### 

Cook County Recorder

43.00

0010939362

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
Steven P. Rouse. Esq.

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Steven P. Rouse Menges & Molzahn, LLC 20 N. Clark, Suite 2300 Chicago, Illinois 60602

ABOVE SPACE IS FOR FILING OFFICE USE ONLY

		SPACE IS FOR FIELDO OF FISE OUT	
1. DEBTOR'S EXACT FULL ECA! NAME - insert only one debtor name (1	a or 1b) - do not abbreviate or combine names		
1a. ORGANIZATION'S NAME NILM 30N Family Lim	ited Partnership		
OR 15. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS	СПУ	STATE POSTAL CODE	COUNTRY
1070 N. Milwaukee	Chicago	IL 60622	USA
1d. TAX ID #: SSN OR EIN ORGANIZATION DEBTOR L.P.	11. JURISDICTION OF ORGANIZATION LLINOIS	19. ORGANIZATIONAL ID #, if any 50/06/8	NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only or	, unbtor name (2a or 2b) - do not abbreviate or com	bine names	
2a. ORGANIZATION'S NAME Munson Family Corporation	午_		
OR 2b. INDIVIDUAL'S LAST NAME	FIR' ( NAN E	MIDDLE NAME	SUFFIX
		STATE POSTAL CODE	COUNTRY
1070 N. Milwaukee	Chicago	IL 60622	USA
2d TAX ID # SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION	21. JURISDICTION OF JP ANIZATION	2g. ORGANIZATIONAL ID#, if any 58598968	П
31-4055287 ORGANIZATION DEBTOR	ILLINO15		NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGN	OR S/P) - insert only one secured party rame ( a o	r 3b)	
3a. ORGANIZATION'S NAME Pullman Bank and T	rust	),	
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	СПУ	STATE POSTAL CODE	COUNTRY
3c. MAILING ADDRESS  1000 Fast 111th Street	Chicago	IL 60628	USA

4. This FINANCING STATEMENT covers the following collateral:

Please see Attached Schedule A, attached hereto and made a part hereof.

				AG. LIEN	NON-UCC FILING
5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-OCCTILING
This FINANCING STATEMENT is to be filed [for record] (or recorded)     ESTATE RECORDS. Attach Addendum	in the REAL 7. Check to REC	UEST SEARCH REPOR	(T(S) on Debtor(s)	All Debtors	Debtor 1 Debtor 2
ESTATE RECORDS. Attach Addendum	in applicable;   IADOTTONAL				
8. OPTIONAL FILER REFERENCE DATA					

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY				
A. NAME & PHONE OF CONTACT AT FILER [optional]  Steven P. Rouse. Esq.  B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Steven P. Rouse				
Menges & Molzahn, LLC				
20 N. Clark, Suite 2300				
Chicago, Illinois 60602				
Cilicagn, illifold 00002	THE ABOVE SPA	CE IS FC	R FILING OFFICE USE	ONLY
1. DEBTOR'S EXACT FULL _ECA!_NAME - insert only one debtor name (1a or				
1a. ORGANIZATION'S NAME Munson Family Limite	d Partnership			
OR 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1070 N. Milwaukee	Chicago	IL	60622	USA
1d. TAX ID #: SSN OR EIN   ADDILINFO RE   1e. TYPE OF ORGA IZAT ON ORGANIZATION   L.P.	1f. JURISDICTION OF ORGANIZATION  LLLINOIS		ANIZATIONAL ID#, if any	NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only 5 2 2	btor name (2a or 2b) - do not abbreviate or combine r	names		<u>-</u>
Munson Family Corporation	<u> </u>	Interior E	MANE	ISUFFIX
OR 2b. INDIVIDUAL'S LAST NAME	FIR' ( NAN E	MIDDLE	NAME	SUFFIX
2c. MAILING ADDRESS 1070 N. Milwaukee	Chicago	STATE	60622	COUNTRY
2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	21. JURISDICTION OF UP JANIZATION  TLUINGIS	2g. ORG	SANIZATIONAL ID #, if any 8598968	NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert only one secured party (ame ( a or 3b)		<u> </u>	<u>-</u> ,
3a. ORĞANIZATION'S NAME Pullman Bank and Tru	st O			1
OR 3b, INDIVIDUAL'S LAST NAME	FIRST NAME	MIDOLE	E NAME	SUFFIX
3c. MAILING ADDRESS 1000 East 111th Street	Chicago	IL_	postal code b\0628	USA
4. This FINANCING STATEMENT covers the following collateral:			Vic.	_
Please see Attached Schedule A, atta	ached hereto and made	e a pa	art hereoi.	

		_	_	_	
5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG, LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed [for record] (or recorded)	in the REAL 7. Check to REQ	WEST SEARCH REPO		All Debtors	Debtor 1 Debtor 2
ESTATE RECORDS. Attach Addendum	[if applicable] [ADDITIONAL	FEE!	[optional]	All Beecote	
8. OPTIONAL FILER REFERENCE DATA					

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional]  Steven P. Rouse. Esq.  B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Steven P. Rouse			
Menges & Molzahn, LLC			
20 N. Clark, Suite 2300			
Chicago, Illinois 60602			
Chicago, Timois 66662	THE ABOVE S	PACE IS FOR FILING OFFICE USE	ONLY
1. DEBTOR'S EXACT FULL [EGAL NAME - insert only one debtor name (1a	or 1b) - do not abbreviate or combine names		
1a. ORGANIZATION'S NAME Murson Family Limite	ed Partnership		
OR 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
<u> </u>	CITY	STATE POSTAL CODE	COUNTRY
1070 N. Milwaukee	Chicago	IL 60622	USA
1d. TAX ID #: SSN OR EIN ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR	11. JURISDICTION OF ORGANIZATION  TLL INOIS	1g. ORGANIZATIONAL ID#, if any <b>50 / 06/8</b>	NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert or.; or a	control name (2a or 2b) - do not abbreviate or combi	ne names	
DEBIGK	a btor name (2a or 2b) - do not abbreviate or combi		
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert or injury and the construction of the construction o	Cabtor name (2a or 2b) - do not abbreviate or combi	MIDDLE NAME	SUFFIX
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert or	4	MIDDLE NAME STATE POSTAL CODE	COUNTRY
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert or in, or an	FIRST NAM E	STATE POSTAL CODE  1L 60622	
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert on 1, 27 and 22 organization's name Munson Family Corporation  OR 2b. Individual's Last name  2c. MAILING ADDRESS	FIRE I NAM E	MIDDLE NAME STATE POSTAL CODE	COUNTRY
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert or it, of a construction of the properties of th	FIRST NAM E  CITY  Chicago  21. JURISDICTION OF JR., ANIZATION  TLL 1// 3/S	STATE POSTAL CODE 1L 60622 29. ORGANIZATIONAL ID #, if any 58598968	COUNTRY
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert or it, or a series of the series	FIRS I NAM E  CITY  Chicago  21. JURISDICTION OF DRIVANIZATION  TLL 1/2/3/S  R S/P) - insert only one secured party   ame (5.1 or 5)	STATE POSTAL CODE 1L 60622 129. ORGANIZATIONAL ID # if any 58 598968	COUNTRY USA
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert or injury 22a. ORGANIZATION'S NAME Munson Family Corporation  OR 2b. INDIVIDUAL'S LAST NAME  2c. MAILING ADDRESS  1070 N. Milwaukee  2d. TAX ID # SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO)	FIRS I NAM E  CITY  Chicago  21. JURISDICTION OF DRIVANIZATION  TLL 1/2/3/S  R S/P) - insert only one secured party   ame (5.1 or 5)	STATE POSTAL CODE 1L 60622 29. ORGANIZATIONAL ID #, if any 58598968	COUNTRY
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert on 1, 27 and 22 and organization's name Munson Family Corporation  OR 2b. Individual's Last name  2c. Mailing ADDRESS  1070 N. Milwaukee  2d. TAX ID # SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO)  The state of the state of total assignee of ASSIGNO)  The state of the state of total assignee of ASSIGNO)  The state of total assignee of ASSIGNO  Th	FIRST NAME  CITY  Chicago  2t. JURISDICTION OF JRY., ANIZATION  TUINT  FIRST NAME  CITY  CITY  CITY  CITY  CITY  CITY	MIDDLE NAME  STATE POSTAL CODE  1L 60622  29. ORGANIZATIONAL ID #, if any  58 59 8 968  MIDDLE NAME  STATE POSTAL CODE	COUNTRY USA  NONE  SUFFIX  COUNTRY
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert or i., or an	FIRS I NAM E  CITY  Chicacy  2f. JURISDICTION OF JR., ANIZATION  TLL IVOIS  R S/P) - insert only one secured party   ame (: 1 or 3)  UST	STATE POSTAL CODE 1L 60622 29, ORGANIZATIONAL ID #, if any 58598968  3b)	COUNTRY USA  NONE

5.	ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR	CONSIGNEE/CONSIGNOR BAILEE/BAILOR		AG. LIEN NON-UCC FILING
6.	This FINANCING STATEMENT is to be filed [for record] (or recorded ESTATE RECORDS. Attach Addendum	in the REAL [if applicable]  7, Check to REQUEST SEARCH RE [ADDITIONAL FEE]	PORT(5) on Debtor(s)	All Debtors Debtor 1 Debtor 2
я	OPTIONAL FILER REFERENCE DATA			

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional]  Steven P. Rouse. Esq.  B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Steven P. Rouse	7		
Menges & Molzahn, LLC			
20 N. Clark, Suite 2300			
Chicago Illinois 60602		SPACE IS FOR FILING OFFICE USE	ONLY
1. DEBTOR'S EXACT FULL ECA! NAME - insert only one debtor name (1a		PACE IS FOR FIEIRS OF FICE OU	
1a. ORGANIZATION'S NAME Murison Family Limite	<del> </del>		
OR 15. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
1070 N. Milwaukee	Chicago	STATE POSTAL CODE  IL 60622	USA
1d. TAX ID #: SSN OR EIN   ADD'L INFO RE   1e. TYPE OF ORGA (IZAT) ON	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any	
36-4055285 ORGANIZATION L.P.	ILLINOIS	5010618	NONI
36-4055285 ORGANIZATION L.P.  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert oi, or a companied of the companied of			NONI
36-4055285 ORGANIZATION L.P.			SUFFIX
36-4055285 ORGANIZATION L.P.  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert oi, or a capacity of the composition of	FIRST NAN E  CITY  Chicage	MIDDLE NAME  STATE POSTAL CODE  IL 60622	
36-4055285 ORGANIZATION L.P.  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert oi.; of a company of the co	FIR. I NAN E  CITY  Chicago  2f. JURISDICTION OF UP ANIZATION  TWINO!	MIDDLE NAME  STATE POSTAL CODE  IL 60622  2g. ORGANIZATIONAL ID #, if any  58592968	SUFFIX
36-4055285  ORGANIZATION   L.P.  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert oi., or a case of the control of the co	FIR. IT NAN E  CITY  Chicago  21. JURISDICTION OF OP ANIZATION  LUINO'S  R S/P) - insert only one secured party name ( a or 5)	MIDDLE NAME  STATE POSTAL CODE  IL 60622  2g. ORGANIZATIONAL ID #, if any  58592968	SUFFIX
36-4055285 ORGANIZATION L.P.  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only, organization or a companization of the compan	FIR. IT NAN E  CITY  Chicago  21. JURISDICTION OF OP ANIZATION  LUINO'S  R S/P) - insert only one secured party name ( a or 5)	MIDDLE NAME  STATE POSTAL CODE  IL 60622  2g. ORGANIZATIONAL ID #, if any  58592968	SUFFIX
36-4055285  ORGANIZATION L.P.  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert oi., o a compared to the property of the	FIR I NAN E  CITY  Chicago  2f. JURISDICTION OF OP JANIZATION  I CLINO'S  R S/P) - insert only one secured party name ( a or 5	MIDDLE NAME  STATE POSTAL CODE  IL 60622  2g. ORGANIZATIONAL ID #, if any  5859 2968  3b)	SUFFIX COUNTRY USA

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR	CONSIGNEE/CONSIGNOR BAILEE/BAILOR			NON-UCC FILING
6. This FINANCING STATEMENT is to be filed (for record) (or recorded		PORT(S) on Debtor(s)	All Debtors	Debtor 1Debtor 2
8. OPTIONAL FILER REFERENCE DATA	in approaches			

UCC FINANCING STATEMENT				
A. NAME & PHONE OF CONTACT AT FILER [optional]  Steven P. Rouse. Esq.  B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Steven P. Rouse	$\neg$			
Menges & Molzahn, LLC				
20 N. Clark, Suite 2300				
Chicago, Illinois 60602				
		CE IS FO	R FILING OFFICE USE C	NLY
1. DEBTOR'S EXACT FULL ECA! NAME - insert only one debtor name (1a or 1a, ORGANIZATION'S NAME		<u>.                                    </u>		
Munson Family Limite	d Partnership	MIDDLE	NAME	SUFFIX
15. INDIVIDUAL'S LAST NAME			1	COUNTRY
1c. MAILING ADDRESS 1070 N. Milwaukee	Chicago	STATE	POSTAL CODE 60622	USA
1d. TAX ID #: SSN OR EIN ADD'L INFO RE 16. TYPE OF ORGA (IZAT) ON ORGANIZATION DEBTOR L.P.	11. JURISDICTION OF ORGANIZATION  TLLINOIS	<u>;</u>	ANIZATIONAL ID#, if any	None
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only or a contact of the second	tor name (2a or 2b) - do not abbreviate or combine n	ames		
OR 2b. INDIVIDUAL'S LAST NAME	FIRT ( NAN E	MIDDLE		SUFFIX
2c. MAILING ADDRESS  1070 N. Milwaukee	Chicago	STATE	60622	USA
2d. TAX ID #: SSN OR EIN   ADD'L INFO RE   2e. TYPE OF ORGANIZATION   ORGANIZATION   DEBTOR	21. JURISDICTION OF DE ANIZATION  ILLINGIS		ANIZATIONAL ID #, if any 8 59 8968	Noni
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S			<u> </u>	<del></del>
Pullman Bank and Trus				Isuffix
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE		COUNTRY
3c. MAILING ADDRESS 1000 East 111th Street	Chicago	OT) TE	POSTAL CODE  D 7628	ÜŜĀ
4. This FINANCING STATEMENT covers the following collateral:	<del></del> :		Trico	

Please see Attached Schedule A, attached hereto and made a part hereof.

E CONTROL DE DECOMMENTANT (1 Missella)   1 ESSEEN ESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR SELL	ER/BUYER AG. LIEN	I NON-UCC FILING
5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR		UEST SEARCH REPORT(S) on	Debtor(s)	
6. This FINANCING STATEMENT is to be filed [for record] (or recorded)	If applicable   IADDITIONAL	FFFI [optional]	All Debtors	Debtor 1 Debtor 2
LIESTATE RECORDS. Affach Addendum	III applicacie   IADOITIONAL			
8. OPTIONAL FILER REFERENCE DATA				

UCC FINANCING STATEMENT ADDENDUM				
FOLLOW INSTRUCTIONS (front and back) CAREFULLY  9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STAT	EMENT			
9a ORGANIZATION'S NAME				
Munson Family Limited Par	rtnership			
9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX			
10.MISCELLANEOUS:				
11. ADDITIONAL DEBTOR'S EXACT FULL LECAL NAME - insert only one na	ame (11a or 11b) - do not abbrevi		CE IS FOR FII	LING OFFICE USE ONLY
11a, ORGANIZATION'S NAME	der Truct Agrees	mont dated 1-	26-2001	and Trust # 312
Cosmopolitan Bank and Trust, Trustee un		Henr dated 15	20-2001	leuceiv
OR 11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MID	OLE NAME	SUFFIX
			laac	CODE COUNTRY
11c. MAILING ADDRESS	CITY	STA	1000	
801 North Clark	Chicago	IL	ORGANIZATION	
11d. TAX ID #: SSN OR EIN   ADD'L INFO RE   11e. TYPE OF ORGANIZATION   DEBTOR	111. JURISDICTION OF ORGA	IZATION  119.	ORGANIZATIO	NAL ID #, II arry
12. ADDITIONAL OLOGICES IN THE SECTION AND INCIDENT AND I	NA VIE - insert only one name	(12a or 12b)		
12a, ORGANIZATION'S NAME	0,			
OR THE PROPERTY AND LAST NAME	TEIDET NAME	Тыс	DLE NAME	SUFFIX
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	INIL	OLL WAINE	
	CITY	ST/	ATE POSTAL (	CODE COUNTRY
12c. MAILING ADDRESS	OIII			
This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing.  14. Description of real estate:	16. Additional collateral descr	iption.	,	
Please see Attached Schedule B,		C		>
attached hereto and made a part hereof.				C.
				-0
15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):				
Cosmopolitan Bank and Trust, as Trustee	,			
		- Jahantan har		
under Trust Agreement dated 1-26-2001	17. Check only if applicable a		et to property hal	ld in trust or Decedent's Esta
and known as Trust Number 31283	18. Check only if applicable a		v to broberty ingr	with the state of
801 N. Clark				
Chicago, Illinois 60610	Debtor is a TRANSMITTIN			
CAUCAGO, HILLOIS GOOTO	Filed in connection with a	Manufactured-Home Tran	saction — effective	ve 30 years

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/29/98)

UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY				
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STA	TEMENT			
9a. ORGANIZATION'S NAME Munson Family Limited Pa				
96. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX			
10. MISCELLANEOUS:				
			CE IS FOR FILING OF	FICE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL I CAL NAME - insert only one r				
Cosmopolitan Bank and Trust, Trustee ur	nder Trust Agreen	nent dated 1-2	26-2001 and	Trust # 3128
OR 11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDI	DLE NAME	SUFFIX
11c. MAILING ADDRESS	СПУ	STA	<b>I</b>	COUNTRY
801 North Clark	Chicago	IZATION 11g	60610 ORGANIZATIONAL ID #,	
11d. TAX ID #: SSN OR EIN   ADD'L INFO RE   11e. TYPE OF ORGANIZATIC N   ORGANIZATION   DEBTOR	<u> </u>		OKOAKIE NIOWE IOW	NONE
12. ADDITIONAL SECURED PARTY'S of ASSIGNOR S/P'S	NA /E - insert only one name	12a or 12b)	<u>-</u>	
12a, ONDANIEM TONE	0,			
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MID	DLE NAMÉ	SUFFiX
12c, MAILING ADDRESS	CITY	STA	TE POSTAL CODE	COUNTRY
This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing.  14. Description of real estate:	16. Additional collateral descri	otion		
Please see Attached Schedule B,		3		
attached hereto and made a part hereof.			Office	
15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):  Common polition. Rank and Trust as Trusted.				
(if Debtor does not have a record interest):  Cosmopolitan Bank and Trust, as Trustee		ud check only one box		
(if Debtor does not have a record interest):  Cosmopolitan Bank and Trust, as Trustee under Trust Agreement dated 1-26-2001	17. Check <u>only</u> if applicable as		t to property held in trust	or  ☐ Decedent's Estat
(if Debtor does not have a record interest):  Cosmopolitan Bank and Trust, as Trustee under Trust Agreement dated 1-26-2001 and known as Trust Number 31283	17. Check only if applicable ar	rustee acting with respec	t to property held in trust	or  □ Deceden∜s Estat
(if Debtor does not have a record interest):  Cosmopolitan Bank and Trust, as Trustee under Trust Agreement dated 1-26-2001	17. Check <u>only</u> if applicable ar	rustee acting with respected check only one box.		

acknowledgment copy — national ucc financing statement addendum (form ucc1ad) (rev. 07/29/98) 10939362

UCC FINANCING STATEMENT ADDENDUM					
FOLLOW INSTRUCTIONS (front and back) CAREFULLY  9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATI	EMENT				
OF ORCANIZATIONS NAME					
Munson Family Limited Par					
9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX				
10. MISCELLANEOUS:					
11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one na	me (11a or 11b) - do not abbrevi			S FOR FILING OFFIC	E USE ONLY
Cosmopolitan Bank and Trust, Trustee und	der Trust Aareer	nent dated	1-26-	2001 and Tru	ıst # 312
OR 116 INDIVIDUAL'S LAST NAME	FIRST NAME	Tiont dated	MIDDLE	NAME	SUFFIX
TID. (NDIVIDUAL 3 CAST NAME					
11c. MAILING ADDRESS	CITY	_	STATE	POSTAL CODE	COUNTRY
801 North Clark	Chicago	-	IL OF	60610 SANIZATIONAL ID #, if an	USA
11d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR	If JURISDICTION OF ORGA	NIZATION -	11g. ORC	SANIZATIONAL 10 #, II an	NONE
12. ADDITIONAL SECURED PARTY'S QZ ASSIGNOR S/P'S 12a. ORGANIZATION'S NAME	NA /IE - insert only one name	(12a or 12b)		<u> </u>	
OP.			MIDDLÉ	NIABAE	SUFFIX
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE		301712
12c. MAILING ADDRESS	сіту		STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers timber to be cut or as-extracted	16. Additional collateral descri	ption			
collateral, or is filed as a fixture filing.		10			
14. Description of real estate:		4	-/		
Please see Attached Schedule B,		-	2)		
•					
attached hereto and made a part hereof.	İ		· ·	VSc.	
attached herete and made a part					
				Ö	
15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):					
Cosmopolitan Bank and Trust, as Trustee					
under Trust Agreement dated 1-26-2001	17. Check only if applicable a			. , , , , <b></b>	<b>□</b>
and known as Trust Number 31283	Debtor is a Trust or 18. Check only if applicable a			property held in trust or	Decedent's Estate
801 N. Clark	Debtor is a TRANSMITTIN		۰.		
Chicago, Illinois 60610	Filed in connection with a		Transactio	n — effective 30 years	
Gricago, illinois oco ro	Filed in connection with a				

SEARCH REQUEST COPY -- NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/29/98)

UCC FINANCING STATEM						
FOLLOW INSTRUCTIONS (front and back 9. NAME OF FIRST DEBTOR (1a or 1b)	ON RELATED FINANCING STATE	MENT				
A ADDALUTATIONIC MANAGE	n Family Limited Par					
OR 95. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
10.MISCELLANEOUS:						
11. ADDITIONAL DEBTOR'S EXACT FU			ate or combine names	_	S FOR FILING OFFIC	
11a. ORGANIZATION'S NAME Cosmopolitan Bank au	no Trust Trustee und	ter Trust Agreer	nent dated	1-26	-2001 and Tr	ust # 31283
OR 11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME		NAME	SUFFIX
116. INDIVIDUAL'S LAST NAME						
11c. MAILING ADDRESS		Chicago		STATE	POSTAL CODE 60610	COUNTRY
801 North Clark	11e, TYPE OF ORGANIZATION	If JURISDICTION OF ORGAN	IIZATION (		SANIZATIONAL ID #, if ar	
11d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION			·			NONE
12. ADDITIONAL SECURED PART	V'S at ASSIGNOR S/P'S	NA /IE - in sert only one name	(12a or 12b)			
12. ADDITIONAL SECURED PART 12a. ORGANIZATION'S NAME	TO ME TACOLORON D		·			
				. uppi 6	NAME -	SUFFIX
OR 12b, INDIVIDUAL'S LAST NAME		FIRST NAME	1	MIDDLE	NAME	Surrik
		СПУ		STATE	POSTAL CODE	COUNTRY
12c. MAILING ADDRESS		CITY				-
13. This FINANCING STATEMENT covers collateral, or is filed as a fixture filing.  14. Description of real estate:	timber to be cut or as-extracted	16. Additional collateral descri	ptio	,	-	
Please see Attached S	chedule B,			V. 1		
attached hereto and ma	ade a part hereof.				Office	
					<b>C</b> *	
<ol> <li>Name and address of a RECORD OWNER (if Debtor does not have a record interest):</li> </ol>	of above-described real estate					
Cosmopolitan Bank a	nd Trust, as Trustee					
under Trust Agreeme		17. Check <u>only</u> if applicable a	nd check <u>only</u> one box			
and known as Trust N	lumber 31283	Debtor is a Trust or			property held in trust or	Decedent's Estate
		18. Check only if applicable a		<b>ι</b> .		
801 N. Clark		Debtor is a TRANSMITTIN		Transcoti	on effective 3/1 vesre	
Chicago, Illinois 6061	U	Filed in connection with a				
		I tide in confidential with				

DEBTOR COPY — NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/29/98)

UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY				
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STA	TEMENT			
9a. ORGANIZATION'S NAME Munson Family Limited Pa				
OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX			
10.MISCELLANEOUS:				
11. ADDITIONAL DEBTOR'S EXACT FULL I LGAL NAME - insert only one r	name (11a or 11b) - do not abbrevia	THE ABOVE SPACE e or combine names	IS FOR FILING OFFI	CE USE ONLY
			2001 and T	ruet # 31283
Cosmopolitan Bank and Trust, Trustee ur	nder Trust Agreem	ient dated 1-20	-ZUU I AIIU I	SUFFIX
OR 11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDULE		
11c. MAILING ADDRESS 801 North Clark	Chicago	STATE	60610	USA
11d. TAX ID #: SSN OR EIN   ADD'L INFO RE   11e. TYPE OF ORGANIZATIO   ORGANIZATION	1. JURISDICTION OF ORGANI	ZATION 11g. OR	GANIZATIONAL ID#, if	any NONE
DEBTOR  12.   ADDITIONAL SECURED PARTY'S QI   ASSIGNOR S/P'S	NA /IE - inJert only one name (	12a or 12b)		
12. ORGANIZATION'S NAME	0,			
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS	СПУ	STATE	PÖSTAL CODE	COUNTRY
This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing.  14. Description of real estate:	16. Additional collateral descrip	tion		
Please see Attached Schedule B,		'5		
attached hereto and made a part hereof.	:		OFFICE	
			0	
15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):				
Cosmopolitan Bank and Trust, as Truste	e			
	17. Check only if applicable ar	d check <u>only</u> one box.		
under Trust Agreement dated 1-26-2001	Debtor is a Trust or	rustee acting with respect to	property held in trust	or Decedent's Estate
and known as Trust Number 31283	18. Check only if applicable ar			
801 N. Clark	Debtor is a TRANSMITTIN			
Chicago, Illinois 60610		Manufactured-Home Transac		
	Filed in connection with a	Public-Finance Transaction -	effective 30 years	

SECURED PARTY COPY — NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/29/98)

Munson Family Limited Partnership

#### **SCHEDULE A**

### **DESCRIPTION OF COLLATERAL**

All of the right title and interest of Debtor under the Trust Agreement dated January 26, 2001 and known as Trust Number 31283, Cosmopolitan Bank and Trust, as Trustee, ("Trust"), including, without limitation (a) the right to receive distribution of any property held by the Trust and all proceeds from all dispositions or realizations of any kind from any property owned by the Trust, whether dispositions is by way of sale, rental, mortgage or otherwise and whether realization is by way of recovery of the proceeds of any insurance covering any property of the Trust; (b) any and all rights to manage, direct and control the property of the Trust; and (c) the absolute assignment and transfer to Secured Party of all rights and powers of direction with proce Control regard to the Trust, the property of the Trust and the proceeds of any of the foregoing.

### Munson Family Ilimited Partnership I CIAL COPY

#### **SCHEDULE B**

#### DESCRIPTION OF REAL ESTATE

STREET ADDRESS: 7201-7219 SOUTH YATES

CITY: CHICAGO

COUNTY: COOK

TAX NUMBER: 21-30-104-034-0000

LEGAL DESCRIPTION:

LOTS 5 AND 6, (EXCEPT FROM EACH OF THE SAID LOTS 5 AND 6, THE EASTERLY 33 FEET TAKEN FOR PHILLIPS AVENUE AND ECCEPT THE SOUTH 2 FEET OF SAID LOT 6) IN DIVISION 4 IN SOUTH SHORE SUBDIVISION OF THE NORTH FRACTIONAL 1/2 OF FRACTIONAL SECTION 30, TOWNSHIP 38 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, TOGETHER WITH A RESUBDIVISION OF LOTS 1, 2, 4, 64, 66, 126, 127, RAD 128 OF DIVISION 1 OF WESTFALL'S SUBDIVISION OF DOUGLAS TRACT IN COOK COUNTY, ILLINOIS.