## **UNOFFICIAL COPY**

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## **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

BANK OF AMERICA 9000 SOUTHSIDE BLVD JACKSONVILLE, FLORIDA 32256 Doc#: 0811635112 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds
Date: 04/25/2008 10:58 AM Pg: 1 of 2

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

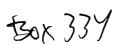
·						
1. DEBTOR'S EXACTE	ULLLEGAL MANT-	insert only <u>one</u> debtor name (1a or 1b)	- do not abbreviate or combine names			
1a. ORGANIZATION'S N	IAME					
OR 1b. INDIVIDUAL'S LASTNAME			FIRST NAME	MIDDLE NAME		SUFFIX
STALEY			WILLIAM	D.		
1c. MAILING ADDRESS	· · · · · · · · · · · · · · · · · · ·	() <sub>x</sub>	CITY	STATE	POSTAL CODE	COUNTRY
999 N. LAKE SHORE DR. APT 85			CHICAGO	IL	60611	USA
1d, SEE INSTRUCTIONS	ADD'L INFO RE	1e. TYPE OF ORGANI (ATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any		
ORGANIZATION INDIVIDUAL				NONE		
2 ADDITIONAL DEBTO	R'S EXACT FULL	LEGAL NAME - insert only one d	ebt r r ame (2a or 2b) - do not abbreviate or combi	ne names		
2a. ORGANIZATION'S						
OR 2b. INDIVIDUAL'S LAST NAME			TFIRST, IAME	MIDDLE NAME		SUFFIX
26. INDIVIDUAL S LAST NAME			ARLENF	D		-
STALEY					7	
2c. MAILING ADDRESS 999 N. LAKE SHORE DR. APT 8B			CITY	STATE	POSTAL CODE	COUNTRY
			CHICAGO	IL	60611	USA
2d. SEEINSTRUCTIONS	ADD'L INFO RE   2e. TYPE OF ORGANIZATION		2f. JURISDICTION OF ORCAN' LATION	2g. ORGANIZATIONAL ID #, if any		/
	ORGANIZATION DEBTOR	NDIVIDUAL				NON
3. SECURED PARTY	S NAME (or NAME of	TOTAL ASSIGNEE of ASSIGNOR S/	P) - insert only <u>one</u> secured party name (3a c <sup>-3b</sup> )			
3a. ORGANIZATION'S	NAME					
BANK OF A	MERICA					
OR 3b. INDIVIDUAL'S LAST NAME			FIRST NAME	N IDDLE	IN IDDLE NAME	
SU, HISTORICO EL OLIVONICE			2,"			
3c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
			JACKSONVILLE	FL	32256	USA
9000 SOUTHSIDE BLVD			DESCRIPTION ALPED	1 2		

4. This FINANCING STATEMENT covers the following collateral:

SEE ATTACHED DESCRIPTION

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING
6. This Financing STATEMENT is to be filed [for record] (or recorded) in the REAL [7, Check to REQUEST SEARCH REPORT(S) on Debtor(S) on Debtor(S) Attach Addendum [if applicable] [If applica

FILING OFFICE COPY — UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02)





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## LEGAL DESCRIPTION

ADDRESS: 999 N. LAKE SHORE DRIVE, APT &B CHICAGO, ILLINOIS

LOT 12 IN HOLBROOK AND SHEPARD'S SUBDIVISION OF PARTS OF BLOCK 8 IN CANAL TRUSTEES' SUBDIVISION OF THE SOUTH FRACTIONAL QUARTER OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED FEBRUARY 24, 1912, AS DOCUMENT NUMBER 4918125, IN COOK COUNTY, ILLINOIS. 18-008-000.

COOK COUNTY CLORES OFFICE

PIN #: 17-03-268-008-0000