4003/0122 44 001 Page 1 of 11 2002-05-23 13:20:55

Cook County Recorder

41.58

UCC FINANCING STATEMENT
FOLLOWINSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

Westbank 2225 S. Wolf Road Hillside, IL 60162

Į								
	Λ	٨	20.	500	AE.	A		

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. E	EBTOR'S EXACT FL	JLL LE GAI NAMI	- insert only one debtor name (1a	or 1b) - do not abbreviate or combine names	<u> </u>	·	
	1a. ORGANIZATION'S NA NORTH STA	R TRUST	OMPANY AS SU	CCESSOR TRUSTEE,	TO CONTII	NENTAL COM	1M
OR	1b. INDIVIDUAL'S LAST N		1	FIRST NAME	MIDDLE		SUFFIX
	MAILING ADDRESS 00 W. MADISO	ON AVEN	UE OF	CHICAGO	STATE IL	60661	COUNTRY
1d. 1	TAX ID #; SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGAL IZATIC N	11, JURISDICTION OF ORGANIZATION IL	1g. ORG	ANIZATIONAL ID #, if any	- X NONE
2. A	DDITIONAL DEBTOR	S EXACT FULL	LEGAL NAME - insert only of e	de etc. name (2a or 2b) - do not abbreviate or	combine names		
	2a. ORGANIZATION'S NA	ME		τ_{\odot}			
OR	2b. INDIVIDUAL'S LAST	NAME		FIRS: NAM"	MIDDLE	NAME	SUFFIX
2c. 1	MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
2d. 1	TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	21. JURISDICTION OF OR SANIZATION	2g. ORG	ANIZATIONAL ID #, if any	NONE
3. 5	ECURED PARTY'S	NAME (or NAME	of TOTAL ASSIGNEE of ASSIGNOR	R S/P) - insert only one secured party nam _((25 or 3b)		
	3a. ORGANIZATION'S NA WESTBANK	AME			14,		
OR	3b. INDIVIDUAL'S LAST	NAME		FIRST NAME	MICDLE	NAME	SUFFIX
	mailing address 225 S. WOLF 1	ROAD		HILLSIDE	STATI	PUSTAL CODE	COUNTRY

4. This FINANCING STATEMENT covers the following collateral:

All Equipment and Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, ep acements, 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)

. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR	CONSIGNEE/CONSIGNOR BAILEE/BAI	ILOR SELLER/BUYER	AG. LIEN NON-UCC FILING
This FINANCING STATEMENT is to be filed [for record] (or recorder		H REPORT(S) on Debtor(s) [optional] All	Debtors Debtor 1 Debtor 2
A ESTATE RECORDS. Attach Addengan	M ROBINGO T TO TO TO TO TO		

UC	C FINANCING S	TATEMENT AD	DENDUM					
FOL	OW INSTRUCTIONS (from	t and back) CAREFULLY	FINANCING STATI	EMENT				
	9a. ORGANIZATION'S NAME NORTH STAR							
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NA	ME	MIDDLE NAME, SUFFIX	:			
10.	MISCELLANEOUS:							
		1000			THE ABOVE	SPACE	IS FOR FILING OFF	ICE USE ONLY
			AME - insert only one d	ebtor name (11a or 11b) - do no	t abbreviate or combi	ne names		
	11a. ORGANIZATION'S NAME							
OR	11b. INDIVIDUAL'S LAST NAM	ME		FIRST NAME		MIDDLE I	NAME	SUFFIX
11c.	MAILING ADDRESS		0	CITY		STATE	POSTAL CODE	COUNTRY
11d.	OF OE	D'L INFO RE 11e. TYPE C GANIZATION BTOR		JURISDICTION OF ORGA		11g. ORG	SANIZATIONAL ID#, if	any NON
12.			SIGNOR S/P'S NA	ME - mort only one name (12	a or 12b)			
	12a. ORGANIZATION'S NAMI	E		40				
OR	12b. INDIVIDUAL'S LAST NA	ME		FIRST NAME		MIDDLE I	NAME	SUFFIX
12c.	MAILING ADDRESS	**	,	CITY	C	STATE	POSTAL CODE	COUNTRY
	This FINANCING STATEMENT collateral, or is filed as a X fix Description of real estate:		as-extracted	16. Additional collateral desc	ription:	.0		
of To	ot 16 and 17 in Block 9 thw West halfof the ownship 39 North, Ra eridian, in Cook Count	Southeast quarter nge 12, East of the	of Section 15,				Diffico.	
15.	Name and address of a RECO (if Debtor does not have a reco		ed real estate					
				17. Check <u>only</u> if applicable and Debtor is a Trust or	and check <u>only</u> one bo rustee acting with resp	x. ect to prop	erty held in trust or	Decedent's Estate
				18. Check only if applicable a		х.		
				Filed in connection with a				
				Filed in connection with a	Public-Finance Transa	action — ef	fective for 30 years	

A. NAME & PHONE OF CONTACT AT FILER [optional]				
3. SEND ACKNOWLEDGEMENT TO: (Name and Address) Westbank 2225 S. Wolf Road				
Hillside, IL 60162				
	THE ABOVE S	SPACE IS FO	R FILING OFFICE US	E ONLY
DEBTOR'S EXACT FULL LE 3AI NAME - insert only one debtor name				
1a. ORGANIZATION'S NAME NORTH STAR TRUST COMPANY AS S		CONTI	NENTAL CO	ММ
R 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE		SUFFIX
500 W. MADISON AVENUE	CHICAGO	STATE	POSTAL CODE 60661	COUNTRY
d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGAT IZATION TRUST	If, JURISDICTION OF ORGANIZATION	1g ORG	ANIZATIONAL ID#, if any	NOI
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only of the Organization's NAME	e de otro name (2a or 2b) - do not abbreviate or comb	oine names	· · · · · · · · · · · · · · · · · · ·	
B		- Luppie	NAME	SUFFIX
2b. INDIVIDUAL'S LAST NAME	FIRS, NAME	MIDDLE	NAME	SUFFIX
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	2f. JURISDICTION OF OR 30 AZATION	2g. ORG	ANIZATIONAL ID #, if any	
SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNATION'S NAME	iNOR S/P) - insert only one secured party nam (32 or	3b)		
WESTBANK		THE POLE	NIANAT"	SUFFIX
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	N n≥OLE	IVAIVIC	Joseph
ic. MAILING ADDRESS 2225 S. WOLF ROAD	CITY HILLSIDE	STAT	PUSTAL CODE	COUNTRY
		<u>_</u> _	C	
4. This FINANCING STATEMENT covers the following collateral:		ressions a	idditions, ဥ၇ acem	ents, and
All Equipment and Fixtures; whether any of the foregoing	of any kind relating to any of the foreg	oing; all pr	oceeds relating to	any of the
4. This FINANCING STATEMENT covers the following collateral: All Equipment and Fixtures; whether any of the foregoing substitutions relating to any of the foregoing; all records foregoing (including insurance, general intangibles and a	of any kind relating to any of the foreg	oing; all pr	oceeds relating to	any of the
All Equipment and Fixtures; whether any of the foregoing	of any kind relating to any of the foreg	oing; all pr	oceeds relating to	any of the
All Equipment and Fixtures; whether any of the foregoing	of any kind relating to any of the foreg	oing; all pr	oceeds relating to	any of the
All Equipment and Fixtures; whether any of the foregoing	of any kind relating to any of the foreg	oing; all pr	oceeds relating to	any of the
All Equipment and Fixtures; whether any of the foregoing	of any kind relating to any of the foreg	oing; all pr	oceeds relating to	any of the
All Equipment and Fixtures; whether any of the foregoing	of any kind relating to any of the foreg	oing; all pr	oceeds relating to	any of the
All Equipment and Fixtures; whether any of the foregoing substitutions relating to any of the foregoing; all records	of any kind relating to any of the foreg	oing; all pr	oceeds relating to	any of the
All Equipment and Fixtures; whether any of the foregoing substitutions relating to any of the foregoing; all records foregoing (including insurance, general intangibles and a	of any kind relating to any of the foreg	oing; all pr	oceeds relating to	NON-UCC FILIN

			NT ADDENDUM						
	LOW INSTRUCTIONS (RELATED FINANCING STAT	EMEN	ıτ				
	9a ORGANIZATION'S NA	ME	OMPANY AS SUC	-					
OR	9b. INDIVIDUAL'S LAST N	AME	FIRST NAME		MIDDLE NAME, SUFFIX				
10.	MISCELLANEOUS:	-			·				
_	•	000) <u></u>					S FOR FILING OFF	ICE USE ONLY
11.	ADDITIONAL DEBTO		LF JA NAME - insert only one of	sebtor r	name (11a or 11b) - do not	abbreviate or combi	ne names		•
	TIA. OKOMILEMION S IN	, 11112	0.5						
OR	11b. INDIVIDUAL'S LAST	NAME		FIRS	TNAME		MIDDLE	NAME	SUFFIX
11c.	MAILING ADDRESS	-	0	CITY			STATE	POSTAL CODE	COUNTRY
11d.	TAX ID #; SSN OR EIN	ADD'L INFO RE 1 ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION		JURISDICTION OF ORGA	NIZATION	11g. ORG	ANIZATIONAL ID#, if a	any NONE
12.	ADDITIONAL SEC	JRED PARTY'S	or ASSIGNOR S/P'S NA	AME -	nacht chily <u>one</u> name (12a	or 12b)			
	12a. ORGANIZATION'S N				45				- Investor
OR	12b. INDIVIDUAL'S LAST	NAME	·	FIRS	TNAME		MIDDLE		SUFFIX
12c.	MAILING ADDRESS			CITY		()	STATE	POSTAL CODE	COUNTRY
14.	collateral, or is filed as a Description of real estate:	fixture filing.	r to be cut or as-extracted	16.	Additional collateral descri	ption:	Ś		
of To	thw West halfof	the Southeast Range 12, Easi	Addition, a Subdivision quarter of Section 15, tof the Third Principal						
15.	Name and address of a RE (if Debtor does not have a		ove-described real estate					-	
					Check <u>only</u> if applicable ar			erty held in truct or	Decedent's Estate
					tor is a Trust or Tru Check only if applicable ar			erty neio in trust or	Decedent a Estate
					Debtor is a TRANSMITTING				
					Filed in connection with a N		Fransaction	effective 30 years	
					Filed in connection with a F	ublic-Finance Transa	action — ef	fective for 30 years	

. NAME & PHONE OF CONTACT AT FILER [optional]				
SEND ACKNOWLEDGEMENT TO: (Name and Address)	·			
Westbank 2225 S. Wolf Road Hillside, IL 60162				
DEBTOR'S EXACT FULL LE 3AI NAME - insert only one debtor name		SPACE IS FOR	R FILING OFFICE US	SE ONLY
1a. ORGANIZATION'S NAME NORTH STAR TRUST COMPANY AS:		CONTIN	IENTAL CO	MM
16. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE N		SUFFIX
MAILING ADDRESS 500 W. MADISON AVENUE	CHICAGO	STATE IL	POSTAL CODE 60661	COUNTRY
ADD'L INFO RE 16. TYPE OF ORGAN IZATION DEBTOR TRUST	N 11. JURISDICTION OF ORGANIZATION	1g. ORGA	NIZATIONAL ID#, if an	y
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only [2a, ORGANIZATION'S NAME	o e dr sto name (2a or 2b) - do not abbreviate or com	bine names		
				Toursely
2b. INDIVIDUAL'S LAST NAME	FIRS. NAME	MIDDLE	IAME	SUFFIX
: MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
ADD'L INFO RE 2e. TYPE OF ORGANIZATIO ORGANIZATION DEBTOR	2f. JURISDICTION OF OR 30/4/IZATION	2g. ORGA	NIZATIONAL ID #, if an	y ∧
SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNATION'S NAME TOTAL A NIV.	GNOR S/P) - insert only <u>one</u> secured party nam 。(?=o	r 3b)		
WESTBANK B. INDIVIDUAL'S LAST NAME	FIRST NAME	MILIDLE N	IAME	SUFFIX
		0.	Ta latin sans	COUNTRY
: MAILING ADDRESS 2225 S. WOLF ROAD	HILLSIDE	IL	DISTAL CODE	COUNTRY
This FINANCING STATEMENT covers the following collateral: All Equipment and Fixtures; whether any of the foregoing	s of any kind relating to any of the foreg	ccessions, ad going; all pro	iditions, ep acen ceeds relating to	nents, and any of the
substitutions relating to any of the foregoing; all records foregoing (including insurance, general intangibles and a	accounts proceeds)		-	

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 NORTH STAR TRUST COMPANY AS SUC				
OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX			
10. MISCELLANEOUS:				
		THE ABOVE SPAC	CE IS FOR FILING OF	FICE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LF 3A'. NAME - insert only one of	debtor name (11a or 11b) - do no	t abbreviate or combine naπ	es	
11a. ORGANIZATION'S NAME				-
OR 11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDD	LE NAME	SUFFIX
11c. MAILING ADDRESS	CITY	STAT	E POSTAL CODE	COUNTRY
ORGANIZATION DEBTOR	II. JURISDICTION OF ORGA		ORGANIZATIONAL ID #, il	any NON
	AME - Insurt only one name (12	a or 12b)		
12a. ORGANIZATION'S NAME				
DR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDD	LE NAME	SUFFIX
12c. MAILING ADDRESS	CITY	STAT	E POSTAL CODE	COUNTRY
 13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filling. 14. Description of real estate. Lot 16 and 17 in Block 9 of Western Addition, a Subdivision of thw West halfof the Southeast quarter of Section 15, Township 39 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois 	16. Additional collateral desc	4	O _{FF}	
15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):	17. Check only if applicable a Debtor is a Trust or To 18. Check only if applicable a	and check <u>only</u> one box. ustee acting with respect to		
	Debtor is a TRANSMITTIN	G UTILITY Manufactured-Home Transac		
	Filed in connection with a	Public-Finance Transaction	- effective for 30 years	

UCC FINANCING STATEMENT FOLLOWINSTRUCTIONS (front and back) CAREFULLY				
A. NAME & PHONE OF CONTACT AT FILER [optional]				
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)				
Westbank 2225 S. Wolf Road Hillside, IL 60162				
1. DEBTOR'S EXACT FULL LE 3AI NAME - insert only one debtor name (SPACE IS FO	R FILING OFFICE USE	ONLY
1a. ORGANIZATION'S NAME NORTH STAR TRUST COMPANY AS ST		CONTI	NENTAL COM	ſМ
OR 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE		SUFFIX
1c. MAILING ADDRESS 500 W. MADISON AVENUE	CHICAGO	STATE	POSTAL CODE 60661	USA
1d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 16. TYPE OF ORGANIZATION TRUST	1f. JURISDICTION OF ORGANIZATION IL	1g. ORG	ANIZATIONAL ID #, if any	NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only of the control of the	e dr. str. name (2a or 2b) - do not abbreviate or com	bine names		
OR 2b. INDIVIDUAL'S LAST NAME	FIRST MAME	MIDDLE	NAME	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	2f. JURISDICTION OF OR MIZATION	2g. ORG	ANIZATIONAL ID #, if any	NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGN 3a. ORGANIZATION'S NAME 3a. ORGANIZATION'S NAME	OR S/P) - insert only one secured party nam 3 (2 - or	3b)		
WESTBANK OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	IN IL DLE	NAME	SUFFIX
		0.	TP JSTAL CODE	COUNTRY
3c. MAILING ADDRESS 2225 S. WOLF ROAD	HILLSIDE	IL	50162	COUNTRY
4. This FINANCING STATEMENT covers the following collateral: All Equipment and Fixtures; whether any of the foregoing i substitutions relating to any of the foregoing; all records o foregoing (including insurance, general intangibles and according to the foregoing of the foregoing (including insurance).	if any kind relating to any of the foreg	cessions, a joing; all pro	dditions, ep aceme oceeds relating to a	ents, and ny of the
5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR COM	NSIGNEE/CONSIGNOR BAILEE/BAILOR	SELLER/BU	IYER AG. LIEN	NON-UCC FILING
This FINANCING STATEMENT is to be filed (for record) (or recorded) in the R			(e)	Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA	1			

UCC FINANCING ST FOLLOWINSTRUCTIONS (front							
9. NAME OF FIRST DEBTOR (EMENT				
9a. ORGANIZATION'S NAME NORTH STAR T							
96. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	,SUFFIX			
10. MISCELLANEOUS:		· ·					
		*		THE ABOV	E SPACE	IS FOR FILING OFF	ICE USE ONLY
11. ADDITIONAL DEBTOR'S E	XACT FULL LE	SA' NAME - insert only one of	lebtor name (11a or 11	o) - do not abbreviate or com	bine names		
11a. ORGANIZATION'S NAME							-
OR THE PROPERTY OF A ST MANS		<u> </u>	Telega MAME		MIDDLE	NAME	SUFFIX
11b. INDIVIDUAL'S LAST NAME	i .		FIRST NAME		MILOULE	NAME	-
11c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
TIC. WINDLING MODILEGO							
	ANIZATION	. TYPE OF ORGANIZATION	::: JURISDICTION	OF ORGANIZATION	11g. OR	GANIZATIONAL ID#, if a	any NONI
12. ADDITIONAL SECURE	D PARTY'S or	ASSIGNOR S/P'S N	ME - h.cort c'v one r	name (12a or 12b)			
12a. ORGANIZATION'S NAME							
OR THE PROPERTY OF THE PARTY OF			FIRST NAME)	MIDDLE	NAME	SUFFIX
12b. INDIVIDUAL'S LAST NAME			FIRST NAME		WII DOLL	TO THE	33.7.5
12c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
120. 111 112.112				6/2			<u> </u>
13. This FINANCING STATEMENT of collateral, or is filed as a fixture state.		b be cut or as-extracted	16. Additional collate	eral description:			
Lot 16 and 17 in Block 9 of thw West halfof the Township 39 North, Rang Meridian, in Cook County	Southeast q ge 12, East (uarter of Section 15,			0.		
15. Name and address of a RECORD (if Debtor does not have a record		e-described real estate		plicable and check <u>only</u> one b	DOX.	-	
				or Trustee acting with re-		perty held in trust or	Decedent's Estate
				plicable and check <u>only</u> one b ISMITTING UTILITY	OOX.		
				on with a Manufactured-Home	Transaction	n — effective 30 years	
			1	on with a Public-Finance Tran			
			II I				

SEND ACKNOWLEDGE Westbank 2225 S. Wolf		R [optional]	1			
	MENT TO: (Nam	ne and Address)				
	f Road					
Hillside, IL						
1 4						
<u> </u>			THE ABOVE	SPACE IS FO	R FILING OFFICE US	E ONLY
DEBTOR'S EXACT FU	LL LE SAI NAME	- insert only one debtor name (1a	or 1b) - do not abbreviate or combine names			
1a. ORGANIZATION'S NAM	ME O TDIIL I	OMDANV ACCII	CCESSOR TRUSTEE, TO	CONTI	NENTAL CO	мм
		OMPANT ASSU	FIRST NAME	MIDDLE		SUFFIX
15. INDIVIDUAL'S LAST N	AME		FIRST NAME	1,11,0000		
MAILING ADDRESS		0.	CITY	STATE	POSTAL CODE	COUNTRY
00 W. MADISC	N AVENU	JE //	CHICAGO	IL	60661	USA
TAX ID #: SSN OR EIN		1e. TYPE OF ORGAL IZATIC N	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if any	
	ORGANIZATION DEBTOR	TRUST	IL			X
ADDITIONAL DEBTOR'	S EXACT FULL	LEGAL NAME - insert only o	de str. name (2a or 2b) - do not abbreviate or com	bine names		
2a. ORGANIZATION'S NAM	ME		τ_{\sim}			
2b. INDIVIDUAL'S LAST N	AME		FIRS. NAME	MIDDLE	NAME	SUFFIX
28. INDIVIDUAL S CAST N	AIVIC					
MAILING ADDRESS		<u> </u>	CITY	STATE	POSTAL CODE	COUNTRY
			1//			
TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF OR SAMIZATION	2g. ORG	ANIZATIONAL ID#, if any	_
	DEBTOR					
		of TOTAL ASSIGNEE of ASSIGNOR	R S/P) - insert only one secured party nam (2001	3b)	 	
3a. ORGANIZATION'S NAI WESTBANK	ME			24.		
3b. INDIVIDUAL'S LAST N	AMÉ		FIRST NAME	N IL DLE	NAME	SUFFIX
				0.		
MAILING ADDRESS			CITY	STATI	P JSTAL CODE	COUNTR
225 S. WOLF R	ROAD		HILLSIDE	IL_	50162	

JCC FINANCING STATEMENT ADISOLOW INSTRUCTIONS (front and back) CAREFULLY	DENDUM					
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED	FINANCING STATE	MENT				
9a. ORGANIZATION'S NAME NORTH STAR TRUST COMPA	NY AS SUC	CESSOR T				
9b. INDIVIDUAL'S LAST NAME FIRST NAM	IE .	MIDDLE NAME, SUFFIX				
D. MISCELLANEOUS:					•	
			THE ABOVE S	SPACE I	S FOR FILING OFFI	CÉ USE ONLY
1. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NA	ME - insert only one del	otor name (11a or 11b) - do no	ot abbreviate or combine	e names		
11a. ORGANIZATION'S NAME						•
DR 11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE N	NAME	SUFFIX
1c. MAILING ADDRESS	600	CITY		STATE	POSTAL CODE	COUNTRY
1d. TAX ID #: SSN OR EIN ADD'L INFO RE 11e. TYPE OF ORGANIZATION DEBTOR	ORGANIZATION	11. JURISDICTION OF ORG	ANIZATION	11g. ORG] BANIZATIONAL ID #, if a	iny No
2. ADDITIONAL SECURED PARTY'S or ASS	IGNOR S/P'S NAM	IE - nacrt culv <u>one</u> name (12	a or 12b)			
12a. ORGANIZATION'S NAME		46				
12b. INDIVIDUAL'S LAST NAME	IF	FIRST NAME		MIDDLE N	NAME	SUFFIX
2c. MAILING ADDRESS		CITY	C	STATE	POSTAL CODE	COUNTRY
This FINANCING STATEMENT covers timber to be cut or collateral, or is filed as a fixture filing. Description of real estate:	as-extracted	16. Additional collateral desc	ription:	/		
Lot 16 and 17 in Block 9 of Western Addition, of thw West halfof the Southeast quarter of Township 39 North, Range 12, East of the Territorian, in Cook County, Illinois	of Section 15,			3.		
					· .	
5. Name and address of a RECORD OWNER of above-described (if Debtor does not have a record interest):	d real estate					
		17. Check <u>only</u> if applicable a			erty held in trust or	Decedent's Estate
		18. Check only if applicable			,	
		Debtor is a TRANSMITTIN	IG UTILITY			
		Filed in connection with a				
		Filed in connection with a	Public-Finance Transac	tion — eff	fective for 30 years	

ORDER NO.: 1301 - 004294169 ESCROW NO.: 1301 _ 004294169

STREET ADDRESS: 2036 SOUTH 13TH AVENUE

CITY: BROADVIEW **ZIP CODE:** 60153

COUNTY: COOK

TAX NUMBER: 15-15-419-064-0000

DOOD TO OX CO LEGAL DESCRIPTION:
LOTS 16 AND 17 IN BLOCK 9 IN WESTERN ADDIT ON, ...
THE SOUTHEAST 1/4 OF SECTION 15, TOWNSHIP 30 NORTH,
PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PAYLEGAL 12/99 DG