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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] LOAN SERVICES 800-775-8015 B. SEND ACKNOWLEDGMENT TO: (Name and Address) FIRST MUTUAL BANK PO BOX 1647 BELLEVUE, WA 98009-1647 MAIL

Doc#: 0728906147 Fee: \$26.50 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 10/16/2007 02:59 PM Pg: 1 of 2

	<u> </u>		THE ABOV	E SPACE IS FO	R FILING OFFICE USE	ONLY		
1. DEBTOR'S EXACT F	ULL LEGAL NAM	E - insert only one debtor name (1)	a or 1b) - do not abbreviate or combine names		<u> </u>			
1a. ORGANIZATION'S N	AMF	A.~		785-				
OR 1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	Isuffix			
MORALES			LORENZO		, , , , , , , , , , , , , , , , , , ,			
1c. MAILING ADDRESS		0.	СПУ	STATE	POSTAL CODE	COUNTRY		
3057 SOUTH HO	MAN AVEN	UE	CHICAGO	IL	60623	US		
1d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION	1e. TYPE OF OI GANIZATION	11. JURISDICTION OF ORGANIZATION	1g. ORGA	1g. ORGANIZATIONAL ID #, if any			
	DEBTOR	1 0-	Ì	1	L_			
2. ADDITIONAL DEBTOR	R'S EXACT FULL	LEGAL NAME - insert of ty or a	cotor name (2a or 2b) - do not abbreviate or co	mbine names		1 JIVONE		
2a. ORGANIZATION'S NA	AME	7						
2b. INDIVIDUAL'S LAST NAME			TRST NAME	MIDDLE	MIDDLE NAME SUFFIX			
		0,			0000000			
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY			
2d. TAX ID #; SSN OR EIN	ADD'L INFO RE	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF CAPANIZATION	20 OBGA	NIZATIONAL ID #, if any			
	ORGANIZATION DEBTOR	ORGANIZATION I		Jest Orton	29. ONGANIZATIONAL ID #, IF any			
o SECURED BARTYIO						NONE		
3a. ORGANIZATION'S NA	NAME (or NAME (ITOTAL ASSIGNEE of ASSIGNOR	R S/P) - insert only one secured party har a (3a c	or 3b)				
ou. Or GARLEATION S NA	"" FIRST MU	ITUAL BANK		60 10	1	1 101-1-		
OR 3b. INDIVIDUAL'S LAST N	1214	· · · · · · · · · · · · · · · · · · ·		Lai	lly Kinticel	e water		
50. INDIVIDUAL S LAST N	IAME		FIRST NAME	MIDDLE	IAME)	SUFFIX		
3c. MAILING ADDRESS		748.	CITY	Toras	Ir north con-			
PO BOX 1647		BELLEVUE		F DSTAL CODE	COUNTRY			
		···	DELLEVUE	WA	93009-1647	US		
4. This FINANCING STATEME	NT covers the follow	ing collateral:						

PARCEL ID: 16-26-428-023-0000

WATER SYSTEM

LEGAL: LOT 57 IN BLOCK 23 IN STEEL'S SUBDIVISION OF THE SOUTHEAST QUARTER (SE1/4) AND THE EAST HALF (E1/2) OF THE SOUTHWEST QUARTER (SW1/4) OF SECTION 26, TOWNSHIP 39 NORTH, RANGE 13, EAST TO

THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

SITUATE IN THE COUNTY OF COOK, STATE OF ILLINOIS.

FIXTURE FILING

ADDRESS: 3057 SOUTH HOMAN AVENUE, CHICAGO, IL 60623

5. ALTERNATIVE DESIGNATION [if applicable] LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAIL	OR SELLER/BUYER	AG, LIEN	NON-L	JCC FILING
6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL STATE RECORDS. Attach Addendum file applicable (ADDITIONAL FEE)		All Debtors	Debtor 1	Debtor 2
8, OPTIONAL FILER REFERENCE DATA	ป	7 th Dobtois	Debiol 1	Deutor 2
MORALES L, 52-119488-02	\$ 36.50	Coo	K.I	1_
FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 07/29/98)			*/	

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ICC FINANCING STAT	_					
. NAME OF FIRST DEBTOR (1a or		TEMENT				
9a. ORGANIZATION'S NAME						
B 9b. INDIVIDUAL'S LAST NAME MORALES	FIRST NAME LORENZO	MIDDLE NAME, SUFFIX				
.MISCELLANEOUS:		······································				
D 1000						
ADDITIONAL DERTOR'S EVAC	FULL LEGAL NAME - insert only one of	ungge (110 au 11b) de net abbee		PAÇEI	S FOR FILING OFFIC	E USE ONLY
11a. ORGANIZATION'S NAME	POLICEGAL NAIVE - Insert only one in	same (+ta or +tb) - do nos abbrev	nate or comoine names		- 21Vine B	
R 11b. INDIVIDUAL'S LAST NAME		FIRST NAME	M	MIDDLE N	NAME	SUFFIX
: MAILING ADDRESS	00/	СІТУ	s	STATE	POSTAL CODE	COUNTRY
d. TAX ID #: SSN OR FIN ADD'L INFO ORGANIZA DEBTOR		11f. JURISDICTION OF ORGAN	NIZATION 1	1a. ORG	L ANIZATIONAL ID #, if an	
ADDITIONAL SECURED PA 12a. ORGANIZATION'S NAME	RTY'S or ASSIGNOR S/P'S	Naiv sert only one name	(12a or 12b)			
12b. INDIVIDUAL'S LAST NAME		45				
120, INDIVIDUAL'S LAST NAME		FIRST NAME	N	AIDOLE N	NAME	SUFFIX
c. MAILING ADDRESS		СПҮ	S	STATE	POSTAL CODE	COUNTRY
This FINANCING STATEMENT covers collateral, or is filed as a fixture filing. Description of real estate.	timber to be cut or as-extracted	16. Additional collateral description of the LEGAL: LOT 57 II THE SOUTHEAST	N BLOC ¹ , 23 IN			
VATER SYSTEM		OF THE SOUTHW TOWNSHIP 39 NO	/EST QUARTE	R (S)	W¼) OF SECT	ON 26,
PARCEL ID: 16-26-428-0	23-0000	PRINCIPAL MERII				
		SITUATE IN THE	COUNTY OF C	COOK	C, STATE OF IL	LINOIS.
ADDRESS: 3057 SOUTH CHICAGO, IL 60623	HOMAN AVENUE,					
Name and address of a RECORD OWNI (if Debtor does not have a record interest						
		17. Check only if applicable and	-			7
		18. Check only if applicable and	-	ect to pro	perty held in trust or	Decedent's Est
		Debtor is a TRANSMITTING Filed in connection with a M		saction -	effective 30 years	
		Filed in connection with a P			•	