UNOFFICIAL C 45/10/022 63 001 Page 1 of 3 2002-06-20 11:37:11

Cook County Recorder

25.00

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Kristine Helberger

J Corporation System-UCC Division

208 South LaSalle Street Chicago, IL 60604 0020688929

<u> </u>	A		THE ABOVE	SPACE IS FO	R FILING OFFICE USE	ONLY
1 DEBTOR'S EXACT FU	JLL LL'GA NAME	E - insert only one debtor name (1a o	r 1b) - do not abbreviate or combine names			
12 ORGANIZATION'S NA	ME					
		/PANY, U/T/A/D 10/24	/01, TRUST NO. 01-3961	MIDDLE	NAME	SUFFIX
OR 16. INDIVIDUAL'S LAST	NAME	77,	FIRST NAME	MIDULE	NAME	00.1
				STATE	POSTAL CODE	COUNTRY
1c. MAILING ADDRESS		0.0	CITY	IL	60661	
500 W. MADISON	STREET		CHICAGO 11. JURISDICTION OF ORGANIZATION		ANIZATIONAL ID #, if any	
1d. TAX ID #: SSN OR EIN	ORGANIZATION DEBTOR	16. TYPE OF ORGAN ZATIL N CORPORATION	ILLINOIS	19. 0.10	,	X NONE
2. ADDITIONAL DEBTOR	R'S EXACT FULL	LEGAL NAME - insert only and a	otor name (2a or 2b) - do not abbreviate or com	bine names		
2a. ORGANIZATION'S No			F			
OR 2b. INDIVIDUAL'S LAST	NAME		FIRE (NAM E	MIDDLE	NAME	SUFFIX
					leert popr	COUNTRY
2c. MAILING ADDRESS	.,		СПУ	STATE	POSTAL CODE	COUNTRY
2d. TAX ID#: SSN OR EIN	ADD'L INFO RE	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF OP JANIZATION	2g. ORG	ANIZATIONAL ID #, if any	
2d. 170(15 #. 35(15))	ORGANIZATION DEBTOR	i				NONE
3. SECURED PARTY'S	NAME (or NAME	of TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert only one secured party arms (Ca or	3b)		
38. ORGANIZATION'S N	AME) .		
OR 3b. INDIVIDUAL'S LAST			FIRST NAME	MIDDLE	NAME	SUFFIX
				0.1		
3c. MAILING ADDRESS			СПҮ	(T) TE	POSTAL CODE	COUNTRY
500 W. MADISON	J		CHICAGO	IL	60 661	

ALL OF DEBTORS FIXTURES LOCATED AT: 5741 W. CERMAK ROAD, CICERO, IL 60804

PIN # 16-29-204-002-0000

4. This FINANCING STATEMENT covers the following collateral:

				_
5. ALTERNATIVE DESIGNATION (Language) LESSEE/LESSOR	CONSIGNEE/CONSIGNOR B	SAILEE/BAILOR SELLER/BUYER	AG. LIEN NON-UCC FILE	ING
6 - This FINANCING STATEMENT is to be filed (for record) (or recorded)	in the REAL 7. Check to REQUES	T SEARCH REPORT(S) on Debtor(s)	All Debtors Debtor 1 Debt	ог 2
8. OPTIONAL FILER REFERENCE DATA	[if applicable] [ADDITIONAL FEE	6) l	12000 200	_
SEE SIGNATURE I	PAGE	()4	(30 JA) - [X	<u>) </u>
				_





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UCC FINANCING STATEMENT ADDENDUM					
FOLLOW INSTRUCTIONS (front and back) CAREFULLY	ATEMENIT				
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING ST. 9a. ORGANIZATION'S NAME	ATEMIENT			•	
NORTH STAR TRUST COMPANY, U/T/A/D 10/24	/01 TRUST NO 01-3				
OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX				
90. INDIVIDUAL S DAST NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
10.MISCELLANEOUS:					
		THE ABOVE	SPACE	IS FOR FILING OFFICE	USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LF JA . NAME - insert only one	name (11a or 11b) - do not abbrev	viate or combine names	3		
11a. ORGANIZATION'S NAME					
OP Op					
OR 11b, INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS	СПУ		STATE	POSTAL CODE	COUNTRY
11d. TAX ID #: SSN OR EIN ADD'L INFO RE 11e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	12 if JURISDICTION OF ORGA	NIZATION	11g. ORG	ANIZATIONAL ID #, if any	NONE
12. ADDITIONAL SECURED PARTY'S OF ASSIGNOR S/P'	S NAM insert only one name	(12a or 12b)			
12a, ORGANIZATION'S NAME	0				
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS	CITY	0	STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers timber to be cut or as-extracted	16. Additional collateral descr	iption:			
collateral, or is filed as a fixture filling. 14. Description of real estate:			//		
LOTS 21 AND 22 (EXCEPT THE NORTH 93 FEET OF THE WEST 6 FEET 2 INCHES THEREOF) IN BLOCK 9 OF 22ND STREET BOULEVARD SUBDIVISION OF THE NORTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 29, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.			S	Orifica	
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 at Debtor is a X Trust or 18. Check only if applicable at Debtor is a TRANSMITTIN	Trustee acting with re- nd check <u>only</u> one box	spect to p	roperty held in trust or	Decedent's Estate
	Filed in connection with a		ransaction	1 — effective 30 vears	
	Filed in connection with a				

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/29/98)

6748890700

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Signature Page

Debtor: North Star Trust Company, not personally, but as trustee

By: _	
	Naser Rustom
Its:	President
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	T ,
	' S' _
	Naser Rustom President Clarks Office