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2499/0006 26 001 Page 1 of

2002-10-22 09:44:49

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	41
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	505028 ISUBURBAN
UCC Direct Services	5603200
P.O. Box 29071	ILIL
Glendale, CA 91209-9071	
File with: Cook Count	ty Recorder, IL

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File with: Cook County Recorder, IL		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY			
1. D	EBTOR'S EXACT FULL LEGAL N/MF - insert only one debtor name (1a	or 1b) - do not abbreviate or combine	names		<u></u>
	1a. ORGANIZATION'S NAME				SUFFIX
OR	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	MIDDLE NAME	
	DUENAS	HECTOR			
71	AAU ING ADDRESS 29 S. WHIPPIE	CHICAGO	STATE	POSTAL CODE 60629	COUNTRY
1d.	TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZAT ON ORGANIZATION DEBTOR	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if any	NONE
2 0	DDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of	pto name (2a or 2b) - do not abbrevia	ate or combine r	names	
2. ~	2a. ORGANIZATION'S NAME	7	 	-	
OR	THE DUENAS NAME	TELESFORO	MIDDLE	NAME	SUFFIX
	MAILING ADDRESS 29 S. WHIPPIE	CHICAGO	STATE	60629	COUNTRY
2d.	TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR	2f. JURISDICTION OF ORGANIZATION		SANIZATIONAL ID#, if any	NONE
3. 8	SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO	OR S/P) - insert only one secured policy	y .ame (3a or 3t)	
	33 ORGANIZATION'S NAME SUBURBAN BANK & TRUST COMPANY		0/1/		
OR	3b. INDIVIDUAL'S LAST NAME	FIRST NAME	I IIDDI =	NAME	SUFFIX
<u>~</u>	MAJI ING ADDRESS 50 BUTTERFIELD ROAD	ELMHURST	STATE	70ST/ L CODE	COUNTRY

4. This FINANCING STATEMENT covers the following collateral:

ALL FIXTURES; 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; INCLUDING INSURANCE, GENERAL INTANGIBLES AND ACCOUNTS PROCEEDS ON PROPERTY COMMONLY KNOWN AS: 6357 FOREGOING; INCLUDING INSURANCE, GENERAL INTANGIBLES AND ACCOUNTS PROCEEDS ON PROPERTY COMMONLY KNOWN AS: 6357 MOZART STREET, CHICAGO, IL 60629 AND FURTHER DESCRIBED AS: LOTS 24 AND 25 IN BLOCK 1 IN JOHN BAIN'S SUBDIVISION OF THE EAST 1/2 OF THE EAST 1/2 OF THE NORTHWEST 1/4 OF SECTION 24, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL EAST 1/2 OF THE EAST 1/2 OF THE NORTHWEST 1/4-07-023 PROPERTY IS IN TRUST: SUBURBAN BANK AND TRUST COMPANY AS TRUSTED UNDER TRUST AGREEMENT DATED NOVEMBER 5, 1997 AND KNOWN AS TRUST #1255

5. ALTERNATIVE DESIGNATION [if applicable] LESSEE/LESSOR	CONSIGNEE/0	CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-L	ICC FILIN
6 TV This FINANCING STATEMENT is to be filed [for record] (or recorde	-,		DUEST SEARCH REPO	RT(S) on Debtor(s) [optional]	All Debtors	Debtor 1	Debtor
PORTIONAL FILER REFERENCE DATA	lif applicablel	IADDITIONAL	FEE!	toptonan			

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2002-10-22 09:44:49 Live Drait, Tucarder

FIN FOLI	NANCING STATEMEN LOW INSTRUCTIONS (front and back) CAREFULLY					
	AME OF FIRST DEBTOR (1a or 1b) O a. ORGANIZATION'S NAME	N RELATED FINANCING STATEM	IENT				
1	a. 0.1.0.11.0.110.110.11.						
	NDIVIDUAL'S LAST NAME	HECTOR	MIDDLE NAME, SUFFIX	00:	211	58883 _{Pa}	ige 2 of :
10. N	MISCELLANEOUS						
560	3200-40-1						
505	028 ISUBURBAN						
File	with: Cook County Recorder, L	0		THE ABOVE SPA	ACE IS FO	R FILING OFFICE USE (DNLY
11./	ADDITIONAL DEBTOR'S EXACT FUL	L LECAL NAME - insert only one n	ame (11a or 11b) - do not	abbreviate or combi	ne name	3	
	11a. ORGANIZATION'S NAME	7					
OR	116 INDIVIDUAL'S LAST NAME	0.0	FIRST NAME		MIDDLE	NAME	SUFFIX
	DUENAS	9/.	FROILAN				
11c.	MAILING ADDRESS 7129 S. WHIPPIE	C	CHICAGO		STATE	POSTAL CODE 60629	COUNTRY
11d.	TAX ID#: SSN OR EIN ADD'L INFO RE	11e. TYPE OF ORGANIZATION	11 JURISDICTION OF ORG	GANIZATION		RGANIZATIONAL ID #, if a	any
	18-78-7866 ORGANIZATION	1	4				NON
12.	ADDITIONAL SECURED PARTY 12a. ORGANIZATION'S NAME	'S or ASSIGNOR S/P's NA	ME - instrt only one nam	e (12a or 12b)			
OR			FIRST NAME		TMIDDLE	NAME	SUFFIX
	12b. INDIVIDUAL'S LAST NAME		FIRST NAME	×,	WIIDDLE	177.111.	00// 1//
12c.	MAILING ADDRESS		СІТҮ		STATE	POSTAL CODE	COUNTRY
							_
	his FINANCING STATEMENT covers collateral or is filed as a X fixture filing.	timber to be cut or as-extracted	16. Additional collateral des	scription:	7,		
14. D	escription of real estate:				, _Q		
Des	scription: 6357 S. MOZART S	T, CHICAGO, IL 60629				Office	
						Ö	
15. N	iame and address of a RECORD OWNER of (if Debtor does not have a record interest):	above-described real estate					
			17. Check only if applicable				
				Trustee acting with res		perty hetd in trust or	Decedent's Esta
			18. Check only if applicable		t.		
			Debtor is a TRANSMIT	TING UTILITY a Manufactured-Home	Transaction	on effective 30 years	
			I sed in connection with	, a monotociarda intre		Kartina 20 magg	

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