



PARKWAY BANK & TRUST COMPANY
 4800 N. Harlem Avenue, Harwood Heights IL 60706
 ATTN: Trust Department
 708-867-6600

DIRECTION TO CONVEY

DATE: _____

TRUST NO.: _____

DATE OF TRUST: _____

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 TOTAL AMOUNT OF FEES.

DATE REQUIRED ON TRUSTEE'S DEED: _____

NAME(S) OF GRANTEE(S): _____

Individual

Tenants in Common

Joint Tenancy

Tenants by Entirety

Trust to Trust

GRANTEE'S ADDRESS: _____

PROPERTY ADDRESS: _____

PROPERTY TAX NUMBER (PIN): _____

WILL THIS CONVEYANCE CLOSE THIS TRUST: YES NO
 If "no" is marked, fees will be billed even though no property remains in Trust

FOR RE-FINANCE

PLEASE ATTACH A LEGAL DESCRIPTION RIDER INCLUDING THE PIN # AND APPLICABLE SUBJECT TO LANGUAGE, IF ANY

ISSUE LETTER FOR PAYMENT OF SALE PROCEEDS AS FOLLOWS: _____

FURNISH CERTIFIED COPY OF DIRECTION
 FURNISH CERTIFIED COPY OF TRUST
 FURNISH ALTAS

IMPORTANT NOTE:

If your *existing* lender has placed a Collateral Assignment on your Trust, you must obtain their WRITTEN consent below *before* Parkway Bank can act upon this Direction. If your lender requires proceeds it should be noted in the space provided above.

THIS TRANSACTION IS CONSENTED TO BY:

 (existing lender)

By:

 (signature of authorized officer)

SIGNATURE(S) OF PARTY(IES) HOLDING POWER OF DIRECTION:

The undersigned Notary Public certifies the party(ies) signing above appeared in person before me with proper identification or is/are personally known to me. They acknowledged signing this document as their own free and voluntary act

on _____
 (date)

 Notary Public

Upon completion of the deed, please deliver to:

 (name, address and phone number)

VIA: Regular mail

Overnite delivery (add'l cost to beneficiary unless account information is provided) _____

Will be picked up in person by _____

 Signature of Recipient

Date: _____

