

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 MAR 28 PM 4:06

MICHAEL A. BROWN
REC'D

2005 000245

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME					
OR					
1b. INDIVIDUAL'S LAST NAME JOHNSON		FIRST NAME THURMAN	MIDDLE NAME	SUFFIX	
1c. MAILING ADDRESS 352 CLEVELAND STREET		CITY GARY	STATE IN	POSTAL CODE 46404	COUNTRY US
1d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any	<input type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME					
OR					
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
2d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any	<input type="checkbox"/> NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME FIRST MUTUAL BANK					
OR					
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS PO BOX 1647		CITY BELLEVUE	STATE WA	POSTAL CODE 98009-1647	COUNTRY US

Shirley Roberto Bafalo 3/25/04

4. This FINANCING STATEMENT covers the following collateral:

WINDOWS

FIXTURE FILING

PARCEL NUMBER ; 25-44-0184-0029

LEGAL DESCRIPTION : GARY LAND CO'S 4TH SUBDIVIDED, ALL OF LOT 25, BLOCK 30, DOC 2000-026507, TOWNSHIP OF CALUMET, SITUATE IN THE COUNTY OF LAKE, CITY OF GARY, STATE OF INDIANA.

PROPERTY ADDRESS: 352 CLEVELAND STREET, GARY, IN 46404

5. ALTERNATIVE DESIGNATION (if applicable)	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable)	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional) [ADDITIONAL FEE]		All Debtors	Debtor 1	Debtor 2	

8. OPTIONAL FILER REFERENCE DATA

DEBTOR: 52-102911-02 JOHNSON, THURMAN