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2001-01-24 11:36:17

Cook County Recorder



Recording Requested by & When Recorded Return To: US Recordings, Inc.

> 2925 Country Drive Ste 20 St. Paul, Niv 55117

Prepared by or under ne supervision of:

Countrywide Home Loars 450 American Street

Simi Valley, CA 93065-6298

Mail Stop SV3-83

Attn: Gary Bleichner

Prepared: October 12, 2000 Investor Loan #: 1661145652

Countrywide Loan #: 8761676

Recording Requested by & Winen Recorded Return To: US Recordings, Inc.

2025 Country Drive Ste 201 MN 55117 يىنەSt. Paiيىل

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TOXID# 04-33-312-008-0002

## MORTGAGE MODIFICATION AGREEMENT

[To be used to refinance balloon loans documented on Fannle Mac uniform instruments.]

This Mortgage Modification Agreement (the "Refinancing Instrument"), entered into and effective as of November 1, 2000 (the "Refinancing Date"), between WILLIAM M. BASHKIN (HUSBAND) and JUDITH ANN BASHKIN (WIFE) ("Borrower") and America's Wholesale Lender DBA Countrywide Home Loans, Inc., formerly known as Countrywide Funding Corporation ("Lender"), also doing business as America's Wholesa's Londer, renews and extends the mortgage or deed of trust (the "Security Instrument," which term includes all rider; thereto) to secure the debt evidenced hereby. The Security Instrument (i) is dated November 2, 1993, (ii) was executed a secure the note (the "Balloon Note") dated November 2, 1993, in the original principal sum of U. S. ONE HUNLRLD SIXTY THOUSAND AND 00 /100 DOLLARS (\$160,000.00), executed by "Borrower" and payable to the order of AMERICA'S WHOLESALE LENDER, (iii) is recorded on NOVEMBER 15, 1993, as DOCUMENT 93925585 of the COOK county records of ILLINOIS, therein as the "Property," which is located at 3616 LIBERTY LANE, GLENVIEW, ILLINOIS 60025 and is described as follows:

SEE ATTACHED LEGAL DESCRIPTION

Illinois Balloon Loan Refinancing Instrument - Single Family - Fannie Mae Uniform Instrument Form 3269.14 1/97 3269 ILA 1/97

Initials: W

The Security Instrument includes a Balloon Rider and the Balloon Note includes a Balloon Note Addendum, both of which provide for a Conditional Right to Refinance. In connection therewith:

- As further provided below, the Security Instrument is renewed, extended, and amended to secure repayment (a) of the debt evidenced by this Refinancing Instrument, by delivery hereof to the Lender in recordable form in all respects.
- This Refinancing Instrument, when duly executed by Borrower, delivered by Borrower to Lender, and (b) accepted by Lender, supersedes and satisfies the Balloon Note (including the Balloon Note Addendum); provided that any sums owed solely by reason of the Security Instrument and not evidenced by the Balloon Note are not released by execution and delivery of this Refinancing Instrument.
- Borrower acknowledges that immediately prior to execution of this Refinancing Instrument, the lien of the (c) Security Instrument is valid and subsists against the Property.
- The doct evidenced by this Refinancing Instrument is evidenced by Section D hereof, which portion of this (d) Refinancing Instrument is referred to therein as the "Note."

Notwithstanding anything to the contrary contained in the Balloon Note or Security Instrument, Borrower undertakes as follows:

#### A. RENEWAL AND LY TENSION OF LIEN

It is the intention of the Borrower and Lender that the lien of the Security Instrument shall secure the debt evidenced by this Refinancia, instrument and that the Security Instrument hereby shall be renewed and extended, as of the Refinancing Date, so long as required to secure such debt until it is paid in full. In connection with the foregoing:

- The maturity date of the debt evidenced by this Refinancing Instrument is set forth in Section (i) D(3)(a), below.
- Lender is expressly subrogated to all rights with respect to the Property, prepayment, and (ii) acceleration to which the holder of the Ba loon Note was entitled by reason of the Security
- In the event that any portion of the debt evidenced by this Refinancing Instrument cannot be (iii) lawfully secured by the Security Instrument as so renewed and extended, principal payments shall be applied first to that portion not so secured.
- Borrower acknowledges that the lien securing the Palioon Note is hereby renewed and extended, (iv) amended as provided immediately below, and is in full 'orce and effect until the debt evidenced by this Refinancing Instrument is paid in full.

#### AMENDMENT OF THE SECURITY INSTRUMENT В.

All of the terms of the Balloon Rider are canceled, null, and void as of the Refit ancing Date.

#### **CO-GRANTOR LIABILITY** C.

Any party that signs below as a "co-grantor" did not execute the Balloon Note but signs below to grant and convey, under the terms of the Security Instrument, such interest as that party may have in the Property. Such party is not personally obligated to pay the debt evidenced by this Refinancing Instrumer, and secured by the Security Instrument (as renewed, extended, and amended hereby), and agrees that Lender and Borrower may agree to extend, modify, forbear or make any accommodations with regard to such debt or the Security Instrument (as renewed, extended, and amended hereby) without such party's consent.

Initials: WM 95 \_\_\_\_

#### D. FULLY AMORTIZING NOTE

#### 1. Borrower's Promise to Pay

In return for a loan that I have received, I promise to pay U.S. \$144,592.40 (this amount is called "principal"), plus interest, to the order of Lender. I understand that the Lender may transfer this Note. The Lender or anyone who takes this Note by transfer and who is entitled to receive payments under this Note is called the "Note Holder."

#### 2. <u>Interest</u>

Interest vill be charged on unpaid principal on and after the Refinancing Date until the full amount of principal has been paid. I will pay interest at a yearly rate of 8.5000%.

The interest rate required by this Section 2 is the rate I will pay both before and after any default described in Section D(6) b) of this Note.

#### 3. Payments

### (a) Time and Place of Payments

I will pay principal and interest by making payments every month.

I will make my monthly payments cartie 1st day of each month beginning on December 1, 2000.

I will make these payments every month a nil I have paid all of the principal and interest and any other charges described below that I may owe under one Note. My monthly payments will be applied to interest before principal. If, on November 1, 2023, I still two amounts under this Note, I will pay those amounts in full on that date, which is called the "Maturity Date."

I will make my monthly payments to Countrywide Home Loans, Inc. at Post Office Box 660694, Plano, TX 75024 or at a different place if required by the Note Holars.

#### (b) Amount of Monthly Payments

My monthly payment of principal and interest will be in the amount C1U.S. \$1,194.46.

#### 4. Borrower's Right to Prepay

I have the right to make payments of principal at any time before they are due. A payment of principal only is known as "prepayment." When I make a prepayment, I will tell the Note Holder in writing that I am doing so. I may make a full prepayment or partial prepayments without paying any prepayment charge. The Note Holder will use all of my prepayments to reduce the amount of principal that I owe under this Note. If I make a partial prepayment, there will be no changes in the due date of in the amount of my monthly payment unless the Note Holder agrees in writing to those changes.

#### 5. Loan Charges

If a law, which applies to this loan and which sets maximum loan charges, is finally interpreted so that the interest or other loan charges collected or to be collected in connection with this loan exceed the permitted limits, then: (i) any such loan charge shall be reduced by the amount necessary to reduce the charge to the permitted limit; and (ii) any sums already collected from me which exceeded permitted limits will be refunded to me. The Note Holder may choose to make this refund by reducing the principal I owe under this Note or by making a direct payment to me. If a refund reduces principal, the reduction will be treated as a partial prepayment.

Illinois Balloon Loan Refinancing Instrument - Single Family - Fannie Mae Uniform Instrument Form 3269.14 1/97 3269 IL6 1/97

Initials: Wy 96 \_\_\_\_\_\_\_\_

#### 6. Borrower's Failure to Pay as Required

#### (a) Late Charges for Overdue Payments

If the Note Holder has not received the full amount of any monthly payment by the end of 15 calendar days after the date it is due, I will pay a late charge to the Note Holder. The amount of the charge will be 5.00% of my overdue payment of principal and interest. I will pay this late charge promptly but only once on each late payment.

#### (b) Default

If I do not pay the full amount of each monthly payment on the date it is due, I will be in default.

#### (c) Notice of Default

If I ar, in default, the Note Holder may send me a written notice telling me that if I do not pay the overdue amount oy a certain date, the Note Holder may require me to pay immediately the full amount of principal which has not been paid and all the interest that I owe on that amount. That date must be at least 30 days after the date on which the notice is delivered or mailed to me.

#### (d) No Wriver by Note Holder

Even if, at a time when I am in default, the Note Holder does not require me to pay immediately in full as described above, the Note Holder will still have the right to do so if I am in default at a later time.

#### (e) Payment of Note Holder's Costs and Expenses

If the Note Holder has require; me to pay immediately in full as described above, the Note Holder will have the right to be paid back by me for all of its costs and expenses in enforcing this Note to the extent not prohibited by applicable law. Those expenses include, for example, reasonable attorneys' fees.

#### 7. Giving of Notices

Unless applicable law requires a different nethod, any notice that must be given to me under this Note will be given by delivering it or by mailing it by first class mail to me at the Property Address above or at a different address if I give the Note Holder a notice of my different address.

Any notice that must be given to the Note Holder under this Note will be given by mailing it by first class mail to the Note Holder at the address stated in Section L(2)(a) above or at a different address if I am given a notice of that different address.

#### 8. Obligations of Persons Under this Note

If more than one person signs this Note, each person is fully and personally obligated to keep all of the promises made in this Note, including the promise to pay the full amount oved. Any person who is a guarantor, surety or endorser of this Note is also obligated to do these things. Any person who takes over these obligations, including the obligations of a guarantor, surety or endorser of this Note, is also obligated to keep all of the promises made in this Note. The Note Holder may enforce its rights under this Note against each person individually or against all of us together. This means that any one of us may be required to pay all of the amounts owed under this Note.

Initials: W SB \_\_\_ \_\_\_\_

#### 9. Waivers

I and any other person who has obligations under this Note waive the rights of presentment and notice of dishonor. "Presentment" means the right to require the Note Holder to demand payment of amounts due. "Notice of dishonor" means the right to require the Note Holder to give notice to other persons that amounts due have not been paid.

#### 10. Security Instrument

In addition to the protections given to the Note Holder under this Note, the Security Instrument protects the Note Holder from possible losses which might result if I do not keep the promises which I make in this Note. The Security Instrument describes how and under what conditions I may be required to make immediate payment in full of all amounts I owe under this Note. Some of those conditions are described as follows:

Transfer of the Property or a Beneficial Interest in Borrower. If all or any part of the Property or any interest in it is sold or transferred (or if a beneficial interest in Borrower is sold or transferred and Borrower is not a natural person) without Lender's prior written consent, Lender may, at its option, require immediate payment in full of all sums secured by the Security Instrument. However, this option shall not be exercised by Lender if exercise is p.oh. Fixed by federal law as of the date of this Security Instrument.

If Lender exercises this option, Lender shall give Borrower notice of acceleration. The notice shall provide a period of not less than 30 days from the date the notice is delivered or mailed within which Borrower must pay all sums secured by this Security Instrument. If Borrower fails to pay these sums prior to the expiration of this period, Lender may invoke any remedies permitted by the Security Instrument without further notice or demand on Borrower.

### 11. Rights of Transferees

A transferee of this Refinancing Instrument shall have the rights of a "holder in due course" under the Uniform Commercial Code if the transferee took rights under this Refinancing Instrument in good faith, for value, and without notice of a claim or defense, and if there has been endorsement and delivery as are required by the Uniform Commercial Code to become a "holder in due course."

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due course."

Illinois Balloon Loan Refinancing Instrument - Single Family - Fannie Mae Uniform Instrument Form 3269.14 1/97 3269 IL8 1/97

THE WRITTEN LOAN AGREEMENT REPRESENTS THE FINAL AGREEMENT BETWEEN THE PARTIES AND MAY NOT BE CONTRADICTED BY EVIDENCE OF PRIOR, CONTEMPORANEOUS, OR SUBSEQUENT ORAL AGREEMENTS OF THE PARTIES.

\*\*\*\*\*\*\*\*\*\*\*

THERE ARE NO UNWRITTEN (ORAL) AGREEMENTS BETWEEN THE PARTIES.

| WILLIAM M. BASHKIN  WILLIAM M. BASHKIN   |  |
|------------------------------------------|--|
| Julyhefm Krahl (Seal) JUDITH ANN BASHKIN |  |
| ((Seal)                                  |  |
| (Seal)                                   |  |
| (Seal)                                   |  |
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(Individual)

| State of Illinois                                                                                              | §                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| County of <u>COOK</u>                                                                                          | §                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| On this <u>Joth</u> day of <u>October</u>                                                                      | , 20 <u>00</u> , before me appeared                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| JUDITH ANN BASHKIN                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| JUDITH ANN BASHKIN                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| (Print Borrowers' Name(s) as typed above.)                                                                     | TO THE MANAGEMENT OF THE PARTY  |
|                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| personally known to the (or proved to me on the basis                                                          | of satisfactory evidence) to be the person(s) whose name(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                | dged to me that he/she/they executed the same in his/her/their                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                | nature(s) on the instrument the person(s), or the entity upon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| behalf of which the person(s) a ted, executed the instru                                                       | ment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| WITNESS and and afficial and                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| WITNESS my hand and official seal.                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                | (Seal) My Commission Expires: 4/15/2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Notary Public                                                                                                  | (Scar) Wy Commission Expires.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~                                                                         | w <sub>e</sub>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| OFFICIAL SEAL                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| MELEN LEE                                                                                                      | <u></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| NOTARY PUBLIC, STATE OF ILLIN                                                                                  | ois \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| MY COMMISSION EXPIRES:04/15                                                                                    | /04 } ~ O ×                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Anna and An |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                                                                                                                | · O <sub>A</sub> ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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|                                                                                                                | OIS CONTRACTOR OF THE CONTRACT |
|                                                                                                                | CA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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# UNOFFICIAL COPY 0062389 Page 8 of 18

Lender does not, by its execution hereof, waive any right it may have against any person not a party hereto.

#### Accepted by Lender:

America's Wholesale Lender DBA Countrywide Home Loans, Inc., formerly known as Countrywide Funding Corporation

By:

Tania Proy, Vice President

(Corporate)

State of California County of Ventura

On this <u>27th</u> day of <u>October</u>, 2000, before me personally appeared Tania Frey, Vice President of Countrywide Home Loans, Inc., personally known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature Methy. Christ

.

My commission expires: /- 1/200

**Notary Public** 

Illinois Balloon Loan Refinancing Instrument - Single Family - Fannie Mae Uniform Instrument Form 3269.14 1/97 3269 IL11 1/97

Initials: ## ## \_\_\_\_\_\_\_

CHL# 8761676 WILLIAM M. BASHKIN

## **Legal Description**

LOT 8 IN CAROL ESTATES, BEING A SUBDIVISION OF THE 432.96 FEET OF LOT 7, EXCEPT THE EAST 396.0 FEET THEREOF, IN THE COUNTRY CLERK'S DIVISION OF THE SOUTH 1/20F SECTION 33, TOWNSHIP 42 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. TAX ID #04333120080000

Property of County Clark's Office

Illinois Balloon Loan Refinancing Instrument - Single Family - Fannie Mae Uniform Instrument Form 3269.14 1/97 3269 IL12 1/97

Initials: ### ### \_\_\_\_\_\_

UNOFFICIAL COPY 10 of 10 10 OF

# **Certificate of Preparation**

I hereby certify that the within instrument was prepared by me in Representation of one of the parties in the within instrument.

This instrument was prepared by:

Ingrid Salazar

Countrywide Home Loans

450 American Street Simi Valley, CA 93065

-Oot County Clay

REF# @0198344 US Recordings