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Cook County Recorder

27.50

### **UCC FINANCING STATEMENT**

4. This FINANCING STATEMENT covers the following collateral:

See attached Exhibit A.

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address) Return to: LexisNexis Document Solutions 135 S. LaSalle Street **Suite 2260** Chicago, IL 60603

| 0020137450 |
|------------|

|   | THE ABOV   | E SPACE IS FOR FILING OFFICE US | E ONLY  |  |
|---|--|---------------------------------|---------|--|
| 1. DEBTOR'S EXACT FULL LEGAC NAME - insert only one debtor                      | name (1a or 1b) - do not abbreviate or combine names     |                                 |         |  |
| 18. ORGANIZATION'S NAME WILL, A.V.C., WEILER & HAI                              | EGER, LLC  |                                 |         |  |
| OR 1b. INDIVIDUAL'S LAST NAME   | FIRST NAME   | MIDDLE NAME                     | SUFFIX  |  |
| 1c. MAILING ADDRESS   | ату  | STATE POSTAL CODE               | COUNTRY |  |
| 5990 WEST TOUHY AVENUE  | NILES  | IL 60714                        | US      |  |
| 1d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZ                      | ATION 1f. JURISDICTION OF ORGANIZATION                   | 1g. ORGANIZATIONAL ID #, if any |         |  |
| ORGANIZATION LLC  | DELAWARE   | 0037546-2                       | NONE    |  |
| 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert                           | only one rebtc name (2a or 2b) - do not abbreviate or co | mbine names                     |         |  |
| 2a. ÖRGANIZATION'S NAME   | 7  | -                               |         |  |
| OR 2b. INDIVIDUAL'S LAST NAME   | FIRST AME  | MIDDLE NAME                     | SUFFIX  |  |
| 2c. MAJLING ADDRESS   | CITY   | STATE POSTAL CODE               | COUNTRY |  |
| 2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZ. ORGANIZATION DEBTOR | ATION 2f. JURISDICTION OF ORG INITIATION                 | 2g. ORGANIZATIONAL ID #, if any | NONE    |  |
| 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of A                         | ASSIGNOR S/P) - insert only one secured party nam (3a    | or ?'\)                         |         |  |
| 3a. ORGANIZATION'S NAME LASALLE BANK NATIONA                                    | L ASSOCIATION  | 0,,                             |         |  |
| OR 3b. INDIVIDUAL'S LÄST NAME   | FIRST NAME   | II DOLF NAME                    | SUFFIX  |  |
| 3c. MAILING ADDRESS   | ary  | STATE POSTAL CODE               | COUNTRY |  |
| 135 S. LASALLE STREET   | CHICAGO  | IL 60603                        | US      |  |

| , ALTERNATIVE DESIGNATION                         | [if applicable]:                       | LESSEE/LESSOR        | CONSI                          | NEE/CONSIGNOR | BAILEE/BAILOR               | SELLER/BUYER                   | AG. LIEN    | NON-U    | JCC FILING |
|---|--|----------------------|--------------------------------|---------------|-----------------------------|--------------------------------|-------------|----------|------------|
| 5. This FINANCING STATEME<br>ESTATE RECORDS. Atta | NT is to be filed (for<br>sch Addendum | r record] (or record | ed) in the REAL<br>lif applica |               | QUEST SEARCH REPO<br>L FEE! | ORT(S) on Debtor(s) [optional] | All Debtors | Debtor 1 | Debtor     |
| OPTIONAL FILER REFERENCE                          |  |                      |                                |               |                             |                                |             | <u> </u> |            |
| 6498900-0023                                      | Con                                    | KC0 14               | •                              |               |                             |                                | (_          | 200      | 5          |

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| JCC FINANCING STATE OLLOW INSTRUCTIONS (front and b   |                                      |   |  |            |                          |                  |
|---|--------------------------------------|---|--|------------|--------------------------|------------------|
| ), NAME OF FIRST DEBTOR (1a or 1  |                                      | TEMENT  |  |            |                          |                  |
|   | AMS, WEILER & HAEGER, L              |   |  |            |                          |                  |
| 9b. INDIVIDUAL'S LAST NAME  | FIRST NAME                           | MIDDLE NAME, SUFFIX                                 |  |            |                          |                  |
| D. MISCELLANEOUS:   |                                      |   |  |            |                          |                  |
| 500   | De Cax                               |   | THE ABOVE                                    | SPACĒ!     | IS FOR FILING OFFIC      | E USE ONLY       |
| I. ADDITIONAL DEBTOR'S EXACT  | FULL LEGA - NAME - insert only one n | ame (11a or 11b) - do not abbrev                    | riate or combine name:                       | s          |                          |                  |
| 11a. ORGANIZATION'S NAME  | Ox                                   |   |  |            |                          |                  |
| 11b. INDIVIDUAL'S LAST NAME   |                                      | FIRST NAME  |  | MIDDLE     | NAME                     | SUFFIX           |
| Ic. MAILING ADDRESS   | 0                                    | СПУ   |  | STATE      | POSTAL CODE              | COUNTRY          |
| d. TAX ID #: SSN OR FIN ADD'L INFO<br>ORGANIZAT<br>DEBTOR   |                                      | JURISDICTION OF ORGA                                | NIZATION                                     | 11a. ORG   | SANIZATIONAL ID #. if an | , DNON           |
| ADDITIONAL SECURED PAR  | RTY'S or ASSIGNOR S/P'S              | NAME - i, Jar' Ji.'v one name                       | (12a or 12b)                                 |            |                          | · ·              |
| 12a. ORGANIZATION'S NAME  | ttre <u>m</u> neoreneron o           |   | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,      |            |                          | <del></del>      |
| R 12b. INDIVIDUAL'S LAST NAME   |                                      | FIRST NAME  | X,   | MIDDLE     | NAME                     | SUFFIX           |
| c. MAILING ADDRESS  |                                      | ату   |  | STATE      | POSTAL CODE              | COUNTRY          |
| o. This FINANCING STATEMENT covers collateral, or is filed as a fixture filing. Description of real estate: | timber to be cut or as-extracted     | 16. Additional collateral descri                    | ption:                                       | 7          | <u>.</u>                 | <u></u>          |
| See attached Exhibit B.   |                                      |   |  | S          |                          |                  |
|   |                                      |   |  |            | Offic.                   | •                |
|   |                                      |   |  |            | Co                       |                  |
|   |                                      |   |  |            |                          |                  |
|   |                                      |   |  |            | ,                        |                  |
| Name and address of a RECORD OWNE   |                                      |   |  |            | . :                      |                  |
| if Debtor does not have a record interest<br>Centerpoint Properties Cor<br>O1 North Michigan Avenue         | poration                             |   |  | **         | <u>.</u>                 |                  |
| Chicago, Illinois 60611   | ~                                    | 17. Check only if applicable ar                     |  |            | operty held in trust or  | Decedent's Estat |
|   | •                                    | 18. Check only if applicable ar                     |  |            |                          |                  |
|   |                                      | Debtor is a TRANSMITTING Filed in connection with a |  | ransaction | — effective 30 years     |                  |
|   |                                      | <b>7</b>  | Manuractured-Home I<br>Bublic-Einance Transa |            |                          |                  |

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#### EXHIBIT A TO UCC FINANCING STATEMENT

Debtor:

WILLIAMS, WEILER & HAEGER, LLC

Secured Party:

LASALLE BANK NATIONAL ASSOCIATION

#### DESCRIPTION OF COLLATERAL

All estate, night, title and interest that Debtor now has or may hereafter acquire in and to, all of the following (collectively referred to as the "Collateral"):

All fixtures, as defined in and subject to the Uniform Commercial Code, located at the Debtor's leasehold promises on the real estate legally described on Exhibit B attached to this Financing Statement located in Cook County, Illinois ("Real Estate") including, without limitation, all systems, fittings, structures, equipment, apparatus, fixtures and other improvements and items now or hereafter temporarily or permanently attached to, installed in or used in connection with any of the structures and on-site improvements, or any all additions, alterations, betterments and appurtenances thereto, now or at any time hereafter situated, placed or constructed upon the Real Estate (collectively "Buildings") or the Real Estate, including, but not limited to, any and all partitions, hardware, motors, engines, boilers, furnaces, pipes, plumbing, conduit, sprinkler systems, fire extinguishing equipment, elevator equipment, telephone and other communications equipment, security equipment, master antennas and cable television equipment, water tanks, heating, ventilating, air conditioning and refrigeration equipment, laundry facilities, and incinerating, gas and electric machinery and equipment.

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### EXHIBIT B TO UCC FINANCING STATEMENT

Debtor:

WILLIAMS, WEILER & HAEGER, LLC

Secured Party:

LASALLE BANK NATIONAL ASSOCIATION

#### LEGAL DESCRIPTION

Parcel 1:

Lot 12 (except but part lying Easterly of the Westerly line of Lehigh Avenue, being a line 60 feet Westerly of and parallel with the Westerly right of way line of the Chicago, Milwaukee, Saint Paul and Pacific Railroad) and Lot 13 (except that part thereof lying South of the North line of the South 340 feet thereof and East of a line 35 feet East of and parallel with the West line of said Lot 13) all in Charles McDonnell's subdivision of the Southeast 1/4 of Fractional Section 29, Township 41 North, Range 13 East of the third principal meridian, and also except that part of said Lots 12 and 13 bounded and described as follows:

Commencing at a point in the East line of said Lot 13 which is 340 feet North of the Southeast corner of said Lot 13, thence running South 89°11'45" West on the North line of said South 340 feet of Lot 13 a distance of 254.65 feet; thence North parallel with the East line of said Lot 13, a distance of 499.37 feet, thence South 90° East 228.89 feet to a point of intersection with the Westerly line of said Lehigh Avenue; thence South 22°07'30" East on said Westerly line 68.33 feet to its point of intersection with the East line of said Lot 13, thence South on said East line 432.50 feet to the place of beginning, o the in Cook County, Illinois.

Common Address:

5990 W. Touhy Avenue, Niles, Illinois

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