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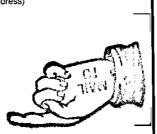
UCC FINANCING STATEMENT

A. NAME & PHONE OF CONTACT AT FILER [optional]

LOAN SERVICING 425-453-5301

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

FIRST MUTUAL BANK PO BOX 1647 BELLEVUE, WA 98009-1647



Doc#: 0706539107 Fee: \$26.50 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 03/06/2007 10:27 AM Pg: 1 of 2

THE ABOVE SPACE IS FOR FILING OFFICE USE					
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1a ORGANIZATION'S NAME	r 1b) - do not abbreviate or combine names				
OR 15. INDIVIDUAL'S LAST NAME	IFIRST NAME	MIDDLE NAME	SUFFIX		
MCPHEETERS	RALPH	A			
1c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY		
5307 ARBOR LN	CRESTWOOD	IL 60445	US_		
1d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORC ANIZA ION ORGANIZATION DEBTOR	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any	NONE		
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one de 2a. ORGANIZATION'S NAME	at or name (2a or 2b) - do not abbreviate or combin				
OR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX		
MCPHEETERS	RECINA	ĺΜ			
2c MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY		
5307 ARBOR LN	CRESTWOOD	IL 60445	US		
2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	21. JURISDICTION OF GANIZATION	2g. ORGANIZATIONAL ID #, if any	NONE		
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME FIRST MUTUAL BANK		A Run Bofs	2-13-0		
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	JOHNA		
3c. MAILING ADDRESS	CITY	STATE OSTAL CODE	COUNTRY		
PO BOX 1647	BELLEVUE	WA 98009-1647	US		

4. This FINANCING STATEMENT covers the following collateral:

ROOF

PARCEL NUMBER: 24-33-110-013-0000

LEGAL DESCRIPTION: LOT 127 IN PLAYFIELD, A SUBDIVISION OF THE NORTHEAST QUARTER OF THE SOUTHWEST QUARTER AND PART OF THE NORTHWEST QUARTER OF SECTION 33, TOWNSHIP 37 NORTH, RANGE 13 EAST, OF THE THIRD PRNCIPAL MERIDIAN, IN COOK COUNTY, STATE OF ILLINOIS.

PROPERTY ADDRESS: 5307 ARBOR LN, CRESTWOOD, IL 60445



5. ALTERNATIVE DESIGNATION [if applicable] LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYE 6. This Financing Statement is to be filed [for record] (or recorded) in the REAL if applicable applicable in applicable in applicable.		NON-UG	CC FILING
8. OPTIONAL FILER REFERENCE DATA DEBTOR: 51-113914-04 MCPHEETERS, RAPLH & REGINA	Cook	IL	

0706539107 Page: 2 of 2

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UCC FINANCING STATE FOLLOW INSTRUCTIONS (front and be	MENT ADDENDUM	1		l			
9. NAME OF FIRST DEBTOR (1a or 1	NON RELATED ENANGING OF						
9a. ORGANIZATION'S NAME	D) ON RELATED FINANCING ST	ATEMENT					
OR	FIRST NAME	IMIDDLE	NAME, SUFFIX				
MCPHEETERS	RALPH	A	NAME, SUFFIX				
10. MISCELLANEOUS:							
000							
11. ADDITIONAL DEBTOR'S EXACT F	UILLIAGOL NAME (nond not not not			THE ABOV	E SPACE	IS FOR FILING OF	FICE USE ONLY
11a. ORGANIZATION'S NAME	DECT 20 IL NAME - Insert only one	name (11a or 11b) -	do not abbrevi	ate or combine nar	mes		
OR	0.0						
11b. INDIVIDUAL'S LAST NAME		FIRST NAME			MIDDLE	NAME	SUFFIX
44					1		
11c. MAILING ADDRESS	0,	CITY			STATE	POSTAL CODE	COUNTRY
11d. TAX ID #: SSN OR EIN ADD'L INFO RE	E 11e. TYPE OF ORGANIZATION	T - TURIORIOTU				<u> </u>	
ORGANIZATIO DEBTOR	N .	J. T.JURISDICTIO	JN OF OHGANI	ZATION	11a. OR	GANIZATIONAL ID #. if	anv
12. ADDITIONAL SECURED PART	Y'S or ASSIGNOR S/P'S	NAME :					NONE
12a. ORGANIZATION'S NAME	NO ME INCOMMENTAL CO	NAME institution	niy <u>one</u> name (1	(2a or 12b)			
OR			46				
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	77		MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS		ļ	<u> </u>				
		CITY			STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers collateral, or is filed as a 14. Description of real estate. ROOF PARCEL NUMBER: 24-33-1 LEGAL DESCRIPTION: LOTA A SUBDIVISION OF THE NO OF THE SOUTHWEST QUA THE NORTHWEST QUARTE TOWNSHIP 37 NORTH, RAI THE THIRD PRNCIPAL MEF COUNTY, STATE OF ILLINO PROPERTY ADDRESS: 530 CRESTWOOD, IL 60445 5. Name and address of a RECORD OWNER of (if Debtor does not have a record interest):	T 127 IN PLAYFIELD, DRTHEAST QUARTER RTER AND PART OF ER OF SECTION 33, NGE 13 EAST, OF RIDIAN, IN COOK DIS. D7 ARBOR LN,	16. Additional co					
		18. Check only if a Debtor is a TRA Filed in connect	pplicable and c NSMITTING U	stee acting with re heck <u>only</u> one box TILITY	espect to pro	operty held in trust or — effective 30 years	Decedent's Estate

FILING OFFICE COPY --- NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/29/98)