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2002-10-22 09:43:27

Cook County Recorder

26.00

#### **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Phone: (800) 331-3282 Fax: (818) 662-41	141
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	505028 ISUBURBAN
UCC Direct Services	5603125
P.O. Box 29071 Glendale, CA 91209-9071	ILIL
File with: Cook Cour	– nty Recorder, IL



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File with: Cook County Recorder, IL	OVE SPACE IS FOR FILING OFFICE USE ONLY				
debter name	e (1a or 1b) - do not abbreviate or com	bine names			
1. DEBTOR'S EXACT FULL LEGAL NAME - nsert only one debtor name	e (1a of 15) content				
1a. ORGANIZATION'S NAME					
O <sub>4</sub>		MIDDLE NAME	SUFFIX		
OR 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	]		
	HECTOR		COUNTRY		
DUENAS	CITY	STATE POSTAL CODE	COUNTRY		
1c MAILING ADDRESS	CHICAGO	ÎL    60629			
7129 S. WHIPPIE		ON 1g. ORGANIZATIONAL ID #, if any	<u></u>		
1d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATIF	1f. JURISDICTION OF ORGANIZATI	197	NONE		
226 79 6241 ORGANIZATION					
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only of	na got or same (2a or 2b) - do not abb	previate or combine names			
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert Offity C	ine del tor flamo (22 c. ==)				
2a. ORGANIZATION'S NAME	$\tau_{-}$				
		MIDDLE NAME	SUFFIX		
OR 25 INDIVIDITAL'S LAST NAME	TELESFORO	WINDOW TO THE PARTY OF THE PART	ŀ		
DUENAS	TELESTONO		COUNTRY		
	CITY	STATE POSTAL CODE	CODINTIC		
2c. MAILING ADDRESS	CHICAGO	IL  60629	<u> </u>		
7129 S. WHIPPIE		ION 2g. ORGANIZATIONAL ID #, if any			
2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATIO	N 2f. JURISDICTION OF ORGANICAL		NONE		
ORGANIZATION					
342-80-8975 DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSI	SIGNOR S/P) - insert only one secured	party name (3a or 3b)			
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNACE OF TO					
39 ORGANIZATION'S NAME SUBURBAN BANK & TRUST COMPA	NY				
		IN DDLE NAME	SUFFIX		
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	0			
W. 1100.1 37		STATE FUSTAL CODE	COUNTRY		
	CITY	1	1000		
150 BUTTERFIELD RD	ELMHURST	IL   60125			
100 DOLLEVLIEFO VO					

4. This Financing Statement covers the following collateral:
ALL FIXTURES: WHETHER ANY OF THE FOREGOING IS OWNED NOW OR ACQUIRED LATER; ALL ACCESSIONS, AD'JIT ONS,
REPLACEMENTS, AND SUBSTITUTIONS RELATING TO ANY OF THE FOREGOING; ALL RECORDS OF ANY KIND RELATING TO ANY OF THE
FOREGOING; INCLUDING INSURANCE, GENERAL INTANGIBLES AND ACCOUNTS PROCEEDS ON PROPERTY COMMON! Y KNOWN AS: 12714
WINCHESTER AVENUE/1933-1935 BURR OAK AVENUE, BLUE ISLAND, IL 60406 WITH LEGAL DESCRIPTION AS FOLLOWS: PARCEL 1: LOT 12
WINCHESTER AVENUE/1933-1935 BURR OAK AVENUE, BLUE ISLAND, IL 60406 WITH LEGAL DESCRIPTION AS FOLLOWS: PARCEL 1: LOT 17
IN BLOCK 4 IN BLUE ISLAND, SUPPLEMENT, A SUBDIVISION OF THE NORTHWEST 1/4 OF THE NORTHEAST 1 TO 3 (EXCEPT THE NORTI
37 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. PARCEL 2: LOTS 1 TO 3 (EXCEPT THE NORTHEAST 1
20 FEET OF SAID LOTS) IN BLOCK 4 IN BLUE ISLAND SUPPLEMENT, BEING A SUBDIVISION OF THE NORTHWEST 1/4 OF THE NORTHEAST 1
20 FEET OF SAID LOTS) IN BLOCK 4 IN BLUE ISLAND SUPPLEMENT, BEING A SUBDIVISION OF THE NORTHWEST 1/4 OF THE NORTHEAST 1
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20 FEET OF SAID LOTS) IN BLOCK 4 IN BLUE ISLAND SUPPLEMENT, BEING A SUBDIVISION OF THE NORTHWEST 1/4 OF THE NORTHEAST 1
20 FEET OF SAID LOTS) IN THE NORTH AND THE NOR DATED NOVEMBER 5, 1997 AND KNOWN AS TRUST #1225

5. ALTERNATIVE DESIGNATION (if applicable) LESSEE/LESSOR CONSIGNEE/ 6. [X] This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL STATE RECORDS. Attach Addendum. (if applicable) 8. OPTIONAL FILER REFERENCE DATA	CONSIGNOR BAILEE/BAILOR SELLER/E  7. Check to REQUEST SEARCH REPORT(S) on Debto JADDITIONAL FEE) Joptional	
5603125		Prepared by LICC Direct Services, P.O. Box 29

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FOLLOW INSTRUCTIONS (front and back) CARE	DDENDUM FULLY					
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELA	ATED FINANCING STATE	MENT	מ ו	211	52200	Page 2 of 2
9a. ÖRGANIZATION'S NAME			~~	~ 1 1	. JUDOZ	Page 2 of 2
	ECTOR	MIDDLE NAME, SUFFIX				
10. MISCELLANEOUS						
5603125-40-1						
505028 ISUBURBAN						
File with: Cook County Recorder, II			THE ABOVE SPA	ACE IS FO	R FILING OFFICE USE	ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LEGA	NAME - insert only one	name (11a or 11b) - do not				
11a. ORGANIZATION'S NAME OR	9					
115 INDIVIDITAL'S LAST NAME DUENAS	Ojr	FROILAN		MIDDLE	NAME	SUFFIX
7129 S. WHIPPIE	C	CHICAGO		STATE	POSTAL CODE 60629	COUNTRY
11d. TAX ID#: SSN OR EIN ADD'L INFO RE 11e, T ORGANIZATION DEBTOR	YPE OF ORGANIZATION	1)1. JURISDICTION OF ORG	SANIZATION	11g. OR	GANIZATIONAL ID #, i	Tany NONE
12. ADDITIONAL SECURED PARTY'S or 128. ORGANIZATION'S NAME	ASSIGNOR S/P's N	AME - ins art only one name	a (12a or 12b)			
OR		6				
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 collateral or is filed as a X fixture filing.	be cut or as-extracted	16. Additional collateral desc	cription:	<b>Z</b> ,		
14. Description of real estate:				3		
Description: 12714 WINCHESTER AVE BURR OAK AVENUE, BLUE ISLAND, II	ENUE/1933-1935 L 60406				Office	
					Co	
15. Name and address of a RECORD OWNER of above-de- (if Debtor does not have a record interest):	scribed real estate	17. Check only if applicable a	nd check only one box.			<del></del>
			Trustee acting with respon	ect to prope	erty held in trust or	Decedent's Estate
		18. Check only if applicable a	nd check <u>only</u> one box.			
		Debtor is a TRANSMITTI				
		Filed in connection with a			-	

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