UNOFFICIAL COPY

## **RELEASE OF MORTGAGE** OR TRUST DEED (BY CORPORATION)

Form 100-R Heart Printing Inc. (708) 259-2100

96981898

36381838

DEPT-DI RECORDING

THE ABOVE SPACE FOR RECORDER'S USE ONLY

T\$6666 TRAN 5920 12/31/96 09:07:00

COOK COUNTY RECORDER

48306 + IR \*-96-981898

KNOW ALL MEN BY THESE PRESENTS, That Eagle Finance, FKA: Wonderlic Finance

a corporation organized and existing under and by virtue of the Laws of the State of IL having its principal office at 1425 Tri-State Parkway, Suite 180 Gurmortgage or trust deed executed by Minnie

Wilson and dated the 13th day of December, 19 93, and recorded in the office of the

Recorder of the County of Look in the State of Illinois in Book

of Mortgages, page Film Number

or Micro as document

number 96484894 , uoes hereby acknowledge that it has received full payment and satisfaction of all the money secured thereby, and in consideration thereof does hereby and in consideration thereof does hereby and convey all right and interest in and to the premises therein described or conveyed and any right, little, interest, claim or demand it may have acquired thereunder or thereby.

LOT 42 IN BLOCK 1 IN E.M. CONDIT'S SUBDIVISION OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 29, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN #20-29-201-014

ADDRESS: 7129 S. MAY, CHICAGO, IL 6062

(Continue legal description on reverse side)

## FOR THE PROTECTION OF BECORDER OF DEEDS IN MITIOSE (

| RECORDER OF DEEDS.                                                                                                                    |                                       | , 1111        |
|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------|
| MORTGAGE OR DEED                                                                                                                      |                                       |               |
| This release is made, executed and delivered pursuan corporation at a regular (or special) meeting thereof held on                    |                                       | ctors of said |
| IN TESTIMONY WHEREOF. The above named corpora by its <u>Vice</u> President, and attested by its <u>A</u> day of <u>December</u> 19 96 |                                       | to be signed  |
| (Impress the Corporation's                                                                                                            |                                       |               |
| Seal Here)                                                                                                                            | Richard E. Wonderlic                  | President.    |
| Attest: Kathleen O Keefe <sub>Secretary</sub>                                                                                         | · · · · · · · · · · · · · · · · · · · |               |

## UNOFFICIAL COPY

| STATE OF Illinois                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ], the undersigned notary, in and for said County in the Stat aforesaid, DOHEREBY CERTIFY, That                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| County of Lake                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Richard E. Wonderlic                                                                                                                                                     |
| personally known to me to be the Vice Eagle Finance, FKA: Wonderlic Fin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | President of the corporation whose name isan                                                                                                                             |
| Kathleen O' Keefe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | personally known to me to be th                                                                                                                                          |
| appeared before me this day in person and severally a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | n, whose names are subscribed to the foregoing instrument cknowledged that as such <u>Vice</u> President and ered the said instrument of writing as <u>Vice</u> Presider |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | tion, and caused the seal of said Corporation to be affixed thereto                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ors of said Corporation as their free and voluntary act, and as the                                                                                                      |
| free and voluntary act and deed of said Corporation f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                          |
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| GIVEN under my hand and notarial seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2nd day of December 19 96                                                                                                                                                |
| ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                          |
| "OFFICIAL SEAL" }                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Notary Public                                                                                                                                                            |
| SHERRY M_KIREY}                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | y Troudly I down                                                                                                                                                         |
| NOTARY PUBLIC, STATE OF ICLINOIS      NAY COMMISSION EXPIRES 1/11/緊哮尼ASI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | E OF MORTGAGE                                                                                                                                                            |
| Communication of the property |                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                          |
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| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                          |
| - //Au                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <del></del>                                                                                                                                                              |
| This instrument prepared by:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Return this document to:                                                                                                                                                 |
| Name Michelle Wray-Eagle Finance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Name Minnie Wilson                                                                                                                                                       |
| 1425 Tri State Parkway, Suit<br>Address <u>Gurnee, IL 60031</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | e 180 May D. Mary Of. Address CHICAGO, Dr. 100601                                                                                                                        |