## **UNOFFICIAL COPY**

## 0030283307 UCC FINANCING STATEMENT 5480/0110 54 001 Page 1 of FOLLOW INSTRUCTIONS (front and back) CAREFULLY 2003-02-27 13:08:06 A. NAME & PHONE OF CONTACT AT FILER [optional] Cook County Recorder 28.50 B. SEND ACKNOWLEDGEMENT TO: (Name and Address) LexisNexis Document Solutions 135 South LaSalle Street **Suite 2260** Chicago, Il 60603 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S EXACT FULL Lical NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names 1a. ORGANIZATION'S NAME 16. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX **SANGHERA GURDIAL** S. 1c. MAILING ADDRESS STATE POSTAL CODE COUNTRY 2512 INDIAN GRASS CT NAPERVILLE IL60564 USA ADD'L INFO RE 1e. TYPE OF ORG. NIZATION 1d. TAX ID #: SSN OR EIN 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any ORGANIZATION INDIVIDUA' NONE DEBTOR 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only comde lor name (2a or 2b) - do not abbreviate or combine names 2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S LAST NAME FIRST N'ME MIDDLE NAME SUFFIX SANGHERA KAMAL J. 2c. MAILING ADDRESS STATE POSTAL CODE COUNTRY **2512 INDIAN GRASS CT** NAPERVILLE IL60564 USA 2d. TAX ID #: SSN OR EIN 2f. JURISDICTION OF CRGANIZATION 2g. ORGANIZATIONAL ID#, if any ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION INDIVIDUAL NONE DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party nam (3a or 3b) 3a. ORGANIZATION'S NAME BANKFINANCIAL, F.S.B. OR 3b. INDIVIDUAL'S LAST NAME AUDLE NAME FIRST NAME SUFFIX 3c. MAILING ADDRESS PISTAL CODE COUNTRY

4. This FINANCING STATEMENT covers the following collateral:

1200 INTERNATIONALE PARKWAY, SU

All Fixtures; 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)

WOODRIDGE

60517

IL

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CO	ONSIGNOR BAILEE/BAILOR SELLER/BUYER AG LIEN NON-UCC FILING
6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL [if applicable]	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) All Debtors Debtor 1 Debtor
8, OPTIONAL FILER REFERENCE DATA 1900018110/Cook	Aign/ Aul 1 Ale
	#1776024-1 219
FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT (FORM UC	Harland Financial Solutions U CC1) (REV. 07/29/98) 400 S.W. 6th Avenue, Portland, Oregon 97204

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UCC FINANCING STATE FOLLOW INSTRUCTIONS (front and ba						
9. NAME OF FIRST DEBTOR (1a or		MENT	1			
9a. ORGANIZATION'S NAME						
9b. INDIVIDUAL'S LAST NAME SANGHERA	FIRST NAME GURDIAL	MIDDLE NAME, SUFFIX				
10. MISCELLANEOUS:						
2	000		THE ABOVE	SPACE	IS FOR FILING OFF	ICE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT	FULL I ÉGAL NAME - insert only one de	ebtor name (11a or 11b) - do no	ot abbreviate or combi	ne names		
11a. ORGANIZATION'S NAME						
DR 11b. INDIVIDUAL'S LAST NAME		FIRST NAME	<del></del>	MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS	00	CITY	<del></del>	STATE	POSTAL CODE	COUNTRY
11d TAX ID #. SSN OR EIN ADD'L INFO ORGANIZAT DEBTOR		11f. JURISDICTION OF ORGA	ANIZATION	11g. OR	GANIZATIONAL ID#, if	any NON
12. ADDITIONAL SECURED PAR	RTY'S or ASSIGNOR S/P'S NA	ME - inse ( on ) <u>one</u> name (12	a or 12b)			
12a. ORGANIZATION'S NAME		40		_	<u> </u>	
DR 126. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
	1952-3, 1952-4, 1952-5 AND DOK CONDOMINIUM AS EY OF THE FOLLOWING TE: CERTAIN LOTS IN ELOPMENT IN THE EAST 1/2 SECTION 1, TOWNSHIP 42 DF THE THIRD PRINCIPAL ILLINOIS WHICH SURVEY IS TO THE CONDOMINIUM 25512514, TOGETHER WITH INTEREST IN THE COMMON , ILLINOIS. RTENANT TO & FOR THE R INGRESS & EGRESS AS N THE DECLARATION OF	16. Additional collateral descri				
		17. Check only if applicable a  Debtor is a Trust or Tru  18. Check only if applicable at  Debtor is a TRANSMITTING  Filed in connection with a M	ustee acting with respo nd check <u>only</u> one box 3 UTILITY	ect to prop	·	Decedent's Estate
		Filed in connection with a F	Public-Finance Transac	tion — eff	ective for 30 years	

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	CC FINANCING STA	ATEMENT ADDENDUM  Ind back) CAREFULLY		[			
		or 1b) ON RELATED FINANCING STAT	EMENT				
OR	9b. INDIVIDUAL'S LAST NAME SANGHERA	FIRST NAME GURDIAL	MIDDLE NAME, SUFFIX	Ç			
10.	MISCELLANEOUS:						
	D <sub>C</sub>	20_					
						IS FOR FILING O	FFICE USE ONLY
11.	ADDITIONAL DEBTOR'S EXA	ACT FULL EF AL NAME - insert only one o	lebtor name (11a or 11b) - do n	ot abbreviate or combi	ne names_		
OR	116 INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
110	MAILING ADDRESS	00	CITY	<del></del>	STATE	POSTAL CODE	COUNTRY
11d.	TAX ID #: SSN OR EIN ADD'L IN ORGANI DEBTOR	IZATION '	11f. JURISDICTION OF ORG	ANIZATION	11g. ORG	GANIZATIONAL ID#	if any
12.	ADDITIONAL SECURED F	PARTY'S or ASSIGNOR S/P'S NA	ME - ins at oily one name (12	?a or 12b)			
	12a. ORGANIZATION'S NAME		4/2				
OR	12b. INDIVIDUAL'S LAST NAME	<u></u>	FIRST NAME	•	MIDDLE	NAME	SUFFIX
12c.	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
	This FINANCING STATEMENT cove collateral, or is filed as a X fixture fill Description of real estate:	ers timber to be cut or as-extracted aling.	16. Additional collateral desc	T	Ó		
0 JI 0 C	ONDITIONS, EASEMENTS JNE 11, 1980 AS DOCUME EED RECORDED AS DO OUNTY ILLINOIS. Property	& RESTRICTION RECORDED NT 25483605 & AS CREATED BY OCUMENT 25523533, IN COOK y: 1952 Green Lane, Palatine, IL 05, 1004, 1003, 1002 & 1001					
15.	Name and address of a RECORD OV (if Debtor does not have a record inte	WNER of above-described real estate erest):					
			17. Check only if applicable a				
			Debtor is a Trust or			erty held in trust or	Decedent's Estate
			Debtor is a TRANSMITTIN	G UTILITY			
			Filed in connection with a			•	