

UNOFFICIAL COPY

FEDERAL TAX LIEN AFFIDAVIT

(PLEASE PRINT OR TYPE)

State of Illinois } ss.

	ATRICIA A. SCH	WIDI.	_being duly sworn, upon o	eath states that
. 35	years of age and	1. 🗆	has never been married	
		2. 🗀	the widow(er) of	
		3, 芒	married toMicha	el A. Schmidt
			said marriage having tak	en place on
	0		•	
	0	4. 🗆	divorced from	
		Ojs		
			county & state	
Fignt further sta	ter that her	social security number		
	es Tax Liens against)	one mer m
			46	
ffiant further stat	es that during the i	last 10 years, affiant has re	ided av the following addr	rese and none other.
				em and male officer
			<i>y</i>	T
FROM (DATE)	TO (DATE)	STREET NO.	GITY / D.C. I. C.	STATE
FROM (DATE)	PRESENT	17 BIRCHWOOD DR.		T
	- / 	={ 		STATE
	- / 	={ 		STATE
1978	PRESENT	17 BIRCHWOOD DR.	LOCKPORT	II. 6044,
1978 Mant further state	PRESENT	={ 	LOCKPORT	II. 6044,
1978 Tiant further state one other:	PRESENT es that during the id TO (DATE)	17 BIRCHWOOD OR. ast 10 years, affiant has ha	LOCIC.POLITION d the following accupation EMPLOYER	ADDRESS (STREET NO.)
1978 Tiant further state one other:	PRESENT TO (DATE) PRESENT	17 BIRCHWOOD DR.	LOCK.POR	ADDRESS (STREET NO.) CITY STATE 10000 W. 1515T ST.
1978 Mant further state one other: FROM (DATE) 1983	PRESENT es that during the id TO (DATE)	17 BIRCHWOOD OR. ast 10 years, affiant has ha	LOCIC.POLITION d the following accupation EMPLOYER	ADDRESS (STREET NO.) CITY STATE [0000 W. 15] ST. ST.
ffiant further state one other: FROM (DATE) 1983	PRESENT TO (DATE) PRESENT 1983	OCCUPATION HMD INSURANCE DEFT. HOUSEWIFE	LOCK.POR. d the following occupation EMPLOYER MEYER MEDICAL GROUP	ADDRESS (STREET NO.) CITY STATE [0000 W. 15] ST. ST.
1978 Miant further state one other: FROM (DATE) 1983 1978 Riont further state	PRESENT TO (DATE) PRESENT 1983 That affiant makes	OCCUPATION HMD INSURANCE DEFT. HOUSEWIFE	LOCILPORT d the following occupation EMPLOYER MEYER MEDICAL GROUP e of inducing the Registrar	ADDRESS (STREET NO.) CITY STATE 10000 W. 1515T ST. ORLAND PK. TI. 604
1978 Miant further state one other: FROM (DATE) 1983 1978 Riont further state	PRESENT TO (DATE) PRESENT 1983 That affiant makes	OCCUPATION HMO INSURANCE DEFT. HOUSEWIFE 1 this affidavit for the purpos	LOCILPORT d the following occupation EMPLOYER MEYER MEDICAL GROUP e of inducing the Registrar	ADDRESS (STREET NO.) CITY STATE 10000 W. 1515T ST. ORLAND PK. TI. 604
Mant further state one other: FROM (DATE) 1983 1978 Hont further state issue his Torrens	PRESENT TO (DATE) PRESENT 1983 That affiant makes Certificate of title free	OCCUPATION HMO INSURANCE DEPT. HOUSEWIFE this affidavit for the purpose and clear of possible United 8th	EMPLOYER MEYER MEDICAL GROUP e of inducing the Registrated States Tax Liens.	ADDRESS (STREET NO.) CITY STATE 10000 W. 1515T. ST. ORLAND PK., II. 604
1978 Mant further state one other: FROM (DATE) 1983 1978 Hant further state	PRESENT TO (DATE) PRESENT 1983 That affiant makes Certificate of title free	OCCUPATION HMO TUSURANCE HOUSEWIFE This affidavit for the purpose and clear of possible United Sth	EMPLOYER MEYER MEDICAL GROUP e of inducing the Registrated States Tax Liens.	ADDRESS (STREET NO.) CITY STATE 10000 W. 1515T ST. ORLAND PK. TI. 604
1978 Mant further state one other: FROM (DATE) 1983 1978 Hont further state issue his Torrens	PRESENT TO (DATE) PRESENT 1983 That affiant makes Certificate of title free In to me this	OCCUPATION HMO INSURANCE HOUSEWIFE this affidavit for the purpose and clear of possible United Ratucus 8th	EMPLOYER MEYER MEDICAL GROUP e of inducing the Registrated States Tax Liens.	ADDRESS (STREET NO.) CITY STATE 10000 W. 1515T. ST. ORLAND PK., II. 604



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FEDERAL TAX LIEN AFFIDAVIT

(PLEASE PRINT OR TYPE)

State o	f lilinois	l
County	f lilinois of Cook	: {

		CHMIDT	_being duly sworn, upon c	eath states that
is years of age and			has never been married	
	-		the widow(er) of	
		· · · · · · · · · · · · · · · · · · ·		
	•	3. 171	married toPATRIC	IA A. SCHMIDT
		٠, ك		
	6		said marriage having tak	en place on
	70		7-15-72	
		4. 🗆	divorced from	
		Ox	date of decree	
	•		cose	
		0	county & state	
Affiant further sta	tas that his	eocial security number	h 326-44-3	5 330 and that there
	tes Tax Liens agains			
ate no Ovited Stat	ies lax ciens agams),	
			45	
Affiant further stat	tes that during the	last 10 years, affiant has re	sided of the following add	ress and none other:
	TO (DATE)	STREET NO.	CITY CITY	STATE
FROM (DATE)	FRESENT			Zu.
77.6	122520	17 Billion De.	L.OCK PERSON	LCC.
				0
	1	1 <u>.</u>	· ·	
		<u>'</u>		
	es that during the	last 10 years, affiant has he	id the following occupation	ons and buriness addresses and
Affiant further state	es that during the	last 10 years, affiant has he	d the following occupation	ons and Liuriness addresses and
	es that during the	last 10 years, affiant has he	ed the following occupation	ADDRESS (STREET NO.)
none other:			EMPLOYER	ADDRESS (STREET NO.) CITY STATE 7502 N. MUSTIN
FROM (DATE)	TO (DATE)	OCCUPATION	EMPLOYER T LAGUES KIFG	ADDRESS (STREET NO.) CITY STATE

PUT OF TRUST
AL June 18,88
on of illinois, as trustee under the provisions of a deed or deeds in trust duly
DRATION, in pursuance of a trust agreement dated the3020
Patricia A. Schmidt, his wife, as common; 17 Birchwood Drive, Lockport,
party of the second part.
eration of the sum often.and00/100
nt, the following described real estate, situated inCOOK
The state of the s
to Orland Park, being a subdivision of 3 Township 36 North, Range 12, East of 1 Cook County, Illinois
Avenue, Orland Park, Il. 60462
3 16 16 16 16 16 16 16 1
Ti- Supplier
9.00 E
and any easements, encumbrances and restrictions of record.
ng. d par', and to the proper use, benefit and behoof forever of said party of
exercise of the power and authority granted to and vested in said trustee stee in purations of the trust agreement above mentioned. This deed is here be) of regard in said county given to secure the payment of money.
d its corporate real to be hereto affixed, and has caused its name to be
INDEPENDENT TRUST CORPORATION
As Trup're ap aforesaid
By Multis Trust party STIT
Affect Trust Official
Trust Difficility of A
County, in the State aforesaid, DO HEREBY CERTIFY, that
of said Corporation
of said Corporation of said Corporation instrument as such.
of said Corporation of said Corporation names are subscribed to the foregoing instrument as such, respectively, appeared before me this day in person, and rument as their own free and voluntary act, and as the free and
of said Corporation of said Corporation names are subscribed to the foregoing instrument as such, respectively, appeared before me this day in person, and rument as their own free and voluntary act, and as the free and es therein set forth; and the said
of said Corporation of said Corporation in the foregoing instrument as such, respectively, appeared before me this day in person, and rument as their own free and voluntary act, and as the free and es therein set forth; and the said
of said Corporation of said Corporation names are subscribed to the foregoing instrument as such, respectively, appeared before me this day in person, and rument as their own free and voluntary act, and as the free and es therein set forth; and the said
of said Corporation of said Corporation instrument as such, respectively, appeared before me this day in person, and rument as their own free and voluntary act, and as the free and es therein set fortic and the said Thust acknowledge that nc, as custodian of the Coporate Seal of said coration to said instrument as his own and voluntary act, and as and purposes therein set forth.
of said Corporation names are subscribed to the foregoing instrument as such, respectively, appeared before me this day in person, and rument as their own free and voluntary act, and as the free and es therein set forth; and the said
of said Corporation names are subscribed to the foregoing instrument as such, respectively, appeared before me this day in person, and rument as their own free and voluntary act, and as the free and es therein set fortic and the said
of said Corporation names are subscribed to the foregoing instrument as such, respectively, appeared before me this day in person, and rument as their own free and voluntary act, and as the free and es therein set fortic and the said
or . In Section 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

of Grantee MIERCOUNTY TITLE 20. OF ILLINOIS
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MEMORICO, ILLINOIS 60608 Sid. Card De to I sw certify to 3 Submitted by Hu band ander to odress 22dk 3714258 51166359 なる。

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