96178040 RELEASE DEED ILLINOIS STATUTORY MAIL TO: WASHINGTON FEDERAL BANK for savings DEPT-01 RECORDING T#0012 TRAN 9527 03/08/96 09:35:00 2869 S ARCHER 49648 + ER *-96-178040 CHICAGO, III 60608 COOK COUNTY RECORDER NAME & ADDRESS OF TAXPAYER: RECORDER'S STAMP INDEPENDENT TRUST CORPORATION, AS TRUSTEE Know All Men by These Presents, That for and in consideration of one dollar, and for other of the County of COOK Stote of ILLINOIS good and valuable consideration, the receipt of which is hereby acknowledged, do hereby remise, convey, release and quit-claim unto PETER ALINOVICH and DINISE M. BRODIO . his wife all right, title, interest, claim or demand whatsoever of the County of ₩. State of TALWOIS may have acquired in, through or by a certain MORTICAGE bearing date the JINE A.D., 19 92 , and records in he Recorder's Office of OOK County, in the State of Illinois, as Document No. 92617001 to the premises therein described, together with all the appurtenances and privileges thereunto belonging or appertaining, situated in the County of Illinois, as follows to wit: LOT 1 IN BLOCK 4 IN DOBBINS SUFDIVISION OF THE SOUTH 3/4 OF THE EAST & OF THE WEST & OF THE SOUTHWEST & OF SECTION 28, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. NOTE: If additional space is required for legal - attach on separate 8-1/2" x 11 sheet, with a minimum of 1/2" clear margin on all sides. Permanent Index Number(s): ____ 17-28-321-020-0000 Property Address: 2900 S WALLACE CHICAGO.ILL 60616 Dated this (Seal) (Seal) (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. NOTE: PLEASE TYPE OR PRINT NAME BELOW ALL SIGNATURES COMPLIMENTS OF Chicago Title Insurance Company

UNOFFICIAL COPY

BOX 333-CTI

CIIC Form No 1165

UNOFFICIAL COPY

l, the undersigned, a Notary Public in a ANDREW ALINOVICH , trustee of personally known to me to be the same person was appeared before me this day in person, and acknowledge instrument as his free and voluntary act, for the same person and acknowledge was a same person.	of INDEPENDENT hose name nowledged that	TRUST O	DRPORAT sub he	TION	
Given under my hand and notarial seal, this	281H	_day of _	FEBRU	ZA 0	, 19 <u></u>
My commission expires on APRIL 4	, 19	99 .	*************************************	That he	Notary Pub
IMPRESS SEAL HERE					
NAME and ADDRESS OF PREPARER:	EXEMPT REAL EST DATE:	Ź _*		IONS OF PAI SECTION RACT	
NAME and ADDRESS OF PREPARER:	REAL EST	KIETR	ANSFER	SECTION	
NAME and ADDRESS OF PREPARER: This convoyance must contain the name and and name and address of the person prepar	REAL EST DATE: Signature of	ATE TR	ANSFER	SECTION ACT epresentative purposes: (55	N 4,