RELEASE OF MORTGAGE OR TRUST CIAL COPY

DEED'BY CORPORATION (ILLINOIS)

97122000

FOR THE PROTECTION OF THE OWNER, THIS RELEASE SHALL BE FILED WITH THE RECORDER OF DEEDS OR THE REGISTRAR OF TITLE IN WHOSE OFFICE THE MORTGAGE OF DEED OF TRUST WAS FILED.

DEPT-01 RECORDING \$23.50 T+0014 TRAN 1126 02/21/97 14:38:00 +5077 + JW \*-97-122000 COOK COUNTY RECORDER

ABOVE SPACE FOR RECORDER'S USE ONLY

STI 8567

KNOW ALL MEN BY THESE PRESENTS, that HEALTHCAR	e associates ci	REDIT UNION	of the
County of DuPage and the state of Illinois for and in consider	ation of the paymen	nt of the indebtedness se	
hereinafter mentioned, and the cancellation of all the notes the	nereby secured, and i	of the sum of one dollar	the receipt whereof is
hereby acknowledged, does hereby RFMISE, RELEASE, CONVE	EY, and QUIT CLAIM	unto: HERBERTO P	EREZ AND
hereby acknowledged, does hered: RFMISE, RELEASE, CONVE MONICA ROCIO CASTANEDA N/K/A MONICA ROCIO	CASTANEDA PEI	REZ	
heirs, legal representatives and assigns, all the right, title, int	erest, claim or dema		may
have acquired in, through or by a certain mort age bearing	date the	day of MAY	1995
and recorded in the Recorder's Office of		· · · · · · · · · · · · · · · · · ·	of Illinois as document
123 / A	premises therein de	escribed as follows, situ	ated in the County of
THE NORTHEASTERLY 19 FEET OF THE S	to wit:	. 22 EEEE OO GUB	
SOUTHEASTERLY 59.50 FEET OF THE NO	oniumbanenii oi	1.33 FBBI OF INE 7 EO FERM BAR MUT	<b>,</b>
SOUTHEASTERLY 9.50 FEET OF THE NOR			
SOUTHWESTERLY 103.66 FEET THEREOF)			
INCLUSIVE, TAKEN AS A TRACT, IN BLOOM			ING
A SUBDIVISION IN SECTION 17, TOWNS	HIP 41 NOWTH.	RANGE 12. EAST OF	THE
THIRD PRINCIPAL MERIDIAN, IN COOK			
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		97.220	
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together with all the appurtenances and privileges thereuntogenerated Real Estate Index Number(s): 09-17-205-103	belonging or apperta	iining.	
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	ا ال بدميل	Coester	
قبر تا	lane Hofstra - Assist	ant Secretary	·

## **UNOFFICIAL COPY**

## STATE OF ILLINOIS COUNTY OF DUPAGE

I, MELISSA Y COLEMAN		a notary pub	olic in and for said	County, in the State afores	ild, DO
HEREBY CERTIFY that Daniel J.	Vaughan personally known	to me to be the	e President of Healt	hCare Associates Credit Un	ion, an
Illinois corporation, and Diane	Hofstra personally known to	o me to be the A	Assistant Secretary o	of said corporation, and per	sonally
known to me to be the same per	sons whose names are subsc	ribed to foregoi	ng instrument, app	eared before me this day in	person
and severally acknowledged tha					
caused the corporate seal of said					
the uses and purposes therein se		,,		, <u>-</u>	,
GIVEN under my hand and offic	cial seal this 15TH day	of JANUARY	1997		
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JOFF	ICIAL SEAL"		In A	' /	
My commission expires:	SAY COLEMAN	/_/	[[	111/1	
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My Comma	ion Expires 02/28/2000		[	7//( )	
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	NAPERVILLE, ILL	INOIS $6056$			
		TO	CVA,		
:	HEBERTO PEREZ		IICA PEREZ		
	1466 WILLOW AVE			0	
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