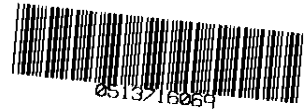


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0513716069

Doc#: 0513716069
Eugene "Gene" Moore Fee: \$28.50
Cook County Recorder of Deeds
Date: 05/17/2006 11:45 AM Pg: 1 of 3

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional) DILIGENZ, INC. 1-800-858-5294	
B. SEND ACKNOWLEDGMENT TO: (Name and Address) 13086688 DILIGENZ, INC. 6500 HARBOUR HEIGHTS PKWY, SUITE 400 MUKILTEO, WA 98275	
Filed In: Illinois Cook	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME					
OR	1b. INDIVIDUAL'S LAST NAME FOSTER		FIRST NAME SAM	MIDDLE NAME L.	SUFFIX
1c. MAILING ADDRESS 79 OGLESBY AVENUE			CITY CALUMET CITY	STATE IL	POSTAL CODE 60409
1d. TAX ID #	SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION INDIVIDUAL	1f. JURISDICTION OF ORGANIZATION IL	1g. ORGANIZATIONAL ID #, if any <input checked="" type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME					
OR	2b. INDIVIDUAL'S LAST NAME FOSTER		FIRST NAME ROXANNE	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS 79 OGLESBY AVENUE			CITY CALUMET CITY	STATE IL	POSTAL CODE 60409
2d. TAX ID #	SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION INDIVIDUAL	2f. JURISDICTION OF ORGANIZATION IL	2g. ORGANIZATIONAL ID #, if any <input checked="" type="checkbox"/> NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME CHARTER ONE BANK, N.A.					
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 1215 SUPERIOR AVE., SU-0670			CITY CLEVELAND	STATE OH	POSTAL CODE 44114

4. This FINANCING STATEMENT covers the following collateral:

"ALL ASSETS" AND/OR "ALL PERSONAL PROPERTY" NOW OR HEREAFTER OWNED BY DEBTOR AND ATTACHED OR CONTAINED IN OR USED IN CONNECTION WITH THE REAL PROPERTY DESCRIBED IN EXHIBIT A ATTACHED HERETO AND INCORPORATED HEREIN BY REFERENCE.

PIN 29-01-300-051-0000

COMMONLY KNOWN AS 1850 STATE STREET, CALUMET CITY, IL 60409

5. ALTERNATIVE DESIGNATION (if applicable):	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. <input checked="" type="checkbox"/> 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 REPORT(S) on Debtor(s) (OPTIONAL FEE)		All Debtors	Debtor 1	Debtor 2	
8. OPTIONAL FILER REFERENCE DATA LOAN #64-1940101, COOK COUNTY, IL						13086688

Handwritten signature/initials

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME		
OR		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
FOSTER	SAM	L.

10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME				
OR				
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
HOPGOOD		ANNIE	L	
11c. MAILING ADDRESS			CITY	STATE POSTAL CODE COUNTRY
79 OGLESBY AVENUE			CALUMET CITY	IL 60409 USA
11d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any
412-52-5345		INDIVIDUAL	IL	<input checked="" type="checkbox"/> NONE

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME				
OR				
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
12c. MAILING ADDRESS			CITY	STATE POSTAL CODE COUNTRY

13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing.

14. Description of real estate:
SEE ATTACHED EXHIBIT A.

PIN 29-01-300-051-0000

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

16. Additional collateral description:

17. Check only if applicable and check only one box.

Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate

18. Check only if applicable and check only one box.

Debtor is a TRANSMITTING UTILITY

Filed in connection with a Manufactured-Home Transaction — effective 30 years

Filed in connection with a Public-Finance Transaction — effective 30 years

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EXHIBIT A

Property):

LOT 17 (EXCEPT THE WEST 50 FEET THEREOF) AND LOT 18 (EXCEPT THE EAST 10 FEET THEREOF) IN RIVERDALE BUILDER'S SUBDIVISION OF THAT PART OF THE NORTH 103 FEET OF THE SOUTH 133 FEET OF THE SOUTHWEST 1/4 OF SECTION 1, TOWNSHIP 36 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN LYING EAST OF A LINE 1300 FEET EAST OF AND PARALLEL WITH THE WEST LINE OF SAID SECTION 1 AND WEST OF A LINE 60 FEET WEST OF AND PARALLEL WITH THE EAST LINE OF THE SOUTH WEST 1/4 OF SECTION 1 IN COOK COUNTY, ILLINOIS.

The Real Property or its address is commonly known as 1850 STATE STREET, CALUMET CITY, IL 60409.
The Real Property tax identification number is 29-01-300-051-0000.

Property of Cook County Clerk's Office