3179/0211 11 001 Page 1 of 8 2002-11-14 12:51:00

Cook County Recorder 38.50

# 0021257565

#### **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY	
A. NAME & PHONE OF CONTACT AT FILER (optional)	·
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
LexisNexis Document Solutions 135 South LaSalle Street Suite 2260	
Chicago, Il 60603 8908793-Z	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a o	or 1b) - do not abbreviate or combine names		
1a. ORGANIZATION'S NAME			
OR LAWRENCE A RICHALDS FAMILY TRUS	T U/D AUGUST 30, 199	5	
OR 16. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
1c, MAILING ADDRESS	ату	STATE POSTAL CODE	COUNTRY
2963 BELLE LANE	SCHAUMBURG	IL 60193-5725	USA
ADD'L INFO RE 1e. TYPE OF ORGA LANON	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID#, if any	
ORGANIZATION TRUST	IL	1	X NONE
2. ADDITIONAL DEBTOR'S EXACT-FULL-LEGAL-NAME - insert only and de	ebtor name (2a or 2b) - do not abbreviate or combine n	ames	
2a. ORGANIZATION'S NAME		·	
	<b>T</b>		
OR 2b. INDIVIDUAL'S LAST NAME	FIR' (NA) E	MIDDLE NAME	SUFFIX
·		1	
2c. MAILING ADDRESS	ατν	STATE POSTAL CODE	COUNTRY
	45		
ADD'L INFO RE   2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF JP JANIZATION	2g. ORGANIZATIONAL ID#, if any	•
ORGANIZATION DEBTOR		I	NONE
3, SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert only one secured party ame (3 a or 3b)		
3a. ORGANIZATION'S NAME			
TCF NATIONAL BANK ILLINOIS	10.		
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS	ary	E TATE POSTAL CODE	COUNTRY
60 F0 11000 55 EV 600 500	CHICAGO	IL 60638	USA
6353 WEST 55TH STREET		122 1333	I USA

4. This FINANCING STATEMENT covers the following collateral:

ALL RIGHT, TITLE AND INTEREST OF THE DEBTOR IN AND TO ALL TANGIBLE PERSONAL PROPERTY (HEREIN CALLED "PROPERTY"), OWNED BY THE DEBTOR AND NOW OR AT ANY TIME HEREAFTER LOCATED IN, ON OR AT THE PREMISES OR IMPROVEMENTS OR USED OR USEFUL IN CONNECTION THEREWITH, (WHETHER OR NOT AFFIXED THERETO) INCLUDING, BUT NOT LIMITED TO: (A) ALL FURNITURE, FURNISHINGS AND EQUIPMENT FURNISHED BY THE UNDERSIGNED TO TENANTS OF THE PREMISES OR IMPROVEMENTS; (B) ALL BUILDING MATERIALS AND EQUIPMENT LOCATED UPON THE PREMISES AND INTENDED TO BE INCORPORATED IN THE IMPROVEMENTS NOW OR HEREAFTER TO BE CONSTRUCTED THEREON, WHETHER OR NOT (See Attached)

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LES	SOR	CONSIGNEE/CO	NSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIÉN	NON-UCCFILING
<ol> <li>This FINANCING STATEMENT is to be filed (for record) (or re ESTATE RECORDS. Attach Addendum</li> </ol>	corded) in th	ne REAL 7, C applicable] [/	heck to REQUES ADDITIONAL FEE		RT(S) on Debtor(s) [optional]	All Debtors	Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCEDATA LAWRENCE	A. R	CICHARDS	3				
IL-Cook County							

9. [	NAME OF FIRST DEBTOR (1a or 1b)  9a. ORGANIZATION'S NAME	ON RELATED FINANCING	STATEMENT	1	212575	
				1	375	8.5
OR	LAWRENCE A RICHA) 9b. INDIVIDUAL'S LAST NAME	RDS FAMILY T	RUST U/D MIDDLE NAME, SUFFI	(		
10.	MISCELLANEOUS: IL-COOK	 Count <i>v</i>		-		
11. <i>A</i>	ADDITIONAL DERTOR'S EXACT BUIL	/ EPAL MANE		THE ABOVE	SPACE IS FOR FILING O	FFICE USE ONLY
Ī	ADDITIONAL DEBTOR'S EXACT FUL 11a. ORGANIZATION'S NAME	LE_AL NAME - insert only i	one name (11a or 11b) - do not abbrev	iate or combine names		
OR ,	11b. INDIVIDUAL'S LAST NAME					
	WAILING ADDRESS		FIRST NAME	[	MIDDLE NAME	SUFFIX
			CITY	ľ	STATE POSTAL CODE	COUNTRY
	ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	1ºJURISDICTIONOF ORGAN	IIZATION 1	1g. ORGANIZATIONAL ID#,	_
2. <u> </u>	ADDITIONAL SECURED PARTY'S 2a. ORGANIZATION'S NAME	S or ☐ ASSIGNOR S/	P'S NAM : - insert only one name (	12a or 12b)		NC
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1:	2b. INDIVIDUAL'S LAST NAME		FIRST NAME		IODLE NAME	Touren
20 14	AILING ADDRESS				.0042703112	SUFFIX
.0. 144	ALLING ADDRESS		CITY	S	TATE POSTAL CODE	COUNTRY
3. Thi	is FINANCING STATEMENT covers timb	ber to be cut or as-extracte	d 16 Addisonlari			
col	llateral, or is filed as a T fixture filing.					
	scription of real estate;		YET INCORPO	TALED IN	SUCH IMPROV	EMENTS;
DI	ESCRIPTION OF REAL			IINES: MA	CHINERY: FI	
			(C) ALL MACI	1011771	-0	XTURES;
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	ILL BE SENT VIA F?		SUPPLYING HE AIR-CONDITION EXTERIOR PRO	EQUIPMENT EAT; GAS; ONING; WA' OTECTION;	OR ARTICLE ELFCTRICIT FER; LJGMT; WASTE RIMO	S USED ] Y; POWER; VAL:
	ILL BE SENT VIA F?		SUPPLYING HE AIR-CONDITION EXTERIOR PRO	EQUIPMENT EAT; GAS; DNING; WA' DTECTION; DN AND VE	OR ARTICLE ELFCTFICIT FER; LSCHT; WASTE REMONTILATION;	S USED ] Y; POWER; VAL;
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	ILL BE SENT VIA F?		SUPPLYING HE AIR-CONDITION EXTERIOR PROPERTY OF COMMUNICATION ALARMS AND E	EQUIPMENT EAT; GAS; DNING; WAD TECTION; DN AND VEI DN; FIRE DECTRONIC	OR ARTICLE ELFCTRICIT FER; L/GPT; WASTE REMONITITION; PROTECTION AS MONITORING	S USED ] Y; POWER; VAL; AND
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Nam (if D	ne and address of a RECORD OWNER of abo bebtor does not have a record interest): WRENCE A RICHARDS	ove-described real estate FAMILY	APPARATUS; ISUPPLYING HEAIR-CONDITION EXTERIOR PROPERTIES OF THE P	EQUIPMENT EAT; GAS; ONING; WA' OTECTION; ON AND VEI ON; FIRE D ELECTRONIC ALL DYNA LWORK; ON RM WINDOW GINES; d)	OR ARTICLE ELFCTRICIT FER; LJGTT; WASTE RIMO NTILATION; PROTECTION MONITORING MOS; MOTORS	S USED ] Y; POWER; VAL; AND G S; DOORS
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Name (if D	ne and address of a RECORD OWNER of abo behor does not have a record interest): WRENCE A RICHARDS UST U/D AUGUST 30 63 BELLE LANE	ove-described real estate  FAMILY  1995	APPARATUS; ISUPPLYING HIS AIR-CONDITION EXTERIOR PROCESTIC COMMUNICATION ALARMS AND EDEVICES; (D) WINDOWS; MIL SCREENS, STOHARDWARE; EN (See Attache Debtor is a Trust or Trus	EQUIPMENT EAT; GAS; DNING; WAD DTECTION; DN AND VED DN; FIRE DECTRONIC ALL DYNE LWORK; OV RM WINDOW GINES; d)  Heck only one box.  Heek only one box.  Heek only one box.  Heek only one box.	OR ARTICLE ELFCTRICIT FER; LJGHT; WASTE REMONITATION; PROTECTION AMONITORING AMONITORING VERHEAD DOOR	S USED ] Y; POWER; VAL; AND G S; DOORS DRS; RS; LOCKS
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FOLLOW INSTRUCTIONS (front and back) CAREFULLY				~ປ
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING  9a. ORGANIZATION'S NAME	G STATEMENT			
		!		
OR LAWRENCE A RICHARDS FAMILY T	RUST U/D			
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	FIRSTNAME	MIDE	DLE NAME	SUFFIX
c. MAILING ADDRESS	CITY			
		STAT	E POSTAL CODE	COUNTRY
ADD'L INFO RE 118. TYPE OF ORGANIZATION	1 1 JURISDICTIONOF ORGANIZ	ATION		
ORGANIZATION DEBTOR	The market on Charles	Allow jing. (	DRGANIZATIONAL ID #, if a	пу
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	ату	STATE	POSTAL CODE	COUNTRY
This FINANCING STATEMENT covers timber to be cut or as-extracte				
collateral, or is filed as a fixture filing	The state of the s			
Description of real estate:	BOILERS; TAN	KS; WAJEP	HEATERS; PI	UMPS
	FURNACES; HEX	AT REGISTE	RS: RADIATO	TRG.
	THERMOSTATS;	PLUMBING .	SINKS. WAT	סינוים
	CLOSETS; BAS	INS; FAUCE	TS SVITCH	RONDER.
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lame and address of a RECORD OWNER of above-described real estate f Debtor does not have a record interest):	ELECTRONIC	PRO DEC(	NATIY SYSTE	MS;
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	La aver and u abbitrante and cuec	k <u>only</u> one box. TY ctured-Home Transaction	effective 30 years	Decement's Estate

UCC FINANCING STATEMENT ADDEND	J <b>M</b>	i		4.002
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING				
9a, ORGANIZATION'S NAME	STATEMENT			
OR LAWRENCE A RICHARDS FAMILY T	D770			
9b. INDIVIDUAL'S LAST NAME FIRST NAME	RUST U/D MIDDLE NAME, SUFFIX			
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R 11b. INDIVIDUAL'S LAST NAME	FIRST NAME			
		MIDE	DLE NAME	SUFFIX
c. MAILING ADDRESS	CITY	STAT	T Income	
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ADD'L INFO RE 118. TYPE OF ORGANIZATION ORGANIZATION	1f JURISDICTIONOF ORGANIZ	ATION 11a.6	ORGANIZATIONAL ID #, if	
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TES. STONIS IVAME			k .	
12b. INDIVIDUAL'S LAST NAME				
	FIRST NAME	MIDD	LE NAME	SUFFIX
. MAILING ADDRESS				
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This FINANCING STATEMENT covers   timber to be cut or   as-extracte	d 16 Addis-			
collateral, or is filed as a fixture filing	- 1 . A . MOUROLISI COMBINISI CIRECUIDIO			
Description of real estate:	INTERCOMMUNI	CATION SYS	TEMS AND P	ARKING
	LOT LIGHTING	; (E) AL,	WINDOW OR	
	STRUCTURAL C	LEANING RI	CS, MAINTE	NANCE
	FOOT DWENT WIL	O EQUIPMEN	T LELATING	ፐር
	EXCLUSION OF	VERMIN OR	INSECTS A	MD
	REMOVAL OF DU	JST, DIRT.	DEBRIS R	समादम ०
	GARBAGE; (F)	ALL LOBBY	AND OTHER	TMDOOD
	AND OUTDOOR I	URNITURE,	INCLUDING	ים ז אַ אַריי
	CHAIRS, PLANT	ERS, DESK	S. SOFAS	Candur Candur
	LOCKERS AND C	ABINETS	-, cormo, Watit. cambo	OUPPARE
	OTHER FURNISH	TNGS: (c)	NII Dire	o, AND
	AND OTHER FLO	OB COME.	TMCC PRIS	CARPET
lame and address of a RECORD OWNER of above-described real estate f Debtor does not have a record interest):	DRAPERY RODS	AND	INGS, DRAPI	EKIES,
	(See Attached			
	, see Accaened	,		
	17. Check only if applicable and chec	k only one box.		
	Debtor is a Trust or Trustee	acting with respect to re	roperty held in tours	 
			revenue or unate or i	∟uceoent's Estate
	18. Check only if applicable and chec	k <u>only</u> one box.	, ,	
	18. Check only if applicable and chec	k <u>only</u> one box.	,	
	To: Oreck only is applicable and chec	k <u>only</u> one box. TY ctured-Home Transaction	— effective 30 years	

			IT ADDENDUM						•	
	OW INSTRUCTIONS (fro		RELATED FINANCING STA	TEMENT						
	9a. ORGANIZATION'S NAME	((1a or 1b) OII	NEBATED I MANOING OTA							
	ramornor a l	סמאטסד	S FAMILY TRUS	מ/ע די						
OR	9b. INDIVIDUAL'S LAST NAME	E	FIRST NAME	MIDDLE NA	ME,SUFFIX					
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		000						S FOR FILING O	FFICE USE ONLY	
			EG/_ NAME - insert only one n	ame (11a or 11b) - d	o not abbreviate o	r combine name	8			
	11a. ORGANIZATION'S NAME									
OR	11b. INDIVIDUAL'S LAST NAM	E	<del></del>	FIRST NAME			MIDDLE	NAME	SUFFIX	
11c.	MAILING ADDRESS		0	ary			STATE	POSTAL CODE	COUNTRY	
	OF	DL INFO RE 11 RGANIZATION BTOR	e. TYPE OF ORGANIZATION	11. J. J. RISDICTIO	NOF ORGANIZAT	TION	11g. ORG	ANIZATIONAL ID#.	if any	
12.	ADDITIONAL SECUR		or ☐ ASSIGNOR S/P'S	NAME - nsert on	y <u>one</u> name (12a	or 12b)				
OR	12a. ORGANIZATION'S NAME						Luna G	****		
UK	12b. INDIVIDUAL'S LAST NAM	NE		FIRSTNAME	77×1		MIDDLE		SUFFIX	
12c.	MAILING ADDRESS			CITY			STATE	POSTAL CODE	COUNTRY	
14. \	This FINANCING STATEMENT collateral, or is filed as a f	ixture filing.	r to be cut or as-extracted	VENETILLAMPS, FIXTUR EQUIPM EQUIPM OVENS, EXHAUS ALL LA AND DR SWEEPE OTHER EXTERI (See A	TS, AWN AN BLIN CHANDE ES; (I) ENT AND ENT, IN DISHWA T SYSTE UNDRY E YERS; (E RS, SNC EQUIPME OR PORT	S, AWNINGS, WINDOW SHADES, I BLINDS AND JUPTAINS; (H) ALL CHANDELIERS AND OTHER LIGHTING S; (I) ALL OFFICE FURNITURE, IT AND SUPPLIES; (J) ALL KITCHEN IT, INCLUDING REFRIGERATORS, DISHWASHERS, RANGE HOODS AND SYSTEMS AND DISPOSAL UNITS; (F JURY EQUIPMENT, INCLUDING WASH ERS; (L) ALL TRACTORS, MOWERS, IS, SNOW REMOVAL EQUIPMENT AND QUIPMENT USED IN MAINTENANCE (R R PORTIONS OF THE				
				18. Check <u>only</u> if a  Debtor is a TR  Filed in conne	ust or Truste applicable and che	ee acting with reack only one box LITY factured-Home T	spect to pr	— effective 30 years	or Decedent's Estate	

UCC FINANCING STATEMENT ADDENDUM	Λ Ι		~1257.	63
FOLLOW INSTRUCTIONS (front and back) CAREFULLY				-49
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING ST 9a. ORGANIZATION'S NAME	ATEMENT			
·	.c /p			
OR LAWRENCE A RICHARDS FAMILY TRU	IST U/D MIDDLE NAME, SUFFIX			
10 MISCELLANEOUS: T.L. Cools Courses				
10.MISCELLANEOUS: IL-Cook County				
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			ACE IS FOR FILING OFFICE I	JSE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LEG'L NAME - insert only one 11a. ORGANIZATION'S NAME	name (11a or 11b) - do not abbrevi	ate or combine names		<del></del>
11a. ORGANIZATION 5 NAME				
OR 11b. INDIVIDUAL'S LAST NAME	FIRST NAME	ladir	DDLE NAME	leuenv
	THOTPHIL	MIL	DDLC NAME	SUFFIX
11c, MAILING ADDRESS	CITY	ST/	ATE POSTAL CODE	COUNTRY
		0.,	100172 0002	COUNTY
ADD'L INFO RE 11e. TYPE OF ORGANIZATION	17 FURISDICTIONOF ORGAN	IZATION 11g	ORGANIZATIONAL ID #, if any	<u> </u>
ORGANIZATION DEBTOR	T	1		NONE
12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P"	S NAME - nsert only one name (	12a or 12b)	·	TINONE
12a. ORGANIZATION'S NAME				
OR				
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MID	DLE NAME	SUFFIX
		7		
12c. MAILING ADDRESS	CITY	STA	ATE POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filled as a fixture filling.	16. Additional collateral descrip		·	
14. Description of real estate:	PREMISES AN			
	1		AND INVENTORI	•
			CONVEYORS; A	ND (O)
	ALL APPURTE	NANCES, EX	TENSIONS,	
	ADDITIONS, :	IMPROVEMEN	ITS, BEJTERMEN	TS,
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	ANY OF THE			USES
	(A) THROUGH	(N) ABOVE	; PROVIDED T	HAT THE
	ENUMERATION			LES OF
	PROPERTY SET			
	EXCLUDE OR H			
15. Name and address of a RECORD OWNER of above-described real estate	OF PROPERTY		DICEODE MIL	11845
(if Debtor does not have a record interest):	(See Attache			
	(See Accacine	eu)		
	17. Check only if applicable and	check only one box.	<u></u>	
			to property held in trust or De	cedent's Estate
	18. Check only if applicable and			
	Debtoris a TRANSMITTINGU	JTILITY		
	Filed in connection with a Ma	nufactured-Home Transa	idion — effective 30 years	
	Filed in connection with a Pu	blic-Finance Transaction	effective 30 years	

			ENT ADDENDUM	/i		ı				
9.	NAME OF FIRST DEB  9a. ORGANIZATION'S NA	TOR (1a or 1b) (	) CAREFULLY ON RELATED FINANCING ST	TATEMEN	IT	$\exists$				
Of	9b. INDIVIDUAL'S LAST I	A_RICHAR NAME	RDS FAMILY TRU		/D MIDDLE NAME,S	UFFIX				
40	100511111									
10	.MISCELLANEOUS: I	5	County							
-41	ADDITIONAL DESTA	1000	<u></u>				THE ABOV	E SPACE	IS FOR FILING O	PFFICE USE ONLY
11.	11a. ORGANIZATION'S NA	R'S EXACT FULI AME	LICAL NAME - insert only one	name (11a	or 11b) - do not a	abbreviate	or combine nam	ies		
OR	11b. INDIVIDUAL'S LAST I	NAME	<del>-0,-</del>	FIRSTN	AME	··-		MIDDLE	NAME	SUFFIX
110	MAILING ADDRESS		0,	ату		<del></del>	·	STATE	POSTAL CODE	COUNTRY
		ADD'L INFO RE ORGANIZATION	11e. TYPE OF ORGANIZATION	1 If.JUR	ISDICTIONOF O	RGANIZA	TION	11g. OR	GANIZATIONAL ID #	if any
		DEBTOR						, . I	"	NONE
12.	ADDITIONAL SECU	JRED PARTY'S	S or ASSIGNOR S/P'S	S NAM E	insert only one	name (12a	or 12b)			INUNE
	12a. ORGANIZATION'S NA	ME			0,				_	
OR	12b. INDIVIDUAL'S LAST N	IAME		FIRST	4					
12c	MAILING ADDRESS				4ME	) X		MIDDLE	NAME	SUFFIX
			P-4	СТҮ	,			STATE	POSTAL CODE	COUNTRY
	This FINANCING STATEME	_ 🏻	per to be cut or as-extracted		ional collateral d					
	Description of real estate:	]g.							.PREMISE	
				SIX	UNIT	MULT	I FAM1	יאַר C	OMMERCIA	$\Lambda$ L
				BUI	LDING	LOCA	TED AT	148	6 BROWNS	STONE, MT
				PRO	SPECT,	ILL	INOIS			
									Vic.	
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45 .										
15. N	lame and address of a REC if Debtor does not have a rec	ORD OWNER of ab cord interest):	ove-described real estate							
				17.05-4						
					only if applicable					
				18. Check	only if applicable	I rustee	acting with res	pect to pro	perty held in trust o	Decedent's Estate
			ļ		is a TRANSMITT		-			
								aneadica	- effective 30 years	
					connection with					

FINANCING STATEMENT (Real Estate) DATED AS OF NOVEMBER 3, 1997

21257565

BETWEEN LAWRENCE A. RICHARDS FAMILY TRUST U/D AUGUST 30, 1995 (Debtor) AND TCF National Bank Illinois

Legal Description

#### Parcel 1:

That part of Lot I in Algonquin Lane, being a Resubdivision in the West 1/2 of the South East 1/4 of Section 15, Township 41 North, Range 11, East of the Third Principal Meridian, in Cook County Illinois. The East line of said lot 1 is assumed as "North-South' for the following courses: Beginning at the South East corner of said lot there. North on said East Line 406.90 feet; thence West 65.50 feet to the point of beginning; thence North 57.33; were West 45.50 feet; thence South 57.33, thence East 45.50 feet to the place of beginning.

#### Parcel 2:

Easements appurtenant to and for the benefit of the airresaid parcel, as set forth in the Declaration dated February 4, 1978 and registered February 6, 1978 as Document Let 1997961 and created by deed from Skokie Trust and Savings Bank, as Trustee Under Trust Number 91-560 to Carol L. Meyer filed August 25, 1980 as Document LR 3174692 for ount Clarks Office ingress and egress, in Cook County, Illinois

Commonly known as: 1486 Brownstone, Mt. Prospect, Illinois

P.I.N.: 08-15-400-076-0000