	4		
		LAKE COL FILED FOR F	INTY
JCC FINANCING STATEMENT		FILED FOR F	RECORD
OLLOW INSTRUCTIONS (front and back) CAREFULLY  A. NAME & PHONE OF CONTACT AT FILER [optional]		2007 HAY 31	AM 11: 0
LOAN SERVICING 800-775-8015	2007 000389		
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	2007 000303	MICHAEL A	BROWN
FIRST MUTUAL BANK		FIECOF	<b>WEN</b>
PO BOX 1647			
BELLEVUE, WA 98009-1647			
all attachment			
	THE ABOVE	SPACE IS FOR FILING OFFICE USE O	ONLY
. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name	ne (1a or 1b) - do not abbreviate or combine names		
TEGTMAN	FIRST NAME WILLIAM	MIDDLE NAME	SUFFIX
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
8320 GORDON DR	HIGHLAND	IN 46322	US
H. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATIO ORGANIZATION DEBTOR	N 11. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any	П
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only	one debtor name (2a or 2b) - do not abbreviate or comb	ine names	NONE
2a. ORGANIZATION'S NAME			
2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
. Whiling Appriles	City	ISTATE POSTAL GODE	COUNTRY
I. TAX ID #: SSN OR EIN   ADD'L INFO RE   2e. TYPE OF ORGANIZATIO ORGANIZATION DEBTOR	N 21. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any	NONE
SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNATION'S NAME	GNOR S/P) - insert only one secured party name (3a or 3	.A M x 11	
FIRST MUTUAL BANK		Warmen S	5-30-7
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
C. MAILING ADDRESS	СПУ	STATE POSTAL CODE	COUNTRY
PO BOX 1647	BELLEVUE	WA 98009-1647	US
. This FINANCING STATEMENT covers the following collateral: VINDOWS/SIDING			
VINDOVO/SIDING		FIXTURE FILING	GI
PID: 16-27-0122-0007			Printed.
EGAL: THE SOUTH 9.55 FEET OF LOT 6 AND TERRALE IN THE CITY OF HIGHLA	THE NORTH 30.45 FEET OF LO	T 7, ALL IN BLOCK 4, HIGH	HLAND
SITUATE IN THE COUNTY OF LAKE, IN THE S	TATE OF INDIANA		
THE STATE IN THE SOCIAL OF LAKE, IN THE S	TATE OF INDIANA		
ADDRESS: 8320 GORDON DR, HIGHLAND, IN	46322		
This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	CONSIGNEE/CONSIGNOR BAILEE/BAILOR  PREAL 7. Check to REQUEST SEARCH REPOR	T(S) on Debtor(s)	NON-UCC FILING
OPTIONAL FILER REFERENCE DATA	applicable] [ADDITIONAL FEE]	optional All Debtors Debt	Debtor 2
EGTMAN WP 52 103965 07		Lake, LN	164
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FOLLOW INSTRUCTIONS (front and back) CAREFULLY  9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT		LAKE COUNTY FILED FOR RECORD			
OR 9a. ORGANIZATION'S NAME 2007  9b. INDIVIDUAL'S LAST NAME TEGTMAN FIRST NAME WILLIAM  10. MISCELLANEOUS:	000389 MIDDLE NAME, SUFFIX P	201	17 HAY MCHA	(31 AMII:08 EL A. BROWN ECORDER	
11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one n	ame (11a or 11b) - do not abbrev			IS FOR FILING OFFICE	USE ONLY
OR 11b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS	СПУ		STATE	POSTAL CODE	COUNTRY
11d. TAX ID #: SSN OR EIN ADD'L INFO RE 11e. TYPE OF ORGANIZATION DEBTOR	11f. JURISDICTION OF ORGAN	NIZATION	11a. ORG	GANIZATIONAL ID #, if any	
12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S 12a. ORGANIZATION'S NAME  OR 12b. INDIVIDUAL'S LAST NAME	NAME - insert only one name	(12a or 12b)	MIDDLE	NAME	SUFFIX
2c. MAILING ADDRESS	СПУ		STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing.  14. Description of real estate.  WINDOWS/SIDING PID: 16-27-0122-0007 LEGAL: THE SOUTH 9.55 FEET OF LOT 6 AND THE NORTH 30.45 FEET OF LOT 7, ALL IN BLOCK 4, HIGHLAND TERRALE IN THE CITY OF HIGHLAND, LAKE COUNTY, INDIANA.  SITUATE IN THE COUNTY OF LAKE, IN THE STATE OF INDIANA ADDRESS: 8320 GORDON DR, HIGHLAND, IN 46322	16. Additional collateral descri	ption:			
(iii Dedici) dues noi nave a record interest):	17. Check only if applicable an Debtor is a Trust or 18. Check only if applicable an Debtor is a TRANSMITTING Filed in connection with a Filed in connection	rustee acting with red check only one box GUTILITY  Manufactured-Home T	spect to pr	— effective 30 years	ecedent's Esta

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