MARQUETTE BANK

Orland Office:
9533 W. 143rd Street Phone: (708) 460-4166 or (708) 460-4917
Orland Park, Illinois 60462 Fax # 708-460-5415

DIRECTION TO CONVEY

NOTE: If no property remains in this trust after this conveyance, this direction must be accompanied by remittance for all fees including the fee for this deed. PLEASE CALL TRUSTEE FOR AMOUNT OF FEES.

DATE: _____

MARQUETTE BANK AS TRUSTEE: You are hereby authorized to execute and deliver your TRUSTEE'S DEED in your capacity as Trustee under your Trust No. _____ Dated _____ as follows:

TRUSTEE'S DEED SHOULD BE DATED: _____ ACTUAL CONSIDERATION: _____

GRANTEE(S): _____

CHECK IF APPLICABLE: JOINT TENANCY ☐ TENANCY BY THE ENTIRETY ☐

ADDRESS OF GRANTEE(S): _____

Address City State Zip

CLOSE THIS TRUST? YES ☐ NO ☐ ALTA STATEMENTS? YES ☐ NO ☐

LEGAL DESCRIPTION: TITLE COMMITMENT # _____

PROPERTY TAX NUMBER: _____

PROPERTY ADDRESS: _____

ISSUE LETTER FOR PAYMENT OF SALE PROCEEDS AS FOLLOWS: _____

_____

OTHER DOCUMENTS TO BE EXCUTED: _____

WILL BE PICKED UP BY: PHONE NO. _____

OR

MAIL TO: _____

_____ _____

_____ _____

_____ _____

PRINTED NAME SIGNATURE

State of _____)

County of _____) SS

I, the undersigned, a Notary Public, in and for said County and State aforesaid, do hereby certify that

_____

is/are personally known to me to be the same person(s) whose name is subscribed to this instrument appeared before me this day in person and acknowledged that he/she/they signed and delivered the said instrument of his/her/their own free and voluntary act.

Given under my hand and Notarial Seal this _____day of _____, 20 ____

_____

Notary Public

CONSENT OF COLLATERAL ASSIGNEE (if APPLICABLE)

_____

Name of Lender (please note successor information if applicable)

By: _____

Its: _____

Title

RECEIVED BY: _____ DATE: _____