT FOR SALE OF REAL ESTATE AND NOTICE OF INTENTION TO FILE FORCIBLE DETAINER SUIT

TO: ROBERT WILLIAMS A/K/A ROBERT LANE WILLIAMS, A/K/A ROBERT W. WILLIAMS A/K/A ROBERT L. WILLIAMS A/K/A ROBERT E. WILLIAMS A/K/A ROBERT F. WILLIAMS A/K/A ROBERT N. WILLIAMS - 15920 WOODRIDGE AVENUE, HARVEY, ILLINOIS 60426

STATE OF ILLINOIS - ATTORNEY GENERAL, 100 W. RANDOLPH, 13TH FLOOR, CHICAGO, ILLINOIS 60601

HINSDALE HOSPITAL - 120 N. OAK, HINSDALE, ILLINOIS 60521

SEARS ROBUCK AND CO. - DAVID W. RAYMOND, 33 BEVERLY RD., DEPT. 766 B 6234, HOFFMAN ESTATES, ILLINOIS 60179

MEMBERS CREDIT UNION - 585 WAUGHTON STREET, WINSTON-SALEM, NC

PEOPLES GAS, LIGHT & COKE CO. - 122 S. MICHIGAN AVENUE, CHICAGO, ILLINOIS 60603

THE PEOPLE OF THE STATE OF ILLINOIS - DEPT. OF EMPLOYMENT, 401 S. STATE STREET, 12TH FLOOR, CHICAGO, ILLINOIS 60602

On FEBRUARY 27, 1991, the Administrator of Veterans Affairs as Seller, and ROBERT WILLIAMS A/K/A ROBERT LANE WILLIAMS A/K/A ROBERT W. WILLIAMS A/K/A ROBERT L. WILLIAMS A/K/A ROBERT E. WILLIAMS A/K/A ROBERT F. WILLIAMS A/K/A ROBERT N. WILLIAMS as Purchaser (hereinafter "Purchasers"), entered into an Installment Contract for Sale of Real Estate (hereinafter "Contract"), a copy of which is attached hereto as Exhibit A, concerning the real estate legally described as follows:

LOT 36 IN BLOCK 2 IN HARVEY HIGHLANDS, BEING A RESUBDIVISION OF M. FLAHERTY'S SUBDIVISION OF THE EAST 1/2 AND THE EAST 1/2 OF THE WEST 1/2 OF THE NORTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 20, TOWNSHIP 36 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. COMMONLY KNOWN AS 15920 WOODRIDGE AVENUE, HARVEY, ILLINOIS 60426.

PERMANENT INDEX NUMBER 29-20-204-032

The Contract was subsequently assigned to the AMERICAN HOUSING TRUST IX (hereinafter "Seller"). BANKERS TRUST COMPANY is the sole Trustee of the Seller.

Purchasers agreed under the Contract to make monthly payments of principal and interest of \$450.59 plus escrow for taxes and insurance of \$178.41 for a total payment of \$629.00, on APRIL 1, 1991, and on the 1st day of each month thereafter through and including MARCH 1, 2021. Purchasers defaulted under the terms of

0-11-1991

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01-03-80

he Contract by failing to make payments for the months of OCTOBER 1, 1994, and each month thereafter.

The Contract provides that time is of the essence of this Agreement and that if default be made and continue for a period of 30 days in the payment of any of the installments of principal, interest, or any other items therein stipulated, the Seller may, at its option, terminate by simple declaration of an election to do so, with or without notice, all of Purchasers' rights under this Contract, and all of Purchasers' right, title, and interest in the property.

Notice is hereby given as follows:

1. Default exists under the terms of the Contract in that payments have not been made for the months of OCTOBER 1, 1994 and thereafter.
2. The Seller has elected to declare the whole unpaid balance immediately due and payable.
3. The amount necessary to cure the default through MAY 31, 1995 is \$5,233.28, plus attorneys fees and costs. From MAY 31, 1995 THROUGH JUNE 30, 1995, the amount necessary to cure the default is \$5,887.44, plus attorneys fees and costs.
4. Unless the default is cured by tendering said amount to the undersigned on or before JUNE 30, 1995, it is the intention of the Seller to declare all of your rights under the Contract to be forfeited, and all payments made by you will be retained by the Seller as provided in the Contract.
5. Demand for possession is hereby made upon you for possession of the subject real estate on JUNE 30, 1995, if you fail to cure the above defaults.
6. If you fail to surrender possession, Seller intends to file an action under the Forcible Entry and Detainer Act to obtain possession.
7. NOTICE TO LIENHOLDERS - You are hereby notified that your interest in the property by virtue of the following Memorandum of Judgments will be forfeited by Declaration of Forfeiture unless purchaser reinstates as set forth above:

State of Illinois by virtue of Memorandum of Judgments recorded:

- 01-03-80 as Document Number 25302913
- 05-20-80 as Document Number 25461454
- 05-20-80 as Document Number 25461496
- 08-09-82 as Document Number 26313900
- 08-09-82 as Document Number 26313901
- 10-06-83 as Document Number 26809623

Hinsdale Hospital by virtue of Memorandum of Judgment recorded
09-09-88 as Document Number 88407245

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CONFIDENTIAL

Property of Clerk's Office

CERTIFIED

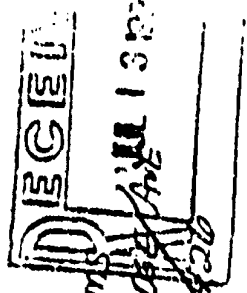
2 4 83 7 00 A 27

MAIL

Law Offices of
Shapiro & Kreisman
4201 Lake Cook Road
1st Floor
Northbrook, Illinois 60062



Member of the
AMERICAN LEGAL
NETWORK



ROBERT WILLIAMS
13830 WOODBERRY AVE
HARVEST, IL 60420

Handwritten signatures and initials:
WLL
WLL
7-7

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Is your RETURN ADDRESS completed on the reverse side?

SENDER: <ul style="list-style-type: none">• Complete items 1 and/or 2 for additional services.• Complete items 3, and 4a, & b.• Print your name and address on the reverse of this form so that we can return the card to you.• Attach this form to the front of the mailpiece, or on the back if space does not permit.• Write "Return Receipt Requested" on the mailpiece below the article number.• The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): <ol style="list-style-type: none"><input checked="" type="checkbox"/> Addressee's Address<input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <i>New Product + Co c/o David W. Raymond 33 Beverly Pl Dept. 766B434 Hoffman Estates, IL 60179</i>		4a. Article Number <i>2 016 906 749</i>	
4b. Service Type: <ul style="list-style-type: none"><input type="checkbox"/> Registered<input type="checkbox"/> Insured<input checked="" type="checkbox"/> Certified<input type="checkbox"/> COD<input type="checkbox"/> Express Mail<input type="checkbox"/> Return Receipt for Merchandise		7. Date of Delivery <i>MAY 03 1998</i>	
5. Signature (Addressee) <i>[Signature]</i>		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) <i>[Signature]</i>			

Thank you for using Return Receipt Services.

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5-11-91

Is your RETURN ADDRESS completed on the reverse side?

SENDER: <ul style="list-style-type: none">• Complete items 1 and/or 2 for additional services.• Complete items 3, and 4a & b.• 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 mailpiece, or on the back if space does not permit.• Write "Return Receipt Requested" on the mailpiece below the article number.• The Return Receipt will show to whom the article was delivered and the date delivered.	I also wish to receive the following services (for an extra fee): 1. <input checked="" type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: <i>Members Credit Union</i> 585 Washington St <i>Winston-Salem, NC 27103</i> <i>2250 Silas Creek Parkway</i>	4a. Article Number <i>2 016 906 748</i>
5. Signature (Addressee) <i>Shirley C. Warrick</i>	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
6. Signature (Agent)	7. Date of Delivery <i>5-15-95</i>
	8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1991 ©U.S. GPO: 1993-363-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

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0-11-100-100

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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 mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

The People of the State of Illinois
Dept. of Employment
401 S. State St. 12th floor
Chicago, IL 60607

4a. Article Number

Z 016 906 747

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

MAY 24 1995

B. Signature (Addressee)

[Handwritten Signature]

Addressee's Address (Only if requested and fee is paid)

C. Signature (Agent)

[Handwritten Signature]

PS Form 3811, December 1991

U.S. GPO: 1993-335-14

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

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