



Orland Office:  
9533 W. 143<sup>rd</sup> Street  
Orland Park, Illinois 60462

Phone: (708) 460-4166 or (708) 460-4917  
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 EXECUTED: \_\_\_\_\_  
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: \_\_\_\_\_