## <u>UN</u>OFFICIAL CC Doc#: 0605416016 Fee: \$26.50 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds **UCC FINANCING STATEMENT** Date: 02/23/2006 08:59 AM Pg: 1 of 2 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)

Mukilteo, WA 98275

4. This FINANCING STATEMENT covers the following collateral:

6500 Harbour Heights Pkwy, Suite 400

17339728 Prepared By: Diligenz, Inc.

|                                                                              | <i>A</i>                      | Filed In: III                              | inois Cook                                |                  |                                         |          |  |
|------------------------------------------------------------------------------|-------------------------------|--------------------------------------------|-------------------------------------------|------------------|-----------------------------------------|----------|--|
|                                                                              | <u> </u>                      |                                            |                                           |                  | OR FILING OFFICE (                      | JSE ONLY |  |
| 1. DEBTOR'S EXACT F                                                          | ULL LEGAL NAV                 | E - insert only <u>one</u> debtor name (1a | or 1b) - do not abbreviate or combine nam | 68               |                                         |          |  |
| 1a. ORGANIZATION'S N                                                         | AME                           | <b>A</b>                                   |                                           |                  | *************************************** |          |  |
| OR 15, INDIVIDUAL'S LAST NAME                                                |                               |                                            | FIRST NAME                                | MIDDLE           | MIDDLE NAME   SUFFIX                    |          |  |
| HEBSON                                                                       |                               |                                            | COLIN                                     |                  | 33,131                                  |          |  |
| 1c. MAILING ADDRESS                                                          |                               | 0.                                         | GIY -                                     | STATE            | IPOSTAL CODE                            | COUNTRY  |  |
| 22 E. DIVISION                                                               |                               |                                            | CHICAGO                                   | IL.              | 60661                                   | USA      |  |
| 1d. TAX ID #: SSN OR EIN                                                     | ADD'L INFO RE<br>ORGANIZATION | 1e. TYPE OF ORG/ NIZAT ON                  | 11. JURISDICTION OF ORGANIZATION          | 1g. ORG          | 1g. ORGANIZATIONAL ID #, if any         |          |  |
|                                                                              | DEBTOR                        | Individual                                 | )                                         |                  |                                         |          |  |
| 2. ADDITIONAL DEBTOR                                                         | R'S EXACT FULL                | LEGAL NAME - insert only ( ne o            | btr name (2a or 2b) - do not abbreviate   | or combine names |                                         | · A MON  |  |
| 2a. ORGANIZATION'S NA                                                        | AME                           |                                            | <del>/</del>                              |                  |                                         |          |  |
| OB                                                                           |                               | `                                          |                                           | 3.               |                                         |          |  |
| OR 2b. INDIVIDUAL'S LAST NAME                                                |                               |                                            | FIR TNAME                                 | MIDDLE           | MIDDLE NAME SUFFIX                      |          |  |
| EGGERS                                                                       |                               |                                            | THOMAS                                    |                  |                                         |          |  |
| 2c. MAILING ADDRESS                                                          | .,.                           |                                            | CITY                                      | STATE            | POSTAL CODE                             | COUNTRY  |  |
| 568 SHERIDAN R                                                               | D.                            |                                            | WINNETKA                                  | IL               | 60093                                   |          |  |
| 2d. TAX ID #: SSN OR EIN ADD'L INFO RE 28. TYPE OF ORGANIZATION ORGANIZATION |                               |                                            | 2f. JURISDICTION OF O (GA VIZATION        | 2g. ORG          | 2g. ORGANIZATIONAL ID #, if any         |          |  |
|                                                                              | DEBTOR                        | Individual                                 | _ IL                                      |                  |                                         | X NON    |  |
| 3. SECURED PARTY'S                                                           | NAME (or NAME of              | IF TOTAL ASSIGNEE of ASSIGNOR              | S/P) - insert only one secured party name | (3a × 3p)        |                                         |          |  |
| 3a. ORGANIZATION'S NA<br>MB Financial B                                      | ME                            |                                            |                                           | 0.               |                                         |          |  |
| 0p                                                                           |                               |                                            |                                           | -//              |                                         |          |  |
| 3b. INDIVIDUAL'S LAST NAME                                                   |                               |                                            | FIRST NAME                                | MIDDLE           | MIDDLE NAME SUFFIX                      |          |  |
| 0. 14111100 - 12000                                                          | ···                           |                                            |                                           | 10               |                                         | İ        |  |
| 3c. MAILING ADDRESS                                                          |                               |                                            | CITY                                      | STATE            | OSTAL CODE                              | COUNTRY  |  |
| 6111 N. RIVER ROAD                                                           |                               |                                            | ROSEMONT                                  | l IL             | 60018                                   | USA      |  |

| 5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER 6. This FINANCING STATEMENT is to be filled [for record] (or recorded) in the REAL STATE RECORDS. Attach Addendum [if applicable] 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) Jordonal Jordonal FILER REFERENCE DATA | AG. LIEN NON-UCC FILING All Debtors Debtor 1 Debtor 2 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| 172/BQJ/CER - 224247                                                                                                                                                                                                                                                                                                                | 17339728                                              |

ANY AND ALL DEVELOPER RIGHTS, PERMITS, PLANS, SPECIFICATIONS AND PERSONAL PROPERTY TO BE USED IN CONNECTION WITH THE COMPLETION OF THE CONDOMINIUM CONVERSION PROJECT ON THE COLLATERAL PROPERTY COMMONLY (MCVV) AS 2315-2322 W. WAVELAND AVE. CHICAGO, IL 60618 (PIN # 14-19-125-001-0000)



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# **UNOFFICIAL COPY**

#### RECORDATION REQUESTED BY:

MB Financial Bank, N.A. Commercial Banking Div. 3 800 W. Madison Street Chicago, IL 60607

#### WHEN RECORDED MAIL TO:

M8 Financial Bank, N.A. Loan Documentation 6111 N. River Rd. Rosemond, IL 60018



FOR RECORDER'S USE ONLY

This Mortgage prepared by:

المحاج والمناهد فكالمدادات وكالدار المجاري والإنسار مداد المحاسات

Odaliz Lispier, Loan Doc. Specialist - Trans #19401 MB Financial Bank, N.A. 6111 N. River Road Rosemont, IL 60018



### CONSTRUCTION MORTGACE

MAXIMUM LIEN. At no time shall the principal amount of Indector ess secured by the Mortgage, not including sums advanced to protect the security of the Mortgage, exceed \$3 222,000,00.

THIS MORTGAGE dated December 22, 2005, is made and executed between Colin Hebson and Thomas Eggers, as Tenants in Common, whose address is 22 E. Division, Chicago, IL 30661 (referred to below as "Grantor") and MB Financial Bank, N.A., whose address is 800 W. Madison Streat, Chicago, IL 60607 (referred to below as "Lender").

GRANT OF MORTGAGE. For valuable consideration, Grantor mortgages, warrants, and conveys to Lender all of Grantor's right, title, and interest in and to the following described real property, together with all existing or subsequently erected or affixed buildings, improvements and fixtures; all easements, rights or way, and appurtenances; all water, water rights, watercourses and ditch rights (including stock in utilities with ditch or irrigation rights); and all other rights, royalties, and profits relating to the real property, including without limitation all minerals, oil, gas, geothermal and similar matters, (the "Real Property") located in Cook County, State of Illinois:

LOT 34 IN SHELDON ESTATES SUBDIVISION OF BLOCK 23 IN SUBDIVISION OF SECTION 19, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPT THE SOUTHWEST 1/4 OF THE NORTHWEST 1/4 THEREOF AND THE EAST 1/2 OF THE SOUTH EAST 1/4 THEREOF), IN COOK COUNTY, ILLINOIS

The Real Property or its address is commonly known as 2315-2321 W. Waveland Ave., Chicago, IL 60618-4816. The Real Property tax identification number is 14-19-125-001-0000.

CROSS-COLLATERALIZATION. In addition to the Note, this Mortgage secures the following described