LexisNexis Document Solutions 135 S. LaSalle St., Suite 2260 Chicago, IL 60603 Phone: (312) 201-1273 B. SEND AC 1776643 - 3 Search After Debtor: MCCLENDON, EDWARD J Juris: Recorder of Deeds, Cook County, IL

Ĺ.		<i>C</i>		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY						
1. [DEBTOR'S EXACT F	ULL ECAL NAME - in	sert only <u>one</u> debtor name (1a	or 1b) - do not abbrevia	te or combine names					
	1a. ORGANIZATION'S N.	AME								
OR '	1b. INDIVIDUAL'S LAST NAME MCCLENDON			FIRST NAME EDWARD		MIDDLE N J.	SUFFIX			
	mailing address 030 SOUTH C	OLFAX	0,5	CHICAGO		STATE	POSTAL CODE 60617	COUNTRY		
1d, 1	TAX ID #: SSN OR EIN		TYPE OF OR ANIZATION IDIVIDUAL	1f. JURISDICTION	OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any				
2. A	ADDITIONAL DEBTOR	R'S EXACT FULL LEG	AL NAME - insert only one d	stor name (2a or 2b)	do not abbreviate or combine na	mes				
	2a. ORGANIZATION'S NA									
OR	2b, INDIVIDUAL'S LAST	NAME	FIRET N'un'E		MIDDLE NAME		SUFFIX			
2c. N	MAILING ADDRESS			CITY)×,	STATE	POSTAL CODE	COUNTRY		
2d. T	TAX ID #: SSN OR EIN	ADD'L INFO RE 2e. 1 ORGANIZATION DEBTOR	TYPE OF ORGANIZATION	2f. JURISDICTION	OF SIGANIZATION	2g. ORGA	NIZATIONAL ID #, if any	NOVE		
3. S	SECURED PARTY'S	NAME (or NAME of TO	TAL ASSIGNEE of ASSIGNOR	S/P) - insert only one	secured party ram (33 or 3b)					
	3a. ORGANIZATION'S NA BANKFINAN	NCIAL, F.S.B			7	· ·				
OR	3b. INDIVIDUAL'S LAST	NAME		FIRST NAME	7	N IDDLE N	AME	SUFFIX		
	MAILING ADDRESS			CITY			PUSTAL CODE	COUNTRY		
12	200 INTERNA	TIONALE PA	RKWAY, SU	WOODRI	DGE	IL 🗸	£0517	ļ.		

All Fixtures; Furniture and Equipment (related to real estate) whether any of the foregoing is owned now or acquire their 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 8001-03 South May Street and 1113-15 West 80th Street, Chicago, Illinois 60620. Real Estate tax identification number is 20-32-209-001-0000.

ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNEE/CO	NSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG, LIEN	NON-UCC FILING
This FINANCING STATEMENT is to be filed in ESTATE RECORDS Attach Addendum	for record] (or recorded)	in the REAL 7.	Check to REQUE IADDITIONAL FE	ST SEARCH REPO	RT(S) on Debtor(s) [optional]	All Debtors	Debtor 1 Debtor 2
Cook County (Loan #1900017342)	<u>-</u>		<u>-</u>				

4. This FINANCING STATEMENT covers the following collateral:

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			EMENT					
								
		FIRST NAME EDWARD	J.	NAME, SUFFIX	i I			
MISCELLANEOUS:								
		0					IS FOR FILING OF	FICE USE ONLY
		L LEGAL NAME - insert only one	lebtor name (11a	or 11b) - do no	t abbreviate or comb	ine names		
THE ORGANIZATIONS	VAME							
11b, INDIVIDUAL'S LAS	NAME		FIRST NAME			MIDDLE	NAME	SUFFIX
MAILING ADDRESS		0	CITY			STATE	POSTAL CODE	COUNTRY
TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	15. JURISDIC	TION OF ORGA	ANIZATION	11g. ORG	BANIZATIONAL ID#,	if any
ADDITIONAL SEC	URED PARTY	S or ASSIGNOR S/P'S N	ME - insercont	י <u>טה</u> name (12	a or 12b)			
12a, ORGANIZATION'S I	NAME			40		_		
12b. INDIVIDUAL'S LAS	NAME		FIRST NAME	3		MIDDLE	NAME	SUFFIX
MAILING ADDRESS			CITY		C	STATE	POSTAL CODE	COUNTRY
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				Trust or Truy if applicable an	ustee acting with res and check <u>only</u> one bo 3 UTILITY	ox. pect to propo	erty held in trust or	
	ADDITIONAL DEBTO 11b. INDIVIDUAL'S LAST MAILING ADDRESS TAX ID #: SSN OR EIN ADDITIONAL SEC 12a. ORGANIZATION'S I 12b. INDIVIDUAL'S LAST MAILING ADDRESS TAX ID #: SSN OR EIN ADDITIONAL SEC 12a. ORGANIZATION'S I 12b. INDIVIDUAL'S LAST MAILING ADDRESS This FINANCING STATEM collateral, or is filed as a Description of real estate: OTS 35 AND 36 IN UBDIVISION OF EDDITION TO AUBL ORTHEAST 1/4 OF ANGE 14, EAST OF OOK COUNTY, ILLI Name and address of a RE	ADDITIONAL DEBTOR'S EXACT FUI 11a ORGANIZATION'S NAME ADDITIONAL DEBTOR'S EXACT FUI 11a ORGANIZATION'S NAME MISCELLANEOUS: ADDITIONAL DEBTOR'S EXACT FUI 11b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ORGANIZATION DEBTOR ADDITIONAL SECURED PARTY 12a. ORGANIZATION'S NAME 12b. INDIVIDUAL'S LAST NAME MAILING ADDRESS This FINANCING STATEMENT covers Itim collateral, or is filed as a fixture filling. Description of real estate: OTS 35 AND 36 IN BLOCK 6 IN H UBDIVISION OF BLOCK 3, 5 DOITION TO AUBURN IN THE N ORTHEAST 1/4 OF SECTION 32 ANGE 14, EAST OF THE THIRD IS OOK COUNTY, ILLINOIS.	99. INDIVIDUAL'S LAST NAME MCCLENDON MISCELLANEOUS: ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of the control of the contr	ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (112) ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (113) ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (114) ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (115) ITIBLE ORGANIZATION'S NAME ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (115) ITIBLE ORGANIZATION'S NAME ADDITIONAL SLAST NAME FIRST NAME ADDITIONAL SECURED PARTY'S OF ASSIGNOR S/P'S NAME - insertival name of the color of the col	ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (11a or 11b) - do no NISCELLANEOUS: ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (11a or 11b) - do no 11a ORGANIZATION'S NAME TITLE INDIVIDUAL'S LAST NAME ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (11a or 11b) - do no 11a ORGANIZATION'S NAME TITLE INDIVIDUAL'S LAST NAME ADDITIONAL SECURED PARTY'S ONE ORGANIZATION OF ORGANIZATION ORGANIZA	LOW INSTRUCTIONS (front and back) CARREFULLY WAVE OF FIRST DEBTOR (1s or 1s) ON RELATED FINANCING STATEMENT So. ORGANZATION'S NAME So. INDVIDUAL'S LAST NAME MCCLENDON MISCELLANEOUS: THE ABOVI ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1s or 11b) - do not abbreviate or continue of the continue of	LOWINSTRUCTIONS (front and back) CARREVILLY WANDE OF RIST DEBTOR (1a or 1b) ON RELATED FRANCING STATEMENT B. CRGANZATION'S NAME GB. INDIVIDUAL'S LAST NAME MICCELANEOUS: THE ABOVE SPACE ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insentionly one debtor name (1a or 11b) - do not abbrevious of combine names 11a ORGANIZATION'S NAME MICCELANEOUS: THE ABOVE SPACE ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insentionly one debtor name (1a or 11b) - do not abbrevious of combine names 11a ORGANIZATION'S NAME MICCELANEOUS MALING ADDRESS TAX Diff. SNOWEN ADDITIONAL SLAST NAME MICCELANEOUS ADDITIONAL SLOST NAME MICCELANEOUS TAX Diff. SNOWEN ADDITIONAL SECURED PARTY'S or ASSIGNOR SIP'S NAME - insentionly one name (12a or 12b) 12a ORGANIZATION'S NAME TAX DIFF. SNOWENS ADDITIONAL SECURED PARTY'S or ASSIGNOR SIP'S NAME - insentionly one name (12a or 12b) 12b INDIVIDUAL'S LAST NAME MICCELANEOUS TATEMENT covers into the out or Security of the control of the destale of the control of the co	LOW INSTRUCTIONS (front and basic) CARREFULY MALE OF FIRST DEBTOR (a or 1s) ON RELATED FINANCING STATEMENT B. CRIGANIZATION'S NAME SP. RICYCOURL'S LAST NAME PREST NAME MICCLE NAME, SUPFIX J. THE ABOVE SPACE IS FOR FILING OF ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - ment only gree debidy name (11a or 11b) - do and abbreviate or combine names 11a GROWINGATION'S NAME 11b. INCVIDUAL'S LAST NAME MICCLE NAME PREST NAME PREST NAME MICCLE NAME INCIDENTIAL SECURED PREST SEARCH FULL LEGAL NAME - ment only gree debidy name (11a or 11b) - do and abbreviate or combine names INCIDENTIAL SECURED PREST SEARCH FULL LEGAL NAME - ment only gree debidy name (11a or 11b) - do and abbreviate or combine names Incidential SECURED PREST SEARCH FULL LEGAL NAME - ment only gree debidy name (11a or 11b) - do and abbreviate or combine names Incidential Combined Name PREST NAME PREST NAME MICCLE NAME INCIDENTIAL SECURED PREST SEARCH FULL LEGAL NAME - ment only gree debidy name (11a or 11b) - do and abbreviate or combine names Incidential Combined Name Incidential Combined Or SEARCH PREST NAME ADDITIONAL SECURED PREST SEARCH PREST NAME Incidential Combined Name Inci