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UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER (optional) LOAN SERVICING B. SEND ACKNOWLEDGMENT TO: (Name and Address) FIRST MUTUAL BANK PO BOX 1647 BELLEVU'E, W'A 98009-1647	Ook County Date: 10/20/2	29410007 Fee: \$38.00 e" Moore RHSP Fee:\$10.00 Recorder of Deeds 2008 09:29 AM Pg: 1 of 2	ONLY
		SPACE IO	
1. DEBTOR'S EXACT FULL LEGAL ME - insert only one debtor no	ame (1a or 1b) - do not abbreviate of compile haziles		
18. ORGANIZATION'S NAME		MIDDLE NAME	SUFFIX
OD TOTAL STANKE	FIRST NAME.	MIDOCE IV III	
OR TE. INDIVIDUAL'S LAST NAME MCELROY	ADAIRA	STATE POSTAL CODE	COUNTRY
1c. MAILING ADDRESS	CHICAGO	IL 60628	
9644 S WALLACE ST 1d. TAXID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORCANIZATION ORGANIZATION	TION 1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any	NONE
DEBTOR 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert	on conditional control of above viate or or	ombine names	
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAVIDE - 1139-1. [28. ORGANIZATION'S NAME]			
28. ORGANIZATION S TANKE	TE DET NAME	MIDDLE NAME	SUFFIX
OR 25. INDIVIDUAL'S LAST NAME	CITY	STATE POSTAL CODE	COUNTRY
2c. MAILING ADDRESS			
2d TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZ	ZATION 21. JURISDICTION C.F.C. (GANIZATION	2g. ORGANIZATIONAL ID #, if an	NONE
ORGANIZATION			
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of	ASSIGNOR S/P) - insert only one secured pa. ty name (3	(a or 3b)	10 (18
38. ORGANIZATION'S NAME FIRST MUTUAL BANK		110 110	15-08 ISUFFIX
	FIRST NAME	MIDDLE NAME	SOFFIA
OR 3b. INDIVIDUAL'S LAST NAME		STATE POSTAL CODE	COUNTRY
3c. MAILING ADDRESS	CITY	VA 98009-16	47
- PO BOX 1647	BELLEVUE		
4. This FINANCING STATEMENT covers the following collateral: FRAME 20X22 GARAGE		(C)	
PARCEL: 25-09-111-039-0000		WIRDINGSION OF THE WES	ST HALF OF
LEGAL: LOT 19 IN BLOCK 8 IN EAST WAS THE NORTHWEST QUARTER AND THE S 14, EAST OF THE THIRD PRINCIPAL MEI	RIDIAN, IN COOK COUNTY, ILLIN	10IS.	ORTH, RANGE
SITUATE IN THE COUNTY OF COOK STA	ATE OF ILLINOIS K	KTURE FILING	
ADDRESS: 9644 S WALLACE ST, CHICA	GO, IL 60628		
		AILOR SELLER/BUYER AG. LI	EN NON-UCC FILIN
5. ALTERNATIVE DESIGNATION [if applicable] LESSEE/LESS	OR CONSIGNEE/CONSIGNOR BAILEE/B.		Cobto
6. This FINANCING STATEMENT is to be filled flot record; (c. 1)	(if applicable) [ADDITIONAL FEE]	Lo	
8. OPTIONAL FILER REFERENCE DATA		\$ 48.50 CO	OC/IL

MCELROY, A 53-104182-07

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OLLOW INSTRUCTIONS (front and b	ack) CAREFULLY					
. NAME OF FIRST DEBTOR (1a or	1b) ON RELATED FINANCING STA	TEMENT				
9a. ORGANIZATION'S NAME						
PR 96. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
MCELROY	ADAIRA	MIDDLE NAME, SUFFIX				
0. MISCELLANEOUS:						
20	O _{/x}				IS FOR FILING OFFI	CE USE ONLY
1. ADDITIONAL DEBTOR'S EXACT 11a. ORGANIZATION'S NAME	FULL LEGA NAME - insert only one na	ame (11a or 11b) - do not abbrev	ate or combine names	\$		
R 11b. INDIVIDUAL'S LAST NAME	<u>Ux</u>	Immor visite	***************************************			
LIP INDIATONE 2 FV2 L NAME	C	FIRST NAME		MIDDLE	NAME	SUFFIX
1c. MAILING ADDRESS	9	СПУ		STATE	POSTAL CODE	COUNTRY
rd. TAX ID #: SSN OR EIN ADD'L INFO ORGANIZAT DEBTOR	RE 11e. TYPE OF ORGANIZATION	JURISDICTION OF ORGAN	IIZATION	11a. OR(L GANIZATIONAL, ID #. if a	nv
2. ADDITIONAL SECURED PAR 12a. ORGANIZATION'S NAME	RTY'S or ASSIGNOR S/P'S	NAME - Insert on, one name	(12a or 12b)			
, n		46				
R 12b. INDIVIDUAL'S LAST NAME		FIRST NAME	/_	MIDDLE	NAME	SUFFIX
2c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
3. This FINANCING STATEMENT covers collateral, or is filed as a fixture filing to the collateral of real estate. FRAME 20X22 GARAGE PARCEL: 25-09-111-039-0		16. Additional collateral description of the collateral descriptio	BLOCK 8 IN SION OF TH ARTER AND OWNSHIP 37	E WF. THE NOR	ST HALF OF TI SOUTHWEST (TH, RANGE 14	HE QUARTER I. EAST OF
ADDRESS: 9644 S WALLA 50628	ACE ST, CHICAGO, IL	ILLINOIS. SITUATE IN THE (
 Name and address of a RECORD OWNE (if Debtor does not have a record interest 	R of above-described real estate):		····			
		17. Check only if applicable and Debtor is a Trust or Ti 18. Check only if applicable and Debtor is a TRANSMITTING	rustee acting with residence only one box.	pect to pr	operty held in trust or	Decedent's Es
		Filed in connection with a M				

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