## 10FFICIAL

UCC FINANCING STATEMENT

4. This FINANCING STATEMENT covers the following collateral:

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Mark: Laskowski B. SEND ACKNOWLEDGMENT TO: (Name and Address) Mark: Laskowski (without prejudice) 5N758 Rochefort Lane (non-domestic) Wayne [60184] Illinois

Doc#: 0914649099 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 05/26/2009 02:41 PM Pg: 1 of 3

		SPACE IS FOR FILING OFFICE USE	ONLY
DEBTOR'S EXACT FULL LE JAL NAME - insert only one debtor name (1a     ORGANIZATION'S NAME	or 1b) - do not abbreviate or combine names	OK	
UNITED NATIONS, UNITED STATES, STATE OF	FIRST NAME	MIDDLE NAME  STATE   POSTAL CODE	SUFFIX
10. MAILING ADDRESS 207 STATE HOUSE  1d. TAX ID #. SSN OR EIN   ADD'L INFO RE   16. TYPE OF ORGANIZATION   CORPORATION   CORPORA	SPRINGFIELD  16 JURISDICTION OF ORGANIZATION FEDERAL	IL 62706	USA
2. AODITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one  2a. ORGANIZATION'S NAME  COUNTRYWIDE HOME LOANS  OR  2b. INDIVIDUAL'S LAST NAME	ebtor name (2a or 2b) - do not abbreviate or com	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS P.O. Box 650070 2d YOV ID #: SSN OR EIN   ADD'L INFO RE   2e. TYPE OF ORGANIZATION	DALLAS,  21. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE TX 75265  29. ORGANIZATIONAL ID #, if any	USA
ORGANIZATION CORPORATION  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNE  30. ORGANIZATION'S NAME	FEDERAL  OR S/P) - insert only one secured party name	or 3b)	
OR 3b. INDIVIDUAL'S LAST NAME  Laskowski  3c. MAILING ADDRESS  5N758 Rochefort Lane	FIRST NAME Mark CITY Wayne	STATE POSTAL CODE 60184	COUNTRY USA

Agreement in the possession of the Secured Party. FINANCING, COUNTRYWIDE HOME LOANS, ORGANIZATION/TRADE NAME/TRADEMARK - DEBTOR

This is actual Constructive Notice that all of Debtor's interest now owned or hereafter acquired is hereby accepted as collateral for securing contractual obligation in favor of the Secured Party as detailed in a true, complete, authorized Security

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR PRAILE/BALLON  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) Alt Design ESTATE RECORDS. Attach Addendum  8. OPTIONAL FILER REFERENCE DATA	S. LIEN NON-UCC FILING bibtors Debtor 1 Debtor 2
Secured Party: Mark: Laskowski	

NOTICE: In accordance with U.S.C. 47 - Property - This is the entry of the Debtor in the Commercial Regis ay as a transmitting utility and the following property is hereby registered in the same as public notice of a commercial transaction: Deed of Trust recorded as Docket # 0600453112 (Mortgage \$116,250) released by Docket # 0904448013 (Notice of Recorveyance); U.C.C. Contract Trust Account # (RA 446 485 655 US): All property is accepted for value and is exempt from Levy. Adjustment of the filing is from Public Policy HJR-192, Public Law 73-10 and U.C.C. 10-104. All proceeds, products, accounts, fixtures and the

orders therefrom are released to the the Secured Party (Mark: Laskowski).

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## **UNOFFICIAL COPY**

ICC FINANCING STATEMENT ADDENDUM						
LLOW INSTRUCTIONS (front and b	1b) ON RELATED FINANCING STAT	EMENT				
- A DO SAME TO NIC NAME						
UNITED NATIONS, UNI	ITED STATES, STATE OF I	LLINOIS, COUN	11			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUF	-FIX			
MISCELLANEOUS:			7			
	20					
•		(44 44b) do not s			FOR FILING OFFICE	USE ONLY
1. ADDITIONAL DEBTOR'S EXAC 11a. ORGANIZATION'S NAME	T FULL L_GA'. NAME - insert only one n	ame (11a or 11b) - do nota	MOIGHIDE OF WORKING HE			
R 11b. INDIVIDUAL'S LAST NAME.	0,5	FIRST NAME		MIDDLE	IAME	SUFFIX
1c. MAILING ADDRESS		СПУ			POSTAL CODE	COUNTRY
1d. TAX ID #: SSN OR EIN ADD'L INF ORGANIZ DEBTOR	FO RE 11e. TYPE OF ORGANIZATION ATION	11 JURISDICTION OF C	ORGANIZATION	11g. ORG	ANIZATIONAL ID #, if any	No
2. ADDITIONAL SECURED PA	ARTY'S QE ASSIGNOR S/P'S	NAME - nsert c Hy one	name (12a or 12b)			
12a. ORGANIZATION'S NAME						
OR CONTINUEDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
12b. INDIVIDUAL'S LAST NAME			7×			COUNTRY
2c. MAILING ADDRESS		СПУ	2	STATE	POSTAL CODE	COONIKI
This FINANCING STATEMENT cover collateral, or is filed as a fixture     Description of real estate.		16. Additional collatera	Il description:	94	,	
					OFFICE	
					C	
<ol> <li>Name and address of a RECORD O (if Debtor does not have a record inte</li> </ol>	WNER of above-described real estate erest):					
		Debtor is a Trust	or Trustee acting visitable and check only or	vith respect to	property held in trust or	Decedent's E
		Debtor is a TRAN	SMITTING UTILITY			
		Filed in connection	on with a Manufactured-in	lome Transacti	ion — effective 30 years	
		Filed in connection	on with a Public-Finance	Transaction	enective 30 years	

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## **UNOFFICIAL COPY**

**ORDER NO.:** 1301 - 000268890 ESCROW NO.: 1301 - 000268890

STREET ADDRESS: 9643 S. HARVARD

CITY: CHICAGO TAX NUMBER: 25-09-209-014 **ZIP CODE: 60628** 

**COUNTY: COOK** 

LEGAL DESCRIPTION:

TET T LOT 16 IN BLOCK 17 IN FREDERICK H. BARTLETI'S UNIVERSITY HIGHLANDS, BEING A SUBDIVISION OF THE NORTHEAST 1/4 OF SECTION 1, 10 WNSHIP 37 NORTH, RANGE 14, EAST OF NOL.

OFFICE THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, 'LI INOIS.