## OFFICIAL C 29/8/08/2 10 001 Page 1 of

2002-04-08 13:03:59

Cook County Recorder

25.50

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] John Sheahan (773) 292-6272

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

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l	<del></del>				THE ABOVE SPACE	IS FO	R FILING OFFICE USE	ONLY
1.			E - insert only one debtor name (1a c	r 1b) - do not abbreviate or c	ombine names			
	1a. ORGANIZATION'S N.	AME	9					
OR	16. INDIVIDUAL'S LAST WEXNER	NAME	9	FIRST NAME RICHARD		P.	NAME	SUFFIX
1c.	mailing address 49 W. FULLE	RTON PAF	RKWAY	CHICAGO		IL	60614-2811	USA
	TAX ID #: SSN OR EIN 41-36-0064	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGAN IZATION INDIVIDUAL	11. JURISDICTION OF OR	GANIZATION 1	lg. ORG	ANIZATIONAL ID #, if any	X NONE
2. /	ADDITIONAL DEBTO		LEGAL NAME - insert only on a de		t abbreviate or combine nar	nes		
	2a. ORGANIZATION'S N	AME		$ au_{0}$				
OR	2b. INDIVIDUAL'S LAST NAME WEXNER		FIRST HAME BETI!		MIDDLE NAME		SUFFIX	
	MAILING ADDRESS 49 W. FULLE	RTON PAI	RKWAY	CHICAGO	ζ,	STATE	POSTAL CODE 60614-2811	COUNTRY
	TAX ID #. SSN OR EIN 72-42-0764	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION INDIVIDUAL	2f. JURISDICTION OF OR ILLINOIS	CANIZATION :	2g. ORG	ANIZATIONAL ID #, if any	X NONE
3.	SECURED PARTY'S	NAME (or NAME	of TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert only one secure	d party nam a f a cr 3b)			
	3a. ORGANIZATION'S N	IAL BANI	K, N.A., SUCCESS	OR IN INTERE	ST TO MANU	FAC	TURERS BAN	K
OR				FIRST NAME		NIDDLE		SUFFIX
	MAILING ADDRESS S. LASALLE	STREET		CHICAGO		STATE	PUSTAYCODE	COUNTRY

4. This FINANCING STATEMENT covers the following collateral:

All Fixtures and personal property belonging to the Debtor/Grantor used in connection with the subject collateral property known as 1749 N. Wells Street, Unit 1706, Chicago, IL 60614 (Permanent Index Number 14-33-414-044-1207); 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 CO	NSIGNEE/CONSIGNOR BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC	FILING
6. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the FESTATE RECORDS. Attach Addendum	REAL 7 Check to REQUEST SEARCH REPO	ORT(S) on Debtor(s) [optional]	All Debtors	Debtor 1	Debtor 2
8 OPTIONAL FILER REFERENCE DATA		Arnoil	ا مسرار		
Con Con II		H11134	HW -1		

UCC FINANCING STATE					
9. NAME OF FIRST DEBTOR (1a or		EMENT	-		
9a. ORGANIZATION'S NAME			1		
OR 95. INDIVIDUAL'S LAST NAME WEXNER	FIRST NAME RICHARD	MIDDLE NAME, SUFF	ıx		
10. MISCELLANEOUS:					
D <sub>C</sub>	504		THE ABOVE SPA	CE IS FOR FILING OF	FICE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT	FULL LF.GP., NAME - insert only one di	ebtor name (11a or 11b) - do	not abbreviate or combine na	nes	
11a. ORGANIZATION'S NAME	3				
OR AND DESCRIPTION OF STANKS	O <sub>x</sub>	Ispaz ujus	IMID	DLE NAME	SUFFIX
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	IVIID	OLE NAME	
11c. MAILING ADDRESS	0	CITY	STA	TE POSTAL CODE	COUNTRY
11d. TAX ID #: SSN OR EIN ADD'L INFO ORGANIZAT DEBTOR	TION	TI. JURISDICTION OF OR		ORGANIZATIONAL ID#, i	f any NONE
12. ADDITIONAL SECURED PAR	RTY'S or ASSIGNOR S/P'S NA	ME - insert only one name (	12a or 12b)		
12a. ORGANIZATION'S NAME		40			
OR 12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MID	DLE NAME	SUFFIX
12c. MAILING ADDRESS		CITY	STA	TE POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers collateral, or is filed as a fixture filing 14. Description of real estate:  PARCEL 1:		16. Additional collateral de	7.0		I
Unit Number 1706 in the Kenn Delinated on a Survey of the Estate:	elly Square Condominium as e Following Described Real			Office	
Part of the Southeast 1/4 of the Township 40 North, Range 14 Meridian, and Certain Lots in E in North Addition to Chica Southwest 1/4 of the Southeas 40 North, Range 14, East of th Cook County, Illinois; Which Declaration of Condominium 25156051, Together With an U in the Common Elements	East of the Third Principal Edson's Subdivision of Lot 11 ago, a Subdivision of the t 1/4 of Section 33, Township e Third Principal Meridian, in Survey is Attached to the n Recorded as Document				
PARCEL 2: 15. Name and address of a RECORD OWN Easement for linguess and lingue as Described in the Declaratio and Covenants Recorded as De	ss for the Benefit of Parcel 1 n of Easements, Restrictions				
		17. Check only if applicable	e and check <u>only</u> one box.  Trustee acting with respect to	property held in trust_or [	Decedent's Estate
		18. Check only if applicable		property rice in base of	
		Debtor is a TRANSMITT	TING UTILITY		
			a Manufactured-Home Trans		
		Filed in connection with	a Public-Finance Transaction	<ul> <li>effective for 30 years</li> </ul>	

	C FINANCING STATES LOWINSTRUCTIONS (front and bac						
	IAME OF FIRST DEBTOR (1a or 1b		MENT				
	9a. ORGANIZATION'S NAME						
OR	96. INDIVIDUAL'S LAST NAME WEXNER	FIRST NAME RICHARD	MIDDLE NAME, SUFFIX ${f P}.$				
10.	MISCELLANEOUS:						
	200	<u>Q</u>				S FOR FILING OFF	CE USE ONLY
11.	ADDITIONAL DEBTOR'S EXACT F	ULL L'G/L NAME - insert only one de	ebtor name (11a or 11b) - do not	abbreviate or combine	names		
	11a. ORGANIZATION'S NAME						
OR	11b. INDIVIDUAL'S LAST NAME	0,5	FIRST NAME		MIDDLE N	AME	SUFFIX
11c.	MAILING ADDRESS	00	CITY		STATE	POSTAL CODE	COUNTRY
11d.	TAX ID #: SSN OR EIN ADD'L INFO R ORGANIZATIO DEBTOR	E 11e. TYPE OF ORGANIZATION	111. JURISDICTION OF ORGA	NIZATION	11g. ORG	ANIZATIONAL ID#, if a	Iny NONE
12.	ADDITIONAL SECURED PART	ΓY'S <u>στ</u> ASSIGNOR S/P'S NA	ME - inser, only <u>one</u> name (12a	or 12b)			
	12a. ORGANIZATION'S NAME		4				
OR	12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE N	IAME	SUFFIX
	TES. HOMOORE O CHOT TO ME		9				
12c.	MAILING ADDRESS		CITY	$C_{\lambda}$	STATE	POSTAL CODE	COUNTRY
14.	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 descr	ption:	Ś		
15.	Name and address of a RECORD OWNER (if Debtor does not have a record interest):	R of above-described real estate	17. Check only if applicable a  Debtor is a Trust or Tru  18. Check only if applicable a  Debtor is a TRANSMITTING  Filed in connection with a March of the second of the	ustee acting with respe and check <u>only</u> one box. 3 UTILITY	ct to prope	<u> </u>	Decedent's Estate