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2002-12-13 15:50:53

Cook County Recorder

26.50

UCC FINANCING STATEMENT

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

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

LexisNexis Document Solutions

135 South LaSalle Street

Suite 2260

Chicago, Il 60603

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| | | | | | THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY | | | |
|---|-----------------------------------|---|--|-----------------------------------|---|-------------------------|---------|--|
| 1. DI | EBTOR'S EXACT F | ULL LL'GPL NAM | E - insert only <u>one</u> debtor name (1a | or 1b) - do not abbreviate or | combine names | | | |
| | a. ORGANIZATION'S N | | L.C. | | | | | |
| OR 1 | b. INDIVIDUAL'S LAST | NDIVIDUAL'S LAST NAME | | | MIDDL | MIDDLE NAME | | |
| | ailing address O BRIERHIL | L ROAD | Ox | DEERFIELD STATE POSTAL CODE 60015 | | | | |
| 1d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORG. NIZAT ON ORGANIZATION DEBTOR | | | 1f. JURISDICTION OF O | | 1g. ORGANIZATIONAL ID #, if any IL-00043605 | | | |
| 2. AD | DITIONAL DEBTO | R'S EXACT FULI | LEGAL NAME - insert only ine | eh'ur name (2a or 2b) - do no | ot abbreviate or combine names | | | |
| 2a. ORGANIZATION'S NAME | | | | | | | | |
| OR 2 | 2b. INDIVIDUAL'S LAST NAME | | | FIRST NAME | MIDDL | MIDDLE NAME | | |
| 2c. M/ | AILING ADDRESS | | | CITY | STATE | POSTAL CODE | COUNTRY | |
| 2d. TA | XX ID #: SSN OR EIN | ADD'L INFO RE ORGANIZATION DEBTOR | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF C | GANIZATION 2g. OF | GANIZATIONAL ID#, if an | y NONE | |
| 3. SE | CURED PARTY'S | NAME (or NAME | of TOTAL ASSIGNEE of ASSIGNO | R S/P) - insert only one secure | ed party nating too or 3b) | | | |
| | ia. organization's n BANKFINA] | | S.B. | | 14, | | | |
| OR 3 | ib. INDIVIDUAL'S LAST | NAME | | FIRST NAME | MIJOL | E NAME | SUFFIX | |
| | ailing address 00 INTERNA | TIONALE | PARKWAY, SU | WOODRIDG | E STATE | 1/00TAL CODE 1/60517 | COUNTRY | |

| 5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LE | ESSOR CONSIGNEE/CONSIGNO | R BAILEE/BAILOR | SELLER/BUYER | AG. LIÉN | NON-UCC FILING |
|---|-----------------------------------|-------------------------------------|----------------------|-------------|-------------------|
| 6. This FINANCING STATEMENT is to be filed [for record] (or ESTATE RECORDS. Attach Addendum | or recorded) in the REAL 7. Check | to REQUEST SEARCH REF IONAL FEE! | PORT(S) on Debtor(s) | All Debtors | Debtor 1 Debtor : |
| OPTIONAL ELLEP REFERENCE DATA | | | | | |

All Fixtures; Furniture and Equipment (related to real estate) whether any of the foregoing is owned now or acquirec (Later; all accessions, additions, replacements, 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) on real property located at 1950-52 West Belle Plaine Avenue and 4103 North Damen Avenue, Chicago, IL., 60613. Real Estate tax Identification number is

Cook County Recorder (Loan #1900014302)

4. This FINANCING STATEMENT covers the following collateral:

14-18-416-007-0000.

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| | | | NT ADDENDUM | | | | | | |
|---|---|--|--|------------|-------------------------|-----------------------|--------------|-----------------------|-------------------|
| | LOW INSTRUCTIONS | | | FENSENIT | | 4 | | | |
| 9. r | 9a, ORGANIZATION'S N | AME | RELATED FINANCING STAT | EMENI | | 1 | | | |
| OR | | KARALY REALTY, L.L.C. | | | |] | | | |
| OI. | 9b. INDIVIDUAL'S LAST | NAME | FIRST NAME | МІІ | ODLE NAME,SUFFIX | | | | |
| 10. | MISCELLANEOUS: | | I | | | 1 | | | |
| W-rest | | D, 00 | <u> </u> | | | L | | IS FOR FILING OF | FICE USE ONLY |
| 11. | | | LEG/ NAME - insert only one of | debtor nam | e (11a or 11b) - do no | ot abbreviate or comb | ine names | | |
| 0 D | 11a. ORGANIZATION'S A | JAME | Ox | | | | | | |
| OR | 116. INDIVIDUAL'S LAST | NAME | | FIRST N | AME | | MIDDLE | NAME | SUFFIX |
| 11c. | MAILING ADDRESS | | 0 | CITY | | | STATE | POSTAL CODE | COUNTRY |
| 11d. | TAX ID #: S\$N OR EIN | ADD'L INFO RE 11' ORGANIZATION DEBTOR | e. TYPE OF ORGANIZATION | 16. JUR | ISDICTION OF ORGA | ANIZATION | 11g. OR | GANIZATIONAL ID#, if | any |
| 12. | ADDITIONAL SEC | URED PARTY'S | or ASSIGNOR S/P'S NA | ME - inse | nt onli, on name (12 | a or 12b) | <u> </u> | | HONE |
| | 12a. ORGANIZATION'S N | IAME | | | | | | | |
| OR | | | | | <u> </u> | | | | |
| | 12b. INDIVIDUAL'S LAST | NAME | | FIRST NA | AME | | MIDDLE | NAME | SUFFIX |
| 12c. | MAILING ADDRESS | | AT | CITY | | 7 | STATE | POSTAL CODE | COUNTRY |
| 14. LC RA TH RA AC DE | collateral, or is filed as a public processor of the collection of real estate: DT 28 IN BLOGAVENSWOOD, SAIGHE SOUTHWEST 1/AILROAD) OF SEANGE 14 EAST OF CORDING TO THE | Tixture filing. CK 7 IN CU'D ADDITION BEING THE SOUTH | YLER ADDITION TO NG A SUBDIVISION OF TH EAST 1/4 (EXCEPT WNSHIP 40 NORTH, PRINCIPAL MERIDIAN, ADDITION RECORDED 1385712 IN BOOK 47 TY, ILLINOIS. | 16. Addi | tional collateral desci | ription: | 子分 | 0////00 | |
| | Name and address of a RE if Debtor does not have a r | | ve-described real estate | Debtor is | Trust or Tru | | ect to prope | erty held in trust or | Decedent's Estate |
| | | | 18. Check only if applicable and check only one box. Debtor is a TRANSMITTING UTILITY | | | | | | |
| | | | Filed in connection with a Manufactured-Home Transaction — effective 30 years | | | | | | |
| | · | | | Filed i | n connection with a P | Public-Finance Transa | ction — effe | ective for 30 years | |

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