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2003-02-03 11:44:16
Cook County Recorder 26.50

Return 10:

UCC FIN
FOLLOW INS

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B. SEND AC



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Search After (FM N) - ("J")
Debtor: MCCLENDON, EDWARD J
Juris: Recorder of Deeds, Cook County, IL

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

2

| | | | | | | |
|--|---|--|----------------------------------|---------------------------------|--|----------------|
| 1a. ORGANIZATION'S NAME | | | | | | |
| OR | 1b. INDIVIDUAL'S LAST NAME MCCLENDON | | FIRST NAME EDWARD | MIDDLE NAME J. | SUFFIX | |
| 1c. MAILING ADDRESS 9030 SOUTH COLFAX | | | CITY CHICAGO | STATE IL | POSTAL CODE 60617 | COUNTRY USA |
| 1d. TAX ID #, SSN OR EIN | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION INDIVIDUAL | 1f. JURISDICTION OF ORGANIZATION | 1g. ORGANIZATIONAL ID #, if any | | |
| | | | | | <input checked="" type="checkbox"/> NONE | |

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

| | | | | | | |
|--------------------------|-----------------------------------|--------------------------|----------------------------------|---------------------------------|-------------------------------|---------|
| 2a. ORGANIZATION'S NAME | | | | | | |
| OR | 2b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME | SUFFIX | |
| 2c. MAILING ADDRESS | | | CITY | STATE | POSTAL CODE | COUNTRY |
| 2d. TAX ID #, SSN OR EIN | ADD'L INFO RE ORGANIZATION DEBTOR | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION | 2g. ORGANIZATIONAL ID #, if any | | |
| | | | | | <input type="checkbox"/> NONE | |

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

| | | | | | | |
|--|----------------------------|--|-------------------|-------------|----------------------|---------|
| 3a. ORGANIZATION'S NAME BANKFINANCIAL, F.S.B. | | | | | | |
| OR | 3b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME | SUFFIX | |
| 3c. MAILING ADDRESS 1200 INTERNATIONALE PARKWAY, SU | | | CITY WOODRIDGE | STATE IL | POSTAL CODE 60517 | COUNTRY |

4. This FINANCING STATEMENT covers the following collateral:

All Fixtures; Furniture and Equipment (related to real estate) 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; 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.

| | | | | | | |
|---|--|--|--|---------------------------------------|-----------------------------------|---|
| 5. ALTERNATIVE DESIGNATION (if applicable): | <input type="checkbox"/> LESSOR/LESSOR | <input type="checkbox"/> CONSIGNEE/CONSIGNOR | <input type="checkbox"/> BAILEE/BAILOR | <input type="checkbox"/> SELLER/BUYER | <input type="checkbox"/> AG. LIEN | <input type="checkbox"/> NON-UCC FILING |
| 6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum | <input type="checkbox"/> (if applicable) | 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (OPTIONAL FEE) | <input type="checkbox"/> (optional) | <input type="checkbox"/> All Debtors | <input type="checkbox"/> Debtor 1 | <input type="checkbox"/> Debtor 2 |
| 8. OPTIONAL FILER REFERENCE DATA Cook County (Loan #1900017342) | | | | | | |

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT
9a. ORGANIZATION'S NAME
OR
9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX
MCCLENDON EDWARD J.

10. MISCELLANEOUS:
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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (11a or 11b) - do not abbreviate or combine names
11a. ORGANIZATION'S NAME
OR
11b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX
11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
11d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 11e. TYPE OF ORGANIZATION 11f. JURISDICTION OF ORGANIZATION 11g. ORGANIZATIONAL ID #, if any NONE

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)
12a. ORGANIZATION'S NAME
OR
12b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX
12c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

13. This FINANCING STATEMENT covers [] timber to be cut or [] as-extracted collateral, or is filed as a [X] fixture filing.
14. Description of real estate:
LOTS 35 AND 36 IN BLOCK 6 IN HANSEN AND RAYMOND'S SUBDIVISION OF BLOCK 3, 5 AND 6 IN HIGH RIDGE ADDITION TO AUBURN IN THE NORTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 32, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.
15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

16. Additional collateral description:

17. Check only if applicable and check only one box.
Debtor is a [] Trust or [] Trustee acting with respect to property 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 in connection with a Public-Finance Transaction — effective for 30 years