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Axelement Secretary Land Trust Administrator this

, 19<u> 95</u>_.

day of ____May_

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 \mathcal{C} **しごう** OSMOPOLITAN BANK AND TRUST REALESTATE TRANSFER TAX DEPARTMENT OF REVENUE s Trustee as aforesaid, and not personally, 966935 ice President and Trust Officer I, the undersigned, a Notary Public in and for said County, in the State aforesaid, do hereby certify that Dennis M. Sheen Vice President and Trust Officer of COSMOPOLITAN BANK AND TRUST, a corporation of Illinois, and Todd W. Cordell ANY SOUNTY Land Trust Administrator of said Bank, State of Illinois personally known to me to be the same persons, whose names are subscribed to the foregoing instrument as such. Vice President and. Trust County of Cook Tricer and ASSISSEAN SHOWINGS. Land Trust Administrator respectivel; ap seared before me this day in person and acknowledged that they signed and delivered the said instrument as This instrument was prepared their own fire and voluntary acts, and as the free and voluntary act of By: Spring Alexander said Bank, as trustee as aforesaid, for the uses and purposes Land Trust Department therein set forth and the said Assistant Secretary - Land Trust Cosmopolitan Bank and Trust Administrator did a' to then and there acknowledge that he/she as 801 North Clark Street custodian of the corporate sent of said Bank did affix Chicago, Illinois 60610-3287 the said corporate seal of said Bank to said instrument as his/her own free and voluntary act, and as the free and voluntary act of said Bank, as Trustee as aforesaid, for the uses and purposes therein set forth. Given under my hand and notarial seal this day of Notary Public OFFICIAL SEAL
PATRICK M. CLARKE
NOTARY PUBLIC. STATE OF ILLINOIS
MY COMMISSION EXPIRES 9-19-98 Mail to:

60546 197 Woodside Road <u>Riverside,</u> Street address of above described property.



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CHANGE OF INFORMATION FORM

INFORMATION TO BE CHANGED

Use this form for name/address desired on real property tax record of Cook County Illinois. It is also to acquire PROPERTY ADDRESSES for each PIN in our records.

Such changes must be kept within the space limitations shown. Do Not use punctuation. Allow one space between names and initials, numbers and street names, and unit or apt numbers. PLEASE PRINT IN CAPITAL LETTERS WITH BLACK PEN ONLY! This is a SCANNABLE DOCUMENT - DO NOT XEROX THE BLANK FORM. All completed ORIGINAL forms must be returned to your supervisor or Jim Davenport each day.

If a TRUST number is involved, it must be put with the NAME. Leave a space between the name and the trust number. A single last name is adequate if you don't have enough room for the full name. Property index numbers MUST be included on every form.

PIN:

| 15-36-104-051- |
|---|
| NAME |
| MARKKEMPER |
| MAILING ADDRESS: |
| STREET NUMBER STREET NAME = APT or UNIT |
| 197 WOODSIDE RUAD |
| CITY |
| RIVERSIDE |
| STATE: ZIP: |
| 14 60546- |
| |
| PROPERTY ADDRESS: |
| STREET NUMBER STREET NAME = APT or UNIT |
| 197 WOODSIDE ROAD |
| CITY |
| RIVERSIDE |
| STATE: ZIP: |
| 14 60546- |
| |

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Property of Cook County Clerk's Office

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