

UNOFFICIAL COPY

RELEASE DEED ILLINOIS STATUTORY

95144556

MAIL TO:

Stanley Stoklosa
533 Sycamore Ln
Wheeling, IL 60090



02-23-95 10:05
RECORDING 23.00
MAIL 0.50
95144556

NAME & ADDRESS OF TAXPAYER:

Stanley Stoklosa
Theresa Stoklosa
533 Sycamore Lane
Wheeling, IL 60090

COOK COUNTY,
RECORDER
JESSE WHITE
ROLLING MEADOWS
RECORDER'S STAMP

Know All Men by These Presents, That Baxter Credit Union
of the County of Cook State of Illinois for and in consideration of one dollar, and for other
good and valuable consideration, the receipt of which is hereby acknowledged, do hereby remise, convey, release and quit-claim unto
Stanley Stoklosa & Theresa Stoklosa His wife In Joint Tenancy

of the County of Cook State of Illinois all right, title, interest, claim or demand whatsoever
may have acquired in, through or by certain Mortgage bearing date the 15
day of December A.D., 19 93, and recorded in the Recorder's Office of Cook County, in
the State of Illinois, as Document No. 03028014 to the premises therein described, together with all the
appurtenances and privileges thereunto belonging or appertaining, situated in the County of Cook State of
Illinois, as follows to wit:

Lot 177 in Kingsport Village North III, being a subdivision of the North 1/2 of the South
1/2 of the Northwest 1/4 of the Southwest 1/4 of section 10, Township 42 north, range 11
east of the third principal meridian, in Cook County, Illinois

Permanent Index Number(s): 03-10-313-027

Property Address: 533 Sycamore Lane Wheeling, IL 60090

Dated this 17 day of January 19 95

(Seal) Donna J. Steinbrook (Seal)
Donna J. Steinbrook (Seal)
Manager of Mortgages (Seal)

For the protection of the owner, this release shall be filed with the County Recorder
in whose office the Mortgage or Deed of Trust was filed.

95144556

NOTE: PLEASE TYPE OR PRINT NAME BELOW ALL SIGNATURES

COMPLIMENTS OF Chicago Title Insurance Company

CTIC Form No. 1165

23.50
45

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19 95

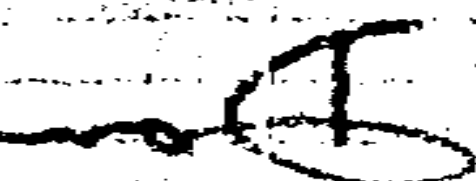
EXEMPT UNDER PROVISIONS OF SECTION

REAL ESTATE TRANSFER ACT

DATE

Signature of Buyer, Seller or Representative

and address of the Grantee for tax billing purposes: (55 ILCS 5/3-5.2).



FD

FROM