UNOFFICTEAL1 00 162 PST. Y6:25/NO. 6300000740 P 2



Doc#: 0415445135 Eugene "Gene" Moore Fee: \$40.00

| UCC FINANCING | STATEMENT | • | | Date: 0 | ounty Recorder of 6/02/2004 12:22 | PM Pg: 1 |
|---|--|---|---|--|---|----------------------------|
| *OLLOW INSTRUCTIONS (from A. NAME & PHONE OF CONTA | | | | | | |
| B. SEND ACKNOWLEDGEMEN | NT TO: (Name and Add | ress) | | | | |
| | The state of the s | | | | | |
| | YWIDE HOME NAPER BLV | | 106 | | | |
| | ILLE, IL 6 | | 109 | | | |
| 1 | 5 | | 1 | | | |
| <u> </u> | <u> </u> | | | THE ABOVE SPACE | IS FOR FILING OFFICE | USE ONLY |
| 1. DEBTOR'S EXACT FULL LE | GAL WAT Insert only | y <u>one</u> debtor name (| 1a or 1b)- do not abbreviate | or combine names | | |
| 1s. ORGANIZATION'S NAME | //x, | | | | | |
| 16. INDIVIDUAL'S LAST NAME | | | FIRST NAME | MIDDLE | NAME | SUITIX |
| DUFFY | | O_{x} | ELLEN | 5 | S | |
| 1¢ MAILING ADDRESS | | | CITY | STATE | POSTAL CODE | COUNTR |
| 1335 N 16. TAX ID. #: SSN OR EN | ASTOR ST | UNIT 10B | CHICAGO 11. JURISDICTION OF ORGA | IL | 60610 | |
| *** | ORGANIZATION OF | IGANIZATION | II. SUMBLIC TON OF CHO | INICATION 18. ONG | ANIZATIONAL ID#, If al | · |
| 2. ADDITIONAL DEBTOR'S EX | | AE - Insert only one | name (2a or 2b)- do | not abbreviate or combine | o names | <u> </u> |
| 24. ORGANIZATION'S NAME | | <u> </u> | | | | |
| OR 25. INDIVIDUAL'S LAST NAME | | | FIRST NAM : | LUDBLE | NAME | 1 51 5-10 |
| EU. HICH POPULA CHE FOUND | | | PINST NAME | MIDDLE | NAMI | SUFFIX |
| 2c. MAILING ADDRESS | | | апу | STATE | POSTAL CODE | COUNTR |
| SO MUIDING NOUNEGO | | | 1 | | AND TAXIONIST IN A MO | |
| | | TYPE OF | 21. JURISDICTION OF ORC | iNIZATION 2g, ORG | ANIZATIONAL ID #, If a | Ŋ |
| 1d. TAX LD. #: SSN OR EN | ORGANIZATION OF | GANIZATION | | | | |
| 1d. TAX LD. #: SSN OR EN 3. SECURED PARTYS NAME Se. ORGANIZATION'S NAME | ORGANIZATION OF | GANIZATION | | | | |
| 3. SECURED PARTY'S NAME SE. ORGANIZATION'S NAME COUNTR | ORGANIZATION OF DEBTOR (Or NAME of TOTAL A | GANIZATION SSIGNEE OF ASSI | 3NOR S/P) - Insert only one | | | |
| 1d. TAX LD. #: SSN OR EN 3. BECURED PARTY'S NAME SE. ORGANIZATION'S NAME | ORGANIZATION OF | GANIZATION SSIGNEE OF ASSI | 3NOR S/P) - Insert only one | | or 3b) | |
| 3. SECURED PARTY'S NAME SE. ORGANIZATION'S NAME COUNTR 30. INDIVIDUAL'S LAST NAME | ORGANIZATION OF DEBTOR (Or NAME of TOTAL A | GANIZATION SSIGNEE OF ASSI | NC | secured party serve (Sa | or 3b) | SUFFIX |
| 3. SECURED PARTY'S NAME SE. ORGANIZATION'S NAME COUNTR SO. INDIVIDUAL'S LAST NAME 34. MAILING ADDRESS | ORGANIZATION OR DESTOR (OF NAME OF TOTAL A YWIDE HOME | ganization SSKGNEE OF ASSK LOANS, I | NC FIRST NAME | STATE | or 3b) (AME) PO(TAL C)DE | NON |
| 3. SECURED PARTYS NAME SEL ORGANIZATION'S NAME COUNTR SEL INDIVIDUAL'S LAST NAME 30. INDIVIDUAL'S LAST NAME 30. MAILING ADDRESS 1212 N | ORGANIZATION OR DESTOR (OR NAME OF TOTAL A YWIDE HOME NAPER BLV | GANZATION SSIGNEE OF ASSIGNEE LOANS, I | NC | STATE | or 3b) | SUFFIX |
| 3. SECURED PARTYS NAME 34. ORGANIZATION'S NAME COUNTR' 35. INDIVIDUAL'S LAST NAME 34. MAILING ADDRESS 1212 N 4. This FINANCING STATEMEN | ORGANIZATION OR DESTOR (OR NAME OF TOTAL A YWIDE HOME NAPER BLV Tricovers the following | GANZATION SSKONEE OF ASSK LOANS, I | NC FIRST NAME OTY NAPERVILLE | SECURED PARTY SERVE (SE | or 3b) VAME PO(TALC) DE 605/.0 | SUFFIX COUNTI |
| 3. SECURED PARTYS NAME SELORGANIZATION'S NAME COUNTR SO. INDIVIDUAL'S LAST NAME 30. MAILING ADDRESS 1212 N 4. This Financing STATEMEN OWNERS | ORGANIZATION OR DESTOR (OF NAME OF TOTAL A YWIDE HOME NAPER BLV Of covers the following HIP IN THE | GANIZATION SSKONEE OF ASSK LOANS, I D collateral: 1335 AST | NC FIRST NAME | SECURED PART SAME (3a MILOLE STATE IL | PO TALC DE 605/0 | SUFFIX COUNTR |
| 3. SECURED PARTY'S NAME SE. ORGANIZATION'S NAME COUNTR' 30. INDIVIDUAL'S LAST NAME 32. MAILING ADDRESS 1212 N 4. This FINANCING STATEMEN OWNERS OWNER | ORGANIZATION OR DESTOR (OF NAME OF TOTAL A YWIDE HOME NAPER BLV Of covers the following HIP IN THE | GANIZATION SSKONEE OF ASSK LOANS, I D collateral: 1335 AST | NC FIRST NAME ONY NAPERVILLE OR COOPERATI | SECURED PART SAME (3a MILOLE STATE IL | PO TALC DE 605/0 | SUFFIX COUNTR |
| 3. SECURED PARTY'S NAME SE. ORGANIZATION'S NAME COUNTR' 30. INDIVIDUAL'S LAST NAME 32. MAILING ADDRESS 1212 N 4. This FINANCING STATEMEN OWNERS OWNER | ORGANIZATION OR DESTON (or NAME of TOTAL A YWIDE HOME NAPER BLV To covers the following HIP IN THE TO PROPRIE | GANIZATION SSKONEE OF ASSK LOANS, I D collateral: 1335 AST | NC FIRST NAME ONY NAPERVILLE OR COOPERATI | SECURED PART SAME (3a MILOLE STATE IL | PO TALC DE 605/0 | SUFFIX COUNTR |
| 3. SECURED PARTY'S NAME SE. ORGANIZATION'S NAME COUNTR' 30. INDIVIDUAL'S LAST NAME 32. MAILING ADDRESS 1212 N 4. This FINANCING STATEMEN OWNERS OWNER | ORGANIZATION OR DESTON (or NAME of TOTAL A YWIDE HOME NAPER BLV To covers the following HIP IN THE TO PROPRIE | GANIZATION SSKONEE OF ASSK LOANS, I D collateral: 1335 AST | NC FIRST NAME ONY NAPERVILLE OR COOPERATI | SECURED PART SAME (3a MILOLE STATE IL | PO TALC DE 605/0 | SUFFIX COUNTR |
| 3. SECURED PARTY'S NAME SE. ORGANIZATION'S NAME COUNTR' 30. INDIVIDUAL'S LAST NAME 32. MAILING ADDRESS 1212 N 4. This FINANCING STATEMEN OWNERS OWNER | ORGANIZATION OR DESTON (or NAME of TOTAL A YWIDE HOME NAPER BLV To covers the following HIP IN THE TO PROPRIE | GANIZATION SSKONEE OF ASSK LOANS, I D collateral: 1335 AST | NC FIRST NAME ONY NAPERVILLE OR COOPERATI | SECURED PART SAME (3a MILOLE STATE IL | PO TALC DE 605/0 | SUFFIX COUNTR |
| 3. SECURED PARTY'S NAME SE. ORGANIZATION'S NAME COUNTR' 30. INDIVIDUAL'S LAST NAME 32. MAILING ADDRESS 1212 N 4. This FINANCING STATEMEN OWNERS OWNER | ORGANIZATION OF DESTOR (OF NAME OF TOTAL A YWIDE HOME NAPER BLV Tricovers the following HIP IN THE TO PROPRIE O IL 60610 | ESSOR CASSING | NC FIRST NAME OR COOPERATION OF UNIT 10B | SECURED PAT SETTE (SECURED PAT) WILDLE STATE IL VE BUILDING LOCATED AT | or 3b) AME PO TALO DE 605/.0 INC ENTIL 1335 ASTU | SUFFIX COUNTP TLING R ST |

CONV e CCL - U. C. C. 1 1D259-U8 (11/02) FROM

UNOFFICIEANL1 00 62 PST. 6:25/NO. 6300000740 P 3

| | C FINANCING | STATEME | NT | | | | |
|-----|--|--|---|--|---|---|---|
| | NAME & PHONE OF CONT | | | | | | |
| . ; | SEND ACKNOWLEDGEME | ENT TO: (Name and | Acidness) | | | | |
| | 1212 | RYWIDE HO S NAPER B VILLE, IL | LVD, SUITE | 106 | | | |
| | | 0, | | THE | ABOVE SPACE | is for filing offic | SE LISE ONLY |
| | | EG/L WWT Inser | t only <u>one</u> debtor name (| 1a or 1b)- do not abbreviate or combine | | | C VOL VIIC |
| l | IIL CROANIZATIONS NAME | | 5 | | ** | | |
| ŀ | 16. INDIVIOUAL'S LAST NAME | | | FIRST NAME | MIDDLE | · · · · · · · · · · · · · · · · · · · | SUFFIX |
| ļ | DUFFY MAILING ADDRESS | | <u> </u> | ELLEN | STATE | POSTAL CODE | I COUNTRY |
| | | N ASTOR S | T UNIT 10B | CHICAGO | IL | 60610 | CONTR |
| 1 | TAX LD. #: 85N OR EN | ADD'L INFO RE ORGANIZATION | 19. TYPE OF ORGANIZATION | 11. JURISDICTION OF ORGANIZATION | 1g, ORG | ANIZATIONAL ID #, II | eny |
| | | DESTOR | 1 | | | | 1 |
| Ą | DOMINAL DEBTOR'S E | | NAME - Insert only one | de - name (2e or 2h)- do not shippeuls | ata or combine | namos | I NON |
| | DDITIONAL DEBTOR'S EX | | NAME - Insert only one | de _ name (2a or 2b)- do not abbrevia | ate or combine | names | I NON |
| | M. ORGANIZATION'S NAME | XACT FULL LEGAL | NAME - Insert only one | de name (2a or 2b)- do not abbrevia | ate or combine | names | NON |
| | | XACT FULL LEGAL | NAME - Insert only one | FIRST NAM : | ate or combine | | SUFFIX |
| | M. ORGANIZATION'S NAME | XACT FULL LEGAL | NAME - Insert only <u>one</u> | 'C | | | SUFFIX |
| | ZH. ORQANIZATION'S NAME ZH. INDIVIOUAL'S LAST NAME | XACT FULL LEGAL | NAME - Insert only one | FIRST NAM | MIDDLE | NAME | SUFFIX |
| | EM. ORGANIZATION'S NAME 26. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX LD. 8: SSN OR EN SECURED PARTY'S NAME | ADD'L INFO RE ORGANIZATION DESTOR | 26. TYPE OF ORGANIZATION | FIRST NAM E | MIDDLE STATE 20. ORG. | NAME POSTAL CODE ANIZATIONAL ID 8, 8 : | SUFFIX |
| | EM. ORGANIZATION'S NAME 26. INDIVIDUAL'S LAST NAME MAILING ADORESS TAX LD. 8: SSN OR EN SECURED PARTY'S NAME 36. ORGANIZATION'S NAME | ADO'L INFO RE ORGANIZATION DEBTOR E (or NAME of TOTA | 29. TYPE OF ORGANIZATION AL ASSIGNEE OF ASSIG | Z. JURISDICTION OF ORDERIZATION SNOR S/P) - Insert only one secured p | MIDDLE STATE 20. ORG. | NAME POSTAL CODE ANIZATIONAL ID 8, 8 : | SUFFIX |
| | EM. ORGANIZATION'S NAME 26. INDIVIDUAL'S LAST NAME MAILING ADORESS TAX LD. 8: SSN OR EN SECURED PARTY'S NAME 36. ORGANIZATION'S NAME | ADD'L INFO RE ORGANIZATION DESTOR | 26. TYPE OF ORGANIZATION | Z. JURISDICTION OF ORDERIZATION SNOR S/P) - Insert only one secured p | MIDDLE STATE 20. ORG. | NAME POSTAL CODE ANIZATIONAL ID #, # : | SUFFIX |
| | EM. ORGANIZATION'S NAME EM. INDIVIDUAL'S LAST NAME MAILING ADOREGS FAX LD. #: SSN OR EN SECURED PARTY'S NAME SECURED PARTY'S NAME COUNT SE, INDIVIDUAL'S LAST NAME | ADD'L INFO RE ORGANIZATION DESTOR | 29. TYPE OF ORGANIZATION AL ASSIGNEE OF ASSIG | FIRST NAM : CITY S. JURISDICTION OF OR MAZZATION SNOR S/P) - Insert only one secured p. I. N.C. FIRST NAME | MIDDLE STATE 2g. ORG. AY DAMe (3a | POSTAL COOR ANIZATIONAL ID #, # 1 07 3b) | SUFFIX COUNTRY INONE |
| | EM. ORGANIZATION'S NAME EM. INDIVIDUAL'S LAST NAME MAILING ADOREGS EAX LO. M: SSN OR EN SECURED PARTY'S NAME COUNT SM. ORGANIZATION'S NAME COUNT SM. INDIVIDUAL'S LAST NAME | ADD'L INFO RE ORGANIZATION DESTOR E (or NAME of TOTARY WIDE HC | 20. TYPE OF ORGANIZATION AL ASSIGNEE OF AS | FIRST NAM : CITY S. JURISDICTION OF ORD JAZZATION SINOR S/P) - Insert only one secured portion I NC FIRST NAME | MIDDLE STATE 2g. ORG. ATTEMP (3a) MIDDLE STATE | POSTAL CODE NIZATIONAL ID #, # : O7 3b) POSTAL CY DE | COUNTRY |
| | EM. ORGANIZATION'S NAME EM. INDIVIDUAL'S LAST NAME MAILING ADOREGS EAX LO. M: SSN OR EN SECURED PARTY'S NAME COUNT SM. ORGANIZATION'S NAME COUNT SM. INDIVIDUAL'S LAST NAME | ADDYLINFO RE ORGANIZATION DESTOR E (or NAME of TOTA RYWIDE HO | 20. TYPE OF ORGANIZATION AL ASSIGNEE OF ASSIGNEE OF ASSIGNEE ASSI | FIRST NAM : CITY S. JURISDICTION OF OR MAZZATION SNOR S/P) - Insert only one secured p. I. N.C. FIRST NAME | MIDDLE STATE 2g. ORG. AY DAMe (3a | POSTAL COOR ANIZATIONAL ID #, # 1 07 3b) | SUFFIX OOUNTRY NONE |
| | EL ORGANIZATION'S NAME EL INDIVIDUAL'S LAST NAME AAILING ADDRESS EX LD. #: SSN OR EN SECURED PARTY'S NAME COUNT' SE INDIVIDUAL'S LAST NAME AAILING ADDRESS 1212 THE FINANCING STATEME OWNER OWNER | ADDIT INFO RE ORGANIZATION DESTOR E (or NAME of TOTA RYWIDE HO N NAPER E | 20. TYPEOF ORIGANIZATION AL ASSIGNEE OF A | FIRST NAM : CITY S. JURISDICTION OF ORD JAZZATION SINOR S/P) - Insert only one secured portion I NC FIRST NAME | MIDDLE STATE 29. ORG. MIDDLE STATE IL | POSTAL CODE ANIZATIONAL ID #, # : O' 316) ANE POSTAL CODE GO S 4 C INC EINT | SUFFIX COUNTRY NONE SUFFIX COUNTRY |
| | EL ORGANIZATION'S NAME EL INDIVIDUAL'S LAST NAME AAILING ADDRESS EX LD. #: SSN OR EN SECURED PARTY'S NAME COUNT' SE INDIVIDUAL'S LAST NAME AAILING ADDRESS 1212 THE FINANCING STATEME OWNER OWNER | ADDILINFO RE ORGANIZATION DESTOR E (OF NAME OF TOTAL RYWIDE HO N NAPER E ENT covers the follow SHIP IN TO TO PROPE GO IL 606 | 20. TYPE OF ORGANIZATION AL ASSIGNEE OF A | FIRST NAM : CITY Z. JURISDICTION OF OR MAZZATION SNOR S/P) - Insert only one secured p INC FIRST NAME CITY NAPERVILLE TOR COOPERATIVE BI OF UNIT 10B LOCA' | MIDDLE STATE 20. ORG. MIDDLE STATE IL UILING TED AT | POSTAL CODE ANIZATIONAL ID 8, 8; OF 36) AME FOR TALCY IDE COS 4 C INC EINT 1335 AST | SUFFIX COUNTRY NONE SUFFIX COUNTRY 10 LING OR ST |
| | EL ORGANIZATION'S NAME 26. INDIVIDUAL'S LAST NAME ANLING ADDRESS EX LD. 8: SSN OR EN SECURED PARTY'S NAME COUNT SE, WICKVIDUAL'S LAST NAME ANLING ADDRESS 1212 NAS FINANCING STATEME OWNER OWNER CHICA | ADDILINFO RE ORGANIZATION DESTOR E (or NAME of TOTA RYWIDE HO N NAPER E ENT covers the tollor SHIP IN T TO PROPE GO IL 606 | 20. TYPE OF ORGANIZATION AL ASSIGNEE OF A | FIRST NAME Z. JURISDICTION OF OR WAZATION Z. JURISDICTION Z. JURISDICTI | MIDDLE STATE 20. ORG. MICOLE STATE IL UILING TED AT | POSTAL CODE ANIZATIONAL ID 8, 8; OF 3b) AME FOR TAL OF IDE COS 4 C INC EINT 1335 AST | SUFFIX COUNTRY NONE SUFFIX COUNTRY OUNTRY ON ST |

| UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY | |
|---|----------|
| A. NAME & PHONE OF CONTACT AT FILER (optional) | |
| B. SEND ACKNOWLEDGEMENT TO: (Name and Address) | <u> </u> |

COUNTRYWIDE HOME LOANS 1212 S NAPER BLVD, SUITE 106 NATERVILLE, IL 60540

| | L / | <u> </u> | | | THE ABOV | VE SPACE | IS FOR FILING OFFIC | E USE ONLY |
|----------|---|---|---------------------------------|------------------------------|------------------|-----------|------------------------|------------|
| 1, DR | DEBTOR'S EXACT FULL LE 1a. ORGANIZATION'S NAME | G/1 NP - Inper | t only <u>one</u> debtor name (| 1a or 1b)- do not abbrevlate | or combine nam | nes | | |
| m | 16. INDIVIDUAL'S LAST NAME DUFF | v | | FIRST NAME ELLEN | | MIDDLE | NAME | SUFFIX |
| | MAILING ADORESS | | X | | | <u> </u> | | |
| | 1335 | N ASTOR | ST UNIT 10 | B CHICAGO | | STATE | FOSTAL CODE | COUNTRY |
| 16. | TAX LO. #: 55N OFI ÉIN | ADO'L INFO RE ORGANIZATION DESTOR | 1e. TYPE OF ORGANIZATION | 18. JURISDICTION OF ORGA | MOITASINA | 1g. ORG | ANIZATIONAL ID #, # | INONE |
| 2. | ADDITIONAL DESTOR'S EX | | NAME - Insert only one - | ue name (2a or 2b)- do | not abbreviate o | r combine | ORDAR. | 10142 |
|)R | 21. ORGANIZATION'S NAME | | | | | | | |
| | 25. INDIVIDUAL'S LAST NAME | | | FIRST NAM : | | MIDDLE | NAME | 8UFFIX |
| 2c. | MAILING ADDRESS | | | СПҮ | ×, | STATE | POSTAL CODE | COUNTRY |
| | TAX 10. #: SSN OR EIN | ADD'L INFO RE ORGANIZATION DESTOR | 20. TYPE OF ORGANIZATION | 2, JURISDICTION OF OR'S | | * | ANIZATIONAL ID #, if a | INONE |
| 3. | . SECUREO PARTYS NAME | (or NAME of TOT) | AL ASSIGNEE OF ASSI | GNOR S/P) - Insert only one | secureu pr. rv r | ame (3a | or 3b) | |
| | Se. ORGANIZATION'S NAME | | | | | // | | |
| Ж | COUNT | <u>PRYWIDE H</u> | IOME LOANS, | INC | | 4 | | |
| | 30. INDIVIDUAL'S LAST NAME | | | FIRST NAME | | MILDLE | WAE | 5UH-IX |
| 30. | MAILING ADORESS | · · · · · · · · · · · · · · · · · · · | | ÇITY | | STATE | POT TALO IDE | COUNTRY |
| | 1212 | N NAPER | BLVD | NAPERVILL | E | IL | 605/3 | |

This FINANCING STATEMENT covers the following collateral:

OWNERSHIP IN THE 1335 ASTOR COOPERATIVE BUILDING INC INCITLING OWNER TO PROPRIETARY USE OF UNIT 10B LOCATED AT 1335 ASTOR ST CHICAGO, IL 60610

| | ALTERNATIVE DESIGNATION (F applicable); LESSEGUESSOR | OONSKINEE/C | ONSIGNOR DE | LEE/BALOR [| SELLER/OUYER | AG. LIÉN | NON-UCC |
|----|--|---------------|---|-------------------------------------|--------------|----------|----------|
| 6, | This FINANCING STATEMENT is to be filled (for record) (or records REAL ESTATE RECORDS. Attach Addendum | d) (in the 7, | Oheck to REQUEST SEA on Debtor(s) [ADDITION/ | RCH REPORT(S) LL FEE] [optional] | Ali Debtore | Debtor 1 | Dublor 2 |
| 8. | OPTIONAL FILER REFERENCE DATA | | | | | | |

SEARCH REQUEST COPY - NATIONAL LICC FINANCING STATEMENT (FORM LICC1) (REV. 07/29/98)

QQNV • QCL • U. C. C. 1 1D266-US (11/02)

UNOFFICT FALL 1 00 162 PST. 16:25/NO. 6300000740 P 5

| UCC FINANCING FOLLOW INSTRUCTIONS (IN | STATEME | NT FULLY | | | | |
|---|-------------------------|---------------------------------------|--|---|--|----------------|
| A, NAME & PHONE OF COM | | | | | | |
| B. SEND ACKNOWLEDGEM | ENT 7/2 /h | I Address V | | | | |
| D. SCHO MANIONIEDOEM | ENTITY (Name and | (Address) | | | | |
| | | | | | | |
| COUNTRYW | IDE HOME | LOANS | | | | |
| 1212 S N | APER BLVD | , SUITE 10 | 5 | | | |
| NAPERVIL | JE, IL 60 | 540 | | | | |
| 1 | / - | | | | | |
| L * | 0. | | | THE ADOME ON A | DE IO POO PILINO OPP | |
| L DEBTOR'S EXACT FULL I | EG/4 N/ ME - Inven | t order one debter name i | (1a or 1b)- do not abbreviate or o | | CE 19 FOR FILING OF | KIE USE ONLY |
| 12. ORGANIZATION'S NAME | | Cont Out Other Little | ist or 10)- oo not abbreviate or o | combine names | ······································ | |
| | | | | | | |
| TIS. INDIVIDUAL'S LAST NAME | | | FIRST NAME | | | |
| | _ | | PINST NAME | MIDD | LE NÁME | SUFFIX |
| DUFFY | | <u> </u> | ELLEN | | 2 | |
| | STOR UNIT | 100 | | STAT | F POSTAL CODE | COUNTHY |
| 4 TAXID & SENOREN | ADD'LINED RE | 10B | CHICAGO 16. JURISDICTION OF ORGANIZA | II II | | |
| | ORGANIZATION | ORGANIZATION | II. PURIBUIC I IÇIN ÇIP ORGANIÇA | TION 19. Q | RGANIZATIONAL IO #, | if any |
| ACDITIONAL DERTODIS S | DEBTOR VACTEUR LEGAL | AIAME Importantian | ue¹ ~ name (2a or 2b)- do not a | | | NONE |
| 2s. ORGANIZATION'S NAME | AND FORECEGNE | NAME - INSERT ONLY DIS | e ~ hame (2a or 2b)- do not a | ibbreviate or comb | ine names | |
| | | | ' () | | | |
| ZD. PICIVIDUAL'S LAST NAME | | | FIRST NAM'. | Lunn | LE NAME | Laviera |
| | • | | (WO I IOW) | MICC | us Name | SUFFIX |
| 4 MAILING ADDRESS | ··· | · · · · · · · · · · · · · · · · · · · | CITY | | · I maamii daan | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | WIT /X | STATI | E POSTAL CODE | COUNTRY |
| d. TAX I.D. #: SSN OR EIN | ADD'L INFO RE | 2s, TYPE OF | at, JURISDICTION OF OPOLICA | 71511 | 1011071700111110 | |
| | ORGANIZATION | ORGANIZATION | E. VUNGUIÇ IIÇIN ÇIP ÇIP SELEX | arow ap. or | IGANIZATIONAL ID #, i | TANY |
| 3. SECURED PARTYS NAM | DESTOR | I AL ARSIGNEE DE ASSI | GNOR 8/P) - Insert only <u>one</u> sec | # 15 Par 25 Par |) 7L\ | NONE |
| SE. ORGANIZATION'S NAME | | | STORY OF PRINCIPLE | orea profession (c | H 01 30) | |
| COHNTRAL | י שאטע סמז | LOANS, INC | | -// | | |
| Sb. INDIVIDUAL'S LAST NAME | DE ROME | LUANS. INC | FIRST NAME | LAUF | E PINME | SUFFIX |
| | | | | | | aorr u |
| o, MAILING ADDRESS | | | CITY | STATI | E POT TALC DE | COUNTRY |
| 1212 N NA | PER RIVE | | NAPERVILLE | | | COUNTRY |
| . This FINANCING STATEM | | المرامة المرامة | MAPERVILLE | IL | 60540 | <u> </u> |
| | | • | | | |) |
| ONNED TO | TWINE . | ASTOR ASTOR | COOPERATIVE BU | ILDING I | NC ENTITL | 435 |
| CHICAGO, | TI SOSIO | KI OPP OF | UNIT 10B LOCAT | ED AT 13 | 35 ASTOR | ST |
| CHICAGO, | IP 00010 | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| ALTERNATIVE DESIGNATION | Facelouble City | ECENTERADO TO ACTION | | MA. AB. Per ac | EGGNAPO | NON-UCC |
| THE FINANCING STATEME | | | QNEE/CONSIGNOR BAILEE/ | Denogram | ERVBUYER AO. | LIEN LI FILING |
| REAL ESTATE RECORDS. | Attach Addendum | (If applicable) | 7. on Debtor(s) (ADDITIONAL FE | E] (optional) LA | Il Debtore 🔲 Debt | or1 Deblor2 |
| OPTIONAL FILER REFERENCE | LUATA | | | | | |
| EBTOR COPY - NATIONA | LUCC FINANCING | STATEMENT (ECIDA LIC | YC1\ (REV. 07/20/08) | | | |
| | | COM CI | (MET. VIICO/00) | | | |
| WV VA | | | | | | |
| CCL - U, C, C, 1 1259-US (11/02) | | | | | | |

FROM

UNOFFICIEMY 11 2004 6: 781. 16:25/NO. 6300000740 P 6

| UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY | | | | |
|--|--|--------------------|--|---------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional) | | | | |
| B. SEND ACKNOWLEDGEMENT TO: (Name and Address) | | | | |
| | 7 | | | |
| COUNTRYWIDE HOME LOANS | ' | | | |
| 1212 S NAPER BLVD, SUIT | F 106 | | | |
| NAPFKVILLE, IL 60540 | E 100 | | | |
| | 1 | | | |
| | | é aboyé space is | FOR FILING OFFICE | USE ONLY |
| . DESTOR'S EXACT FULL LEGP., NA JF - Insert only one debtor nan | ne (1a or 1b)- do not abbreviate or combi | ne names | | · · · · · · · · · · · · · · · · · · · |
| R CHANGATION O NAME | | | | |
| 15, INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLENA | ME | SUFFIX |
| DUFFY | ELI.EN | <u> </u> | | |
| | | 1 1 | POSTAL CODE | YRTINUOO |
| 1335 N ASTOR ST UNIT 101 | 8 CHICAGO | TI, | 60610 Izational ID 8, 8 a | |
| ORGANIZATION ORGANIZATION | | ig. Citate | | NONE |
| . ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only o | one dat or name (2a or 2b)- do not abbre | viata or combine n | ames | I I MOINE |
| 2=. ORGANIZATION'S NAME | | | ······································ | |
| | | | | |
| 85. INDIVIDUAL'S LAST NAME | FIRST NAM | MIDDLE N | ME | 8UFFIX |
| C. MAILING ADDRESS | | | 200741 0000 | Landerstand |
| | CITY | STATE | POSTAL CODE | COUNTRY |
| d. TAX LD. #: \$\$N OR EIN ADD'L INFO RE 29. TYPE OF ORGANIZATION DEBTOR | 2. JURISDICTION OF ORCE | 2g, ORGAN | IZATIONAL ID #, # = | none |
| 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE OF A | SSIGNOR S/P) - Insert only one secured | per ly name (3a or | 3b) | 1 1 1000 |
| 3a, ORGANIZATION'S NAME | | (C) | | |
| COUNTRYWIDE HOME LOANS, | | | | |
| 3L INDIVIOUAL'S LAST NAME | FIRST NAME | ME DIEN | ME | SUFFIX |
| MAILING ADDRESS 1212 N NAPER BLVD | NAPERVILLE | STATE | COSCO | COUNTRY |
| This FINANCING STATEMENT covers the following collateral; | MALDRYIDDD | 144 | | |
| OWNERSHIP IN THE 1335 AS OWNER TO PROPRIETARY USE CHICAGO IL 60610 | | | | |
| ALTERNATIVE DESIGNATION (N'applicable): LESSEE/LESSOR CC | | | UYER 🗀 AG. LIE | N NON-UCE |
| This Financing STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable) | 7. Check to REQUEST SEARCH REP on Debtor(s) [ADDITIONAL FEE] [g | | otors Debtor | 1 🔲 Deblor 2 |
| OPTIONAL FILER REFERENCE DATA | | | | |
| ECURED PARTY COPY - NATIONAL UCC FINANCING STATEM | ENT (FORM UCC1) (REV. 07/29/98) | | | |
| ONV OCL - U, C, C, 1 0259-US (11/02) | | | | |

DATE:

5/11/04

BORROWER: ELLEN S DUFFY

CASE #:

LOAN #:

63596902

PROPERTY ADDRESS: 1335 N ASTOR ST UNIT 10B, CHICAGO, IL 60610

UCC-1 COLLATERAL EXHIBIT B

All of the following property now or hereafter owned by Debtor or in which Debtor now has or hereafter acquires any interest:

- (a) all buildings, structures, improvements, and tenements now or hereafter located on the land that is more particularly described in Exhibit A extached hereto and incorporated herein by reference (together with such land, the "Real Property"):
- (b) all fixtures, machinery, equipment, furniture, furnishings, building materials, appliances, apparatus, communications and utility systems and facilities, landscaping, and goods of every nature whatsoever now or hereafter located in or on, or used or intended to be used in connection with, the Real Property, whether or not physically affixed to the Real Property;
- (c) all privileges and other rights now or hereafter made appurtenant to the Real Property, including, without limitation, all right, title, and interest of Debtor in and to vii streets, curbs, gutters, sidewalks, sewers, storm drains, roads, and public places, open or proposed, and all easemen's and rights of way, public or private, now and hereafter used in connection with the Real Property;
- (d) all rights to minerals, oil and gas and other hydrocarbon substances; water, irrigation and drainage rights; and water stock, air rights and development rights relating to the Roal Property; and all damages, royalties and revenues of every kind, nature, and description whatsoever that Debtor may be untitled to receive from any person or entity owning or having or hereafter acquiring a right to the oil, gas and mineral rights and reservations of the Real Property:
- (e) Debtor's rights under and interest in and to any and all leases, tenancies, or occupancy agreements now or hereafter affecting the Real Property, together with all renewals, extensions, modifications, amendments, assignments and subleases thereof, and all guaranties thereof;
- (f) all rents, income, issues, profits, accounts receivable, royalties, proceeds, and revenues of or relating to the Real Property or the business conducted thereon, including, without limitation, any right to payment for goods sold or leased or for services rendered, and all security deposits made by tenants of the Real Property;

CONV ◆ CCL - UCC-1 Collateral Exhibit B 1D389-U3 (04/00)(d)

Page 1 of 2

0415445135 Page: 7 of 9

UNOFFICIAL COPY

UCC-1 FILING STATEMENT RIDER FOR CO-OP

Name of Borrowers: ELLEN S. DUFFY

The Financing Statement to which this Rider is attached covers the following types (or items) of property:

All of the Debtor's right, title and interest in and to 186 shares of capital stock (the "Shares") of 1335 ASTOR COOPERATIVE BUILDING, INC., A CORPOKATION OF ILLINOIS (the "Corporation") allocated to apartment 10B (the "Apartment") in the building known as 1335 NORTH ASTOR STREET, CHICAGO, ILLINOIS 60610 and all of the Debtor's right, title and interest in that certain proprietar; lease between the Corporation and Debtor(s) as lessee (the "Lease") and any substitute, replacement and additional Shares and any amendments to and extensions or replacements of the Lease; and any and all fixtures (other than house furniture and furnishing) of Debtor now attached to or used in connection with the Apartment. This financing shall be effective until terminated.

The Shares are in and the Lease is of a corporation formed for the sole purpose of cooperative ownership of real property.

ELLENS DUFFY

t's Office

0415445135 Page: 8 of 9

STREET ADDRESS: 1335 UNOFFICIAL COUNTY OF

CITY: CHICAGO

COUNTY: COOK

TAX NUMBER: 17-03-105-009-0000

010 012

LEGAL DESCRIPTION:

0(

THE LEASEHOLD ESTATE (SAID LEASEHOLD ESTATE BEING DEFINED IN PARAGRAPH 1.C. OF THE ALTA LEASEHOLD ENDORSEMENT(S) ATTACHED THERETO), CREATED BY THE INSTRUMENT THEREIN REFERRED TO AS THE LEASE, EXECUTED BY: 1335 ASTOR COOPERATIVE BUILDING, INC., A CORPORATION OF ILLINOIS, AS LESSOR, AND ELLEN S. DUFFY, AS LESSEE, DATED ~, WHICH LEASE WAS RECORDED ~ AS DOCUMENT ~, WHICH LEASE DEMISES THE FOLLOWING DESCRIBED LAND FOR A TERM OF YEARS BEGINNING ~ AND ENDING ~:

APARTMENT 10B OF 1335 ASTOR, WHICH IS LOCATED ON THE FOLLOWING DESCRIBED REAL ESTATE: LOTS 4, 5, 6, 7 AND 8 IN OWNERS RESUBDIVISION OF THE WEST 125 FEET OF LOTS 37 AND 38 IN OCCOOK COUNTY CLOTHER OFFICE ASTORS ADDITION TO CHICAGO IN SECTION 3, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIVANN, IN COOK COUNTY, ILLINOIS.

UNOFF [C] [AN 11 004 63 PST. Y6:25/NO. 6300000740 P 2

| A. | NAME & PHONE OF CONT | FACT AT FILER (OF | tional) | | | | |
|----|---|---|--|--|------------------|------------------------|-------------|
| В. | SEND ACKNOWLEDGEME | NT TO: (Name and | Address) | | | | |
| | | | | 7 | | | |
| | COUNTR | RYWIDE HO | ME LOANS | · | | | |
| | 1212 5 | NAPER B | LVD, SUITE | 106 | | | |
| | NAPERV | ILLE, IL | 60540 | | | | |
| | | | | 1 | | | |
| | | <u>Q</u> , | | | | 19 FOR FILING OFFIC | E USE ONLY |
| | DEBTOR'S EXACT FULL LE | EG/_ NA AF - Insel | t only <u>one</u> debtor name (| 1s or 1b)- do not abbreviate or combir | e names | | |
| | 1ª ORGANIZATION'S NAME | 4 | ξ. | | | | |
| | 15. INDIVIDUAL'S LAST NAME | | | FIRST NAME | MIDDLE | | |
| | DUFFY | | 0. | ELLEN | MICOLE | S. | SUFFIX |
| | MAILING ADDRESS | | | CITY | STATE | POSTAL CODE | COUNTRY |
| | | ASTOR S | T UNIT 10B | CHICAGO | Ir | 60610 | |
| | TAX I.D. #: SSN OR EIN | ADO'L INFO RE ORGANIZATION | 1e. TYPE OF ORGANIZATION | 1f. JURISDICTION OF ORGANIZATION | 1g. ORG. | ANIZATIONAL ID #, If I | Iny |
| | ADOTIONAL DESTAGE EN | DESTOR | MAME Investigation | a name (2a or 2b)- do not abbrev | | | NON |
| | 24. ORGANIZATION'S NAME | OW FOLL LEGAL | HAVINE - INSELL DINA DUE | the marrier (28 or 20)- do not aborev | late or compline | names | |
| | | | | · () | | | |
| | 25, INDIVIDUAL'S LAST NAME | | | FIRST NAM'. | MIDDLE | NAME | SUFFIX |
| | | ···· | | | | | |
| | MAILING ADDRESS | | | CITY | STATE | POSTAL CODE | COUNTRY |
| | TAX LD. #: SSN OF EN | ADD/LINFO RE | 29. TYPE OF | 2. JURISDICTION OF OR 2. VATION | 10 000 | ANIZATIONAL ID #, # # | 1 |
| | <u> </u> | ORGANIZATION DEBTOR | ORGANIZATION | 2. TORBURION OF ON S. WARTING | Eg. Ond. | | NONE |
| | SECURED PARTYS NAME | | AL ASSIGNEE OF ASSI | SNOR S/P) - insert only one secureup | oz.cy name (3a | or 3b) | NONE |
| | 3a. ORGANIZATION'S NAME | | | | 0, | | |
| | COUNTR 35, INDIVIDUAL'S LAST NAME | YWIDE HO | ME LOANS, I | | | | |
| | 36. INDIVIDUAL'S LAST NAME | | | FIRST NAME | MIDDLE | ME | SUFFIX |
| | MAILING ADDRÉSS | | | CITY | STATE | POT (ALC) DE | COUNTRY |
| | 1212 N | NAPER B | LVD | NAPERVILLE | IL | 60545 | |
| | This FINANCING STATEME | NT covers the follo | wing collateral: | | | | |
| | | | | OR COOPERATIVE B | | | |
| | | • | | OF UNIT 10B LOCA | TED AT | 1335 AST | IR ST |
| | CHICAG | 0 IL 606 | 10 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | ALTERNATIVE DESIGNATION (I | applicable): 🔲 LES | SEE/LESSOR CONSI | | | | NON-UO |
| | THE FINANCING STATEMEN REAL ESTATE RECORDS, A | VT is to be filed (for rec litech Addendum | ordj (or recorded) in the (if applicable) | 7. Check to REQUEST SEARCH REPO | XTT(8) AFD | ebtors 🔲 Debtor | 1 Delotor : |
| | OPTIONAL FILER REFERENCE | | | | | | |
| | WIND PRO | 44 | | | | | |
| | | | | | | | |
| | KNOWLEDGMENT COP | PY - NATIONAL UC | AC PINANCING STATEM | ENT (FORM UCC1) (REV. 07/29/98) | | | |