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2002-01-29 15:04:06  
Cook County Recorder 25.50



0020117075

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

LexisNexis Document Solutions  
P. O. Box 2969  
Springfield, Illinois 62708

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: Senno  
FIRST NAME: Aref  
MIDDLE NAME:   
SUFFIX:   
1c. MAILING ADDRESS: 3200 Illinois Road  
CITY: Winnetka  
STATE: IL POSTAL CODE: 60093 COUNTRY: USA  
1d. TAX ID #: 393-62-1416  
ADD'L INFO RE ORGANIZATION DEBTOR:   
1e. TYPE OF ORGANIZATION: Individual  
1f. JURISDICTION OF ORGANIZATION:   
1g. ORGANIZATIONAL ID #:   
 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: Senno  
FIRST NAME: Pauline  
MIDDLE NAME:   
SUFFIX:   
2c. MAILING ADDRESS: 3200 Illinois Road  
CITY: Winnetka  
STATE: IL POSTAL CODE: 60093 COUNTRY: USA  
2d. TAX ID #: 388-58-8072  
ADD'L INFO RE ORGANIZATION DEBTOR:   
2e. TYPE OF ORGANIZATION: Individual  
2f. JURISDICTION OF ORGANIZATION:   
2g. ORGANIZATIONAL ID #:   
 NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 1b)

3a. ORGANIZATION'S NAME: GreatBank a National Association

OR

3b. INDIVIDUAL'S LAST NAME:   
FIRST NAME:   
MIDDLE NAME:   
SUFFIX:   
3c. MAILING ADDRESS: 3300 West Dempster Street  
CITY: Skokie  
STATE: IL POSTAL CODE: 60076 COUNTRY:   
 NONE

4. This FINANCING STATEMENT covers the following collateral:  
All of Debtor's rights, power, privileges and beneficial interest under the Trust Agreement dated the 29th day of June 2001 with Austin Bank of Chicago as trustee to and known as Trust No. 7549 and All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds)

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.  Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE) (optional)  All Debtors  Debtor 1  Debtor 2

8. OPTIONAL FILER REFERENCE DATA

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SENNO AREF  
No Jurisdiction Listed, KU

(FM-N) - (1\*)

1718063-1



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## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)
LexisNexis Document Solutions P. O. Box 2969 Springfield, Illinois 62708

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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						
OR	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
	Senno		Aref			
1c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
3200 Illinois Road			Winnetka	IL	60093	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	
393-62-1416		Individual			<input checked="" 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	
	Senno		Pauline			
2c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
3200 Illinois Road			Winnetka	IL	60093	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	
388-58-8072		Individual			<input checked="" 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						
GreatBank a National Association						
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
3300 West Dempster Street			Skokie	IL	60076	

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

All of Debtor's rights, power, privileges and beneficial interest under the Trust Agreement dated the 29th day of June 2001 with Austin Bank of Chicago as trustee to and known as Trust No. 7549 and All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds)

5. ALTERNATIVE DESIGNATION (if applicable):	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAI'LOR	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> 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 FEE)		<input type="checkbox"/> All Debtors		<input type="checkbox"/> Debtor 1	<input type="checkbox"/> Debtor 2
8. OPTIONAL FILER REFERENCE DATA						

### UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

<b>9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT</b>		
9a. ORGANIZATION'S NAME		
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME
	Senno	Aref
		MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

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<b>11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME</b> - insert only one debtor name (11a or 11b) - do not abbreviate or combine names				
11a. ORGANIZATION'S NAME				
OR	11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY
11d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> NONE

<b>12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME</b> - 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:

**Lot 3 in Heaney's Subdivision of Lots 6 to 10 both inclusive, in block 2 of Wolfram's subdivision of Lot 8 of Canal Trustees subdivision of the East 1/2 of section 29, township 40 north, range 14 east of the Third Principal Meridian, in Cook County, Illinois.**

16. Additional collateral description:

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

**Austin Bank of Chicago  
6400 W. North Avenue  
Chicago, IL 60707**

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 for 30 years

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