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8/7/0149 18 001 Page 1 of 12  
2001-10-10 11:35:15  
Cook County Recorder 43.00



0010939362

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**

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

*12/20*

7953274 LMT D1

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  
**Munson Family Limited 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 ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any  
**36-4055285 L.P. ILLINOIS 5010618**  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  
**Munson Family Corporation**

OR 2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
**1070 N. Milwaukee Chicago IL 60622 USA**

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  
**36-4055287 ILLINOIS 58598968**  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  
**Pullman Bank and Trust**

OR 3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
**1000 East 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.

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 ESTATE RECORDS. Attach Addendum [if applicable]. 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [optional]. All Debtors Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA

BOX 333-CT1

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## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] <b>Steven P. Rouse. Esq.</b>
B. SEND ACKNOWLEDGMENT TO: (Name and Address)  <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <b>Steven P. Rouse</b>  <b>Menges &amp; Molzahn, LLC</b>  <b>20 N. Clark, Suite 2300</b>  <b>Chicago, Illinois 60602</b> </div>

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 <b>Munson Family Limited Partnership</b>						
OR	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
1c. MAILING ADDRESS <b>1070 N. Milwaukee</b>			CITY <b>Chicago</b>	STATE <b>IL</b>	POSTAL CODE <b>60622</b>	COUNTRY <b>USA</b>
1d. TAX ID #: SSN OR EIN <b>36-4055285</b>	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION <b>L.P.</b>	1f. JURISDICTION OF ORGANIZATION <b>ILLINOIS</b>	1g. ORGANIZATIONAL ID #, if any <b>5010618</b> <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 <b>Munson Family Corporation</b>						
OR	2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
2c. MAILING ADDRESS <b>1070 N. Milwaukee</b>			CITY <b>Chicago</b>	STATE <b>IL</b>	POSTAL CODE <b>60622</b>	COUNTRY <b>USA</b>
2d. TAX ID #: SSN OR EIN <b>36-4055287</b>	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION <b>ILLINOIS</b>	2g. ORGANIZATIONAL ID #, if any <b>58598968</b> <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 <b>Pullman Bank and Trust</b>						
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS <b>1000 East 111th Street</b>			CITY <b>Chicago</b>	STATE <b>IL</b>	POSTAL CODE <b>60628</b>	COUNTRY <b>USA</b>

4. This FINANCING STATEMENT covers the following collateral:

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

5. ALTERNATIVE DESIGNATION (if applicable):	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> NON-UCC FILING
6. <input 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)			<input type="checkbox"/> All Debtors	<input type="checkbox"/> Debtor 1	<input type="checkbox"/> Debtor 2
8. OPTIONAL FILER REFERENCE DATA						

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1a. ORGANIZATION'S NAME <b>Munson Family Limited Partnership</b>					
OR	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
1c. MAILING ADDRESS <b>1070 N. Milwaukee</b>		CITY <b>Chicago</b>	STATE <b>IL</b>	POSTAL CODE <b>60622</b>	COUNTRY <b>USA</b>
1d. TAX ID #: SSN OR EIN <b>36-4055285</b>	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION <b>L.P.</b>	1f. JURISDICTION OF ORGANIZATION <b>ILLINOIS</b>	1g. ORGANIZATIONAL ID #, if any <b>5010618</b>	<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 <b>Munson Family Corporation</b>					
OR	2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
2c. MAILING ADDRESS <b>1070 N. Milwaukee</b>		CITY <b>Chicago</b>	STATE <b>IL</b>	POSTAL CODE <b>60622</b>	COUNTRY <b>USA</b>
2d. TAX ID #: SSN OR EIN <b>36-4055281</b>	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION <b>ILLINOIS</b>	2g. ORGANIZATIONAL ID #, if any <b>58598968</b>	<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 <b>Pullman Bank and Trust</b>					
OR	3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS <b>1000 East 111th Street</b>		CITY <b>Chicago</b>	STATE <b>IL</b>	POSTAL CODE <b>60628</b>	COUNTRY <b>USA</b>

### 4. This FINANCING STATEMENT covers the following collateral:

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

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 ESTATE RECORDS. Attach Addendum [if applicable]	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [OPTIONAL FEE]		All Debtors	Debtor 1	Debtor 2	
8. OPTIONAL FILER REFERENCE DATA						

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B. SEND ACKNOWLEDGMENT TO: (Name and Address)  <b>Steven P. Rouse Menges &amp; Molzahn, LLC 20 N. Clark, Suite 2300 Chicago, Illinois 60602</b>

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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 <b>Munson Family Limited Partnership</b>						
OR	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
1c. MAILING ADDRESS <b>1070 N. Milwaukee</b>			CITY <b>Chicago</b>	STATE <b>IL</b>	POSTAL CODE <b>60622</b>	COUNTRY <b>USA</b>
1d. TAX ID #: SSN OR EIN <b>36-4055285</b>	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION <b>L.P.</b>	1f. JURISDICTION OF ORGANIZATION <b>ILLINOIS</b>	1g. ORGANIZATIONAL ID #, if any <b>5010618</b> <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 <b>Munson Family Corporation</b>						
OR	2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
2c. MAILING ADDRESS <b>1070 N. Milwaukee</b>			CITY <b>Chicago</b>	STATE <b>IL</b>	POSTAL CODE <b>60622</b>	COUNTRY <b>USA</b>
2d. TAX ID #: SSN OR EIN <b>36-4055287</b>	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION <b>ILLINOIS</b>	2g. ORGANIZATIONAL ID #, if any <b>58592968</b> <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 <b>Pullman Bank and Trust</b>						
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS <b>1000 East 111th Street</b>			CITY <b>Chicago</b>	STATE <b>IL</b>	POSTAL CODE <b>60628</b>	COUNTRY <b>USA</b>

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

5. ALTERNATIVE DESIGNATION (if applicable):	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> NON-UCC FILING
6. <input 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 FEE)		<input type="checkbox"/> All Debtors	<input type="checkbox"/> Debtor 1	<input type="checkbox"/> Debtor 2	
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### 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 <b>Munson Family Limited Partnership</b>						
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1d. TAX ID #: SSN OR EIN <b>36-4055285</b>	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION <b>L.P.</b>	1f. JURISDICTION OF ORGANIZATION <b>ILLINOIS</b>		1g. ORGANIZATIONAL ID #, if any <b>5010618</b> <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

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2c. MAILING ADDRESS <b>1070 N. Milwaukee</b>			CITY <b>Chicago</b>	STATE <b>IL</b>	POSTAL CODE <b>60622</b>	COUNTRY <b>USA</b>
2d. TAX ID #: SSN OR EIN <b>36-4055287</b>	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION <b>ILLINOIS</b>		2g. ORGANIZATIONAL ID #, if any <b>58599968</b> <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 <b>Pullman Bank and Trust</b>						
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS <b>1000 East 111th Street</b>			CITY <b>Chicago</b>	STATE <b>IL</b>	POSTAL CODE <b>60628</b>	COUNTRY <b>USA</b>

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8. OPTIONAL FILER REFERENCE DATA						

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## UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

### 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME Munson Family Limited Partnership			
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

### 10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

### 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME Cosmopolitan Bank and Trust, Trustee under Trust Agreement dated 1-26-2001 and Trust # 312					
OR	11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
11c. MAILING ADDRESS 801 North Clark		CITY Chicago	STATE IL	POSTAL CODE 60610	COUNTRY USA
11d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE	

### 12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME					
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
12c. MAILING ADDRESS		CITY	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:

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

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  
and known as Trust Number 31283  
801 N. Clark  
Chicago, Illinois 60610

16. Additional collateral description:

17. Check only if applicable and check only one box.

Debtor is a  Trust or  Trustee acting with respect to property held in trust or  Decedent's Estate

18. Check only if applicable and check only one box.

Debtor is a TRANSMITTING UTILITY

Filed in connection with a Manufactured-Home Transaction — effective 30 years

Filed in connection with a Public-Finance Transaction — effective 30 years

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## UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT		
9a. ORGANIZATION'S NAME Munson Family Limited Partnership		
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> name (11a or 11b) - do not abbreviate or combine names				
11a. ORGANIZATION'S NAME Cosmopolitan Bank and Trust, Trustee under Trust Agreement dated 1-26-2001 and Trust # 3128				
OR	11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS 801 North Clark		CITY Chicago	STATE IL	POSTAL CODE 60610 COUNTRY USA
11d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only <u>one</u> name (12a or 12b)				
12a. ORGANIZATION'S NAME				
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY

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14. Description of real estate.

Please see Attached Schedule B,  
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Cosmopolitan Bank and Trust, as Trustee  
under Trust Agreement dated 1-26-2001  
and known as Trust Number 31283  
801 N. Clark  
Chicago, Illinois 60610

16. Additional collateral description:

17. Check only if applicable and check only one box.  
Debtor is a  Trust or  Trustee acting with respect to property held in trust or  Decedent's Estate

18. Check only if applicable and check only one box.  
 Debtor is a TRANSMITTING UTILITY  
 Filed in connection with a Manufactured-Home Transaction — effective 30 years  
 Filed in connection with a Public-Finance Transaction — effective 30 years

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## UCC FINANCING STATEMENT ADDENDUM

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### 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME Munson Family Limited Partnership			
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

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### 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME Cosmopolitan Bank and Trust, Trustee under Trust Agreement dated 1-26-2001 and Trust # 312					
OR	11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
11c. MAILING ADDRESS 801 North Clark		CITY Chicago	STATE IL	POSTAL CODE 60610	COUNTRY USA
11d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE	

### 12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME					
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12c. MAILING ADDRESS		CITY	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

Please see Attached Schedule B,  
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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  
and known as Trust Number 31283  
801 N. Clark  
Chicago, Illinois 60610

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Debtor is a  Trust or  Trustee acting with respect to property held in trust or  Decedent's Estate

18. Check only if applicable and check only one box.

Debtor is a TRANSMITTING UTILITY

Filed in connection with a Manufactured-Home Transaction — effective 30 years

Filed in connection with a Public-Finance Transaction — effective 30 years



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### 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME  
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OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX

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### 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME  
Cosmopolitan Bank and Trust, Trustee under Trust Agreement dated 1-26-2001 and Trust # 31283

OR 11b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

11c. MAILING ADDRESS  
801 North Clark  
CITY Chicago STATE IL POSTAL CODE 60610 COUNTRY USA

11d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 11e. TYPE OF ORGANIZATION 11f. JURISDICTION OF ORGANIZATION 11g. ORGANIZATIONAL ID #, if any  NONE

### 12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME

OR 12b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

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under Trust Agreement dated 1-26-2001  
and known as Trust Number 31283  
801 N. Clark  
Chicago, Illinois 60610

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9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT		
9a. ORGANIZATION'S NAME Munson Family Limited Partnership		
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names					
11a. ORGANIZATION'S NAME Cosmopolitan Bank and Trust, Trustee under Trust Agreement dated 1-26-2001 and Trust # 31283					
OR	11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
11c. MAILING ADDRESS 801 North Clark		CITY Chicago	STATE IL	POSTAL CODE 60610	COUNTRY USA
11d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE	

12. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S or <input type="checkbox"/> ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)					
12a. ORGANIZATION'S NAME					
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
12c. MAILING ADDRESS		CITY	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:

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

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  
and known as Trust Number 31283  
801 N. Clark  
Chicago, Illinois 60610

16. Additional collateral description:

17. Check only if applicable and check only one box.  
Debtor is a  Trust or  Trustee acting with respect to property held in trust or  Decedent's Estate

18. Check only if applicable and check only one box.  
 Debtor is a TRANSMITTING UTILITY  
 Filed in connection with a Manufactured-Home Transaction — effective 30 years  
 Filed in connection with a Public-Finance Transaction — effective 30 years

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# UNOFFICIAL COPY

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 regard to the Trust, the property of the Trust and the proceeds of any of the foregoing.

**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 EXCEPT 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, AND 128 OF DIVISION 1 OF WESTFALL'S SUBDIVISION OF DOUGLAS TRACT IN COOK COUNTY, ILLINOIS.

PROPERTY OF Cook County Clerk's Office

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