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0033 00 001 Page 1 of 4

2003-01-24 11:21:04

Cook County Recorder

30.50

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

Uptown National Bank of Chicago
 ATTN: Loan Operations
 4753 N Broadway
 Chicago, IL 60640

2044491 MTC
 Tmn 307M1



0030113257

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

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S LAST NAME: WELSCH

FIRST NAME: JOSEPH

MIDDLE NAME: C.

SUFFIX:

1c. MAILING ADDRESS: 4934 N. MONTICELLO

CITY: CHICAGO

STATE: IL

POSTAL CODE: 60625

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

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: WELSCH

FIRST NAME: RUBIE

MIDDLE NAME: E.

SUFFIX:

2c. MAILING ADDRESS: 4934 N. MONTICELLO

CITY: CHICAGO

STATE: IL

POSTAL CODE: 60625

COUNTRY: USA

2d. TAX ID #: SSN OR EIN

ADD'L INFO RE ORGANIZATION DEBTOR

2e. TYPE OF ORGANIZATION: INDIVIDUAL

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATIONAL ID #, if any

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: UPTOWN NATIONAL BANK OF CHICAGO

OR

3b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

3c. MAILING ADDRESS: 4753 N BROADWAY

CITY: CHICAGO

STATE: IL

POSTAL CODE: 60640

COUNTRY

4. This FINANCING STATEMENT covers the following collateral:

All right, title and interest of the debtors in, to and under that certain Trust Agreement dated November 1, 1987, under which Bank of Ravenswood is acting as Trustee and known as Trust #25-8909 & #25-8910 including without limitations the 100% of the Beneficial Interest of the Debtors thereunder and right to receive rents, issues, avails and proceeds of the Trust property and estate, the power of direction and all other rights, powers and privileges thereunder together with all proceeds therefrom, Trust property commonly known as 1457-59 W. Leland & 4656 N. Dover, Chicago, IL 60640; 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).

5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING

6. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (if applicable) (ADDITIONAL FEE) (optional) All Debtors Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA
610287500/31001

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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| | | |
|---|------------|---------------------|
| 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 |
| WELSCH | JOSEPH | C. |

10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

| | | | | | |
|---|-----------------------------------|---------------------------|-----------------------------------|--|---------|
| 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 | | |
| FONTANEZ-PHELAN | SANDRA | M. | | | |
| 11c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |
| 4542 N. DOVER | | CHICAGO | IL | 60640 | USA |
| 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 | |
| | | INDIVIDUAL | | <input checked="" type="checkbox"/> 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 fixture filing.

14. Description of real estate:

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

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

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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 WELSCH | FIRST NAME JOSEPH | MIDDLE NAME, SUFFIX C. |

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 PHELAN | FIRST NAME PATRICK | MIDDLE NAME M. | SUFFIX | |
| 11c. MAILING ADDRESS 4542 N. DOVER | | CITY CHICAGO | STATE IL | POSTAL CODE 60640 | COUNTRY USA |
| 11d. TAX ID #, SSN OR EIN | ADD'L INFO RE ORGANIZATION DEBTOR | 11e. TYPE OF ORGANIZATION INDIVIDUAL | 11f. JURISDICTION OF ORGANIZATION | 11g. ORGANIZATIONAL ID #, if any <input checked="" type="checkbox"/> 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 |

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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

Harland Financial Solutions

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LEGAL DESCRIPTION

PARCEL 1:

LOT 299 (EXCEPT THE WESTERLY 46 FEET AS MEASURED ALONG THE SOUTHERLY LINE THEREOF) IN SHERIDAN DRIVE SUBDIVISION IN THE NORTHWEST 1/4 OF SECTION 17, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 2:

THE WESTERLY 46 FEET (AS MEASURED ALONG THE SOUTHERLY LINE) OF LOT 299 IN SHERIDAN DRIVE SUBDIVISION IN THE NORTHWEST 1/4 OF SECTION 17, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN# 14-17-107-038-0000

14-17-107-039-0000

Cook County Clerk's Office