1	ICC	EIN	ANC	ING	STA	TEM	ENT
ı	11.	LIIX.	AING	IIVO	317	1 1 1 1 1 1 1 1 1	

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

CHARTER ONE BANK, N.A.

1215 Superior Avenue

Cleveland, Ohio 441114

Attn: Commercial Loan Servicing SU670



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

			<del></del>					
I. DEE	BTOR'S EXACT FU	LL LECIAL NAME	E - insert only <u>one</u> debtor name (1a o	r 1b) - do not abbreviate or combine names				D
1a. L	organization's nate and a second seco	N.A.	Successor Trust	ee to American Nation tee under Trust Agree FURSINAME	al Banl ment da	k and Trust ated July 3	Company of	know
ᄱᄔ	INDIVIDUAL'S LAST N	AME as La	d Trust No.	FIRSTNAME	MIDDLE N	IAME	SUFFIX	
"		123	3178-06					
	LING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY	
IC. MAIL	LING ADURESS		Ox			<u> </u>	USA	
1d TAX	ID#: SSN OR EIN	ADD'L INFO RE	1e. TYPE OF ORGANIZATION	1f, JURISDICTION OF ORGANIZATION	1g. ORGA	NIZATIONAL ID #, if any		.•
		ORGANIZATION DEBTOR	land trust				NONE	
2. ADD	DITIONAL DEBTOR	'S EXACT FULL	LEGAL NAME - insert only one	btor name (2a or 2b) - do not abbreviate or combi	ne names			
2a.	. ORGANIZATION'S NA	ME						
G	rant Vi <i>ew i</i>	Apartment	ts Limited Partr	easnip			Louisen	
OR 2b. INDIVIDUAL'S LAST NAME			FIRST N'.ME	MIDOLE	NAME	SUFFIX		
2c MAI	ILING ADDRESS			ату	STATE	POSTAL CODE	COUNTRY	
	11 East Wa	cker, Su	ite 3024	Chicago	工		USA	
2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION			21. JURISDICTION OF JRC ANTATION	2g. ORG	ANIZATIONAL ID #, if any	, <del></del>		
		ORGANIZATION DEBTOR	limited ptnrshi	n IL	1		NONE	
2 SE(	CLIPED PARTY'S	NAME (or NAME		S/P) - insert only one secured party name (3a c 3	3b)			
	a. ORGANIZATION'S NA							
	Charter One B				0			
OR	b. INDIVIDUAL'S LAST N	IAME		FIRST NAME	HIDDLE	NAME	SUFFIX	
36	B. INDIVIDUAL S LAST F	ALMANC.			1/A-1			
				CITY	STATE	POSTAL CODE	COUNTRY	
3c. MAILING ADDRESS			Cleveland	OH	4/114	USA		
1215 Superior Avenue			Cievelanu	On		0011		

4. This FINANCING STATEMENT covers the following collateral:

See Exhibit A attached hereto and made a part hereof.

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. M This Financing STATEMENT is to be filed (for record) (or recorded)		UEST SEARCH REPOR	(T(S) on Debtor(s)	All Debtors	Debtor 1 Debtor 2
6. A This Financing Statement is to be find (it) to says (it to says)	[if applicable] [ADDITIONAL	FEE	[optional]	All Deplors	Deproi 1 Deproi 2
- COTIONAL FUED DECEDENCE DATA					

## **UNOFFICIAL COPY**

30040719

UCC FINANCING STATEMENT ADDENDUM					
FOLLOW INSTRUCTIONS (front and back) CAREFULLY  9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STAT	EMENT				
9. NAME OF FIRST DEBTOR (1881 III) ON RECATED THANGING STATE	Cincin				
9. ORGANIZATION'S NAME LaSalle Bank, N.A., Successor Truste OR National Bank and Trust Company of C	e to American				
OR NATIONAL BANK AND ITUST COMPANY OF I	MIDDLE NAME, SUFFIX				
personally but as Trustee under Trus	st Agreement da	ted			
10. MISCELLANEOUS: July 31, 1997 and known as	: Land Trust				
No. 123178-06	i				
	·				
	į				
		THE ABOVE S	PACE !	S FOR FILING OFFICE	USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL / _GA'Z NAME - insert only one na	me (11a or 11b) - do not abbrevia	e or combine names			
11a, ORGANIZATION'S NAME					
OR 11b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE N	IAME	SUFFIX
					İ
11c, MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
TIC. MAJENG ADDICESS		1			
11d, TAX ID #: SSN OR EIN ADD'L INFO RE 11e, TYPE OF ORGANIZATION	1 f. JURISDICTION OF ORGANI	ZATION	11g. ORG	ANIZATIONAL ID #, if any	
ORGANIZATION	4				NONE
DEBTOR LANGUAGE CIPIO					
12. ADDITIONAL SECURED PARTY'S of ASSIGNOR S/P'S 12a. ORGANIZATION'S NAME	NAME insert only one name (1	28 or 120)			<del></del>
12a. ORGANIZATION S NAME	<b>O</b> .				
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE I	NAME	SUFFIX
120, INDIVIDUALS DATE TARRE	40.	,			
10 MAN NIG 1000FFC	CITY	<u> </u>	STATE	POSTAL CODE	COUNTRY
12c. MAILING ADDRESS					
	40 1177 1 1174 1				
13. This FINANCING STATEMENT covers timber to be cut or as-extracted	16. Additional collateral descript	ION:			
collateral, or is filed as a L fixture filing.  14. Description of real estate:		· (V)	5.		
17. Description to a commu.		ion:	4,		
		•	1.0		
			O		
				Visc.	
				0////00	
				0	
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 and				
	Debtor is a Trust or X T	rustee acting with re-	spect to p	roperty held in trust or	Decedent's Estate
	18. Check only if applicable and				
	Debtor is a TRANSMITTING	UTILITY			
	Filed in connection with a M		ransactio	n affective 30 years	
	Filed in connection with a F				

All Goods and Equipment, including all furniture, furnishings and fixtures and replacements thereof and substitutions therefore, owned by Debtor or Additional Debtor and located at 11923-81 W. 143<sup>rd</sup> Street, Orland Park, IL.

Property of Cook County Clark's Office

**EFICIAL COPY** 

STREET ADDRESS: 11923-8

CITY: ORLAND PARK

COUNTY: COOK

TAX NUMBER: 27-07-100-900-0000

30040719

## LEGAL DESCRIPTION:

LOT 84 (EXCEPT THAT PART LYING EAST OF THE FOLLOWING DESCRIBED LINES: BEGINNING AT A POINT ON THE NORTH LINE THEREOF 337.75 FEET NORTH 89 DEGREE 59 MINTUES 57 SECONDS WEST OF THE NORTHEAST CORNER OF SAID LOT; THENCE SOUTH 00 DEGREE 00 MIUNTES O3 SECONDS WEST 75.0 FEET THENCE SOUTH 05 DEGREES 26 MINUTES 28 SECONDS WEST 63.29 FEET; THENCE 00 DEGREES 00 MINUTES 03 SECONDS WEST 222.0 FEET TO A POINT IN THE SOUTH LINE THEREOF 364.32 FEET WEST OF THE SOUTHEAST CORNER THEREOF)IN PINEWOOD P.U.D. UNIT ONE, BEING A SUBDIVISION IN THE NORTHWEST 1/4 OF SECTION 7, TOWNSHIP 36 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Property of County Clark's Office