UN OFFICIAL CIOFOND			
Keal &	ords	0010972834	~
A NAME & PHONE OF CONTACT AT FILER (optional) TINA SHOLL 312/661-1480  B. SEND ACKNOWLEDGMENT TO: (Name and Address)  Lexis Nexis Document Solutions 135 South LaSalle Street Suite 2260 (69677) Chicago, IL 60603		0010972834 8408/0009 49 001 Page 1 of 2001-10-18 11: Cook County Recorder	23.50
TERMINATION: Effectiveness of the Financing Statement identified above is 1.  CONTINUATION: Effectiveness of the Financing Statement identified above is 1.  CONTINUATION: Effectiveness of the Financing Statement identified above is 1.	/0-18-01 terminated with respect to security interes	1b. This FINANCING STATEMENT to be filed [for record] (or record REAL ESTATE RECORDS.  st(s) of the Secured Party authorizing this Termination	AMENDMENT is ded) in the on Statement.
3. CONTINUATION: Effectiveness of the rinar and statement detailed by continued for the additional period provided Ly ar plicable law.  4. ASSIGNMENT (full or partial): Give name of assigne in item 7a or 7b and act.  5. AMENDMENT (PARTY INFORMATION): This Americane it affects Debi Also check one of the following three boxes and provide appropriate in arma on in ite. CHANGE name and/or address: Give current record name in iten. 8a or tib; also name (if name change) in item 7a or 7b and/or new address (if address: Give current record name).	ddress of assignee in item 7c; and also g tor or Secured Party of record. Cl ams 6 and/or 7.	ive name of assignor in item 9.  neck only one of these two boxes.  record name ADD name: Complete item 7a	or 7b, and also
6. CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME  BANK ONE, CHICAGO NA  6b. INDIVIDUAL'S LAST NAME	FIRST NAM ?	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  BANK ONE, N.A.  7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS  120 SOUTH LASALLE STREET  7d. TAX ID #: SSN OR EIN   ADDL INFO RE   7e. TYPE OF ORGANIZATION   ORGANIZATION   OFFICE   CORP.	CHICAGO 71. JURISDICTION OF ORGANIZATION DELAWARE	STATE POSTAL CODE IL 60603  ON 9. ORGANIZATIONAL IO #, if any OSO7132	U.S.
8. AMENDMENT (COLLATERAL CHANGE); check only one box.  Describe collateral deleted or added, or give entire restated collateral		assigned.	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME	n by a Debtor, check here		I by a Debtor which
BANK ONE, CHICAGO NA 311 S. ARLINGTO	ON HGTS ROAD ARLIF	NGTON HEIGHTS, IL 60005	SUFFIX
10. OPTIONAL FILER REFERENCE DATA  DEBTOR: NIMLOK COMPANY  OBL  # 1	6671451		

## **UNOFFICIAL COPY**

 $0010972834~{\rm Page}_{-2~of}$ 

## EXHIBIT A

## THE REAL ESTATE

THE SOUTH 425 FEET OF THE EAST 18.5 ACRES (EXCEPT THE WEST 330.0 FEET THEREOF) OF THE NORTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 29, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, AND THAT PART OF THE SOUTH 425 FEET OF LOT 5 OF MCDONNELL'S SUBDIVISION OF THE SOUTH EAST 1/4 OF SECTION 29, TOWNSHIP 41 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING WEST OF THE WESTERLY LINE OF THE RIGHT OF WAY CHITCHE CHICAGO, MILWAUKEE, ST. PAUL AND PACIFIC RAILROAD, IN COOK COUNTY, I'LINOIS.

204 COUNTY CLOPA'S OFFICE

Address: 7420 Lehigh, Niles, IL

PIN: 10-29-30-3-017-0000

10-29-400-008-0000