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UCC FINANCING	STATEMENT
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FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGEMENT TO: (Name and Address) Apex Mortgage Corp. 185 Commerce Drive **Unit 102** Fort Washington, PA 19034



Doc#: 0411949236

Eugene "Gene" Moore Fee: \$28.00 Cook County Recorder of Deeds Date: 04/28/2004 03:33 PM Pg: 1 of 3

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

				him names			
. D	EBTOR'S EXACT FU	LL LEGA NIME	- insert only one debtor name (1a o	r 1b) - do not abbreviate or combine names			
	Ia. ORGANIZATION'S NA	ME	<u>/x,</u>	IFIRST NAME	MIDDLE	NAME	SUFFIX
OR -	16. INDIVIDUAL'S LAST N	IAME	9	WALTER		Terray cons	COUNTRY
10 M	AILING ADDRESS 9 W. 95TH S		0,	CHICAGO	STATE	POSTAL CODE 60628	USA
	AX ID#: SSN OR EIN	ADD'L INFO RE ORGANIZATION	1e. TYPE OF ORGANIZATION	11. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID#, if any	NONE
		DEBTOR		(2) 2h) do not abbreviate or combin	e names		
			LEGAL NAME - insert only one of	otor name (2a or 2b) - do not abbreviate or combin			
[2a. ORGANIZATION'S No	AME		' ()			
OR	2b. INDIVIDUAL'S LAST	b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
2c. 1	MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
2d.	TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION	2e. TYPE OF ORGANIZATION	21. JURISDICTION CF JRGANIZATION	2g. OR	GANIZATIONAL ID #, if any	NONE
		DEBTOR			b)		
3. \$	2- ODCANIZATION'S N	IAME		R S/P) - insert only one secured party har . 1(-3 or 3			
OR	APEX MOR		ORP.	TEIRST NAME	INIDDLE	NAME	SUFFIX
UK	3b. INDIVIDUAL'S LAST	NAME			7		
3c.	MAILING ADDRESS 85 COMMER	CE DDIVE	UNIT 102	FORT WASHINGTON	ST, TE	- Marian	USA
1	85 CUMMER	CE DRIVE	, 01111 102				

1	This CIMANCING	STATEMENT	covers the	following collateral
4.	THIS FINANCING	SIMICIONITY	00.0.0	

All Fixtures and Furniture; whether any of the foregoing is owned now or acquired later; all accessions, additions, represents, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds)

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEL/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING 6. AT This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL [if applicable] If applicable] To Check to REQUEST SEARCH REPORT(S) on Debtor(s) All Debtors Debtor 1 Debtor 2 8. OPTIONAL FILER REFERENCE DATA
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0411949236 Page: 2 of 3

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C FINANCING STATE	MENT ADDENDUM					
LOW INCIDED INTOMS (front and had	:k) CAREFULLY					
NAME OF FIRST DEBTOR (1a or 1	O) ON RELATED FINANCING STATE	EMENT				
9a. ORGANIZATION'S NAME						
9b. INDIVIDUAL'S LAST NAME BROOKS	FIRST NAME WALTER	MIDDLE NAME, SUFFIX	i			
MISCELLANEOUS:						
200						
%	D _Q		THE ABOVE	SPACE !	S FOR FILING OFFIC	CE USE ONLY
ADDITIONAL DEBTOR'S EXACT	FULL LECAL NAME - insert only one	debtor name (11a or 11b) - do n	or appreviate of compli	- Hames		
11a. ORGANIZATION'S NAME						
	U)X			MIDDLE N	JAME	SUFFIX
11b. INDIVIDUAL'S LAST NAME		FIRST NAME		INITION FEET	MARIE	[]
					Incotal CODE	COUNTRY
Ic. MAILING ADDRESS	0_	CITY		STATE	POSTAL CODE	COUNTRY
O. MARIENSO ALDERGOOD		Z				
ORGANIZA	O RE 11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORG	SANIZATION	11g. ORG	SANIZATIONAL ID#, if a	ny 🔲 NOI
DEBTOR	RTY'S <u>er</u> ASSIGNOR S/P'S N	JAME - ins ert or ly one name (1	2a or 12b)			
	RTY'S of ASSIGNOR 3/F 3 II	THE STEET STEET	<u> </u>			
12a ORGANIZATION'S NAME		46				
		1		MIDDLE	NAME.	SUFFIX
R 12b. INDIVIDUAL'S LAST NAME		FIRST NAME		TWO SEE	14r street	
					POSTAL CODE	COUNTRY
2c. MAILING ADDRESS		CITY	しン	STATE	POSTAL CODE	Joseph
			10	<u></u>		
3. This FINANCING STATEMENT covers collateral, or is filed as a fixture filin to the control of	g.	16. Additional collateral de	scription:	Ś		
15. Name and address of a RECORD OV (if Debtor does not have a record inte	VNER of above-described real estate rest):	17. Check only if applica	ble and check <u>only</u> one	box.		
		Debtor is a Trust or	Trustee acting with re	espect to pr	operty held in trust or	Decedent's Estate
		18. Check only if applica	ble and check only one	box.		
		Debtor is a TRANSMI	ITING UTILITY			
		Filed in connection wi	th a Manufactured-Hom	ne Transact	ion — effective 30 years	
			th a Bublic Finance Tra	nsaction —	effective for 30 years	
	L UCC FINANCING STATEMENT A			Mariana	L Einancial Solution	\$

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ALTA Commitment 1982 Schedule A

ABSOLUTE TITLE SERVICES, INC.

SCHEDULE A

File No.: 27768

LOT S 3 A AND 5 IN BLOCK 1 IN JOHN H. GAY'S SUBDIVISION OF THE NORTH HALF OF THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 9, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Address of Property (for ident fication purposes only):

Street:

209 W. 95TH ST.

City, State:

CHICAGO, Illinois 50528

Collection Control Pin: 25-09-203-006; 25-09-203-007; 25-09-203-008

> STEWART TITLE **GUARANTY COMPANY**

Schedule A of this Policy consists of 2 page(s)