



0030387986

5976/6352 30 001 Page 1 of 2  
2003-03-21 10:09:31  
Cook County Recorder 26 00

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]  
Phone: (800) 331-3282 Fax: (818) 662-4141

B. SEND ACKNOWLEDGEMENT TO: (Name and Address) 511193 IHARRISBANK2

UCC Direct Services 5740380  
P.O. Box 29071  
Glendale, CA 91209-9071 ILIL

File with: Cook County Recorder, 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

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX  
BERSCH CLAUDE M.

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
907 E. BROOKWOOD DRIVE ARLINGTON Cont On Adden. IL 60004

1d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION 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 FIRST NAME MIDDLE NAME SUFFIX  
BERSCH JANET A.

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
907 BROOKWOOD DRIVE ARLINGTON Cont On Adden. IL 60004

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  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  
HARRIS BANK ELK GROVE, N.A.

OR

3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
500 E. DEVON AVENUE ELK GROVE VILLAGE IL 60007

4. This FINANCING STATEMENT covers the following collateral:

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). . . . PROPERTY DESCRIPTION: LOT 11 IN CANAL RANDOLPH RESUBDIVISION OF PART OF WHEELING INDUSTRIAL CENTER SUBDIVISION, IN THE NORTHWEST 1/4 OF SECTION 14, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. . . . PIN: 03-14-102-025-0000 . . . PROPERTY ADDRESS: 1125 S. WHEELING ROAD, WHEELING, IL 60090 006/ Bersch, Claude

5. ALTERNATIVE DESIGNATION [if applicable]  LESSEE/LESSOR  CONSIGNEE/CONSIGNOR  BAILEE/BAIOLR  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  (if applicable) 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s)  All Debtors  Debtor 1  Debtor 2  (optional) (ADDITIONAL FEE)

8. OPTIONAL FILER REFERENCE DATA

5740380

006/ Bersch, Claude

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Phone:(800) 331-3282 Fax: (818) 662-4141	
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	511193 IHARRISBANK2
UCC Direct Services	5740380
P.O. Box 29071	ILIL
Glendale, CA 91209-9071	
File with: Cook County Recorder, IL	

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 BERSCH		FIRST NAME CLAUDE	MIDDLE NAME M.	SUFFIX	
2c. MAILING ADDRESS 907 E. BROOKWOOD DRIVE		CITY ARLINGTON Cont On Adden.	STATE IL	POSTAL CODE 60004	COUNTRY
1d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION		1g. ORGANIZATIONAL ID #, if any <input 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 BERSCH		FIRST NAME JANET	MIDDLE NAME A.	SUFFIX	
2c. MAILING ADDRESS 907 BROOKWOOD DRIVE		CITY ARLINGTON Cont On Adden.	STATE IL	POSTAL CODE 60004	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 HARRIS BANK ELK GROVE, N.A.					
OR					
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS 500 E. DEVON AVENUE		CITY ELK GROVE VILLAGE	STATE IL	POSTAL CODE 60007	COUNTRY

4. This FINANCING STATEMENT covers the following collateral:

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). . . . PROPERTY DESCRIPTION: LOT 11 IN CANAL RANDOLPH RESUBDIVISION OF PART OF WHEELING INDUSTRIAL CENTER SUBDIVISION, IN THE NORTHWEST 1/4 OF SECTION 14, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. . . . PIN: 03-14-102-025-0000 . . . PROPERTY ADDRESS: 1125 S. WHEELING ROAD, WHEELING, IL 60090 006/ Bersch, Claude

5. ALTERNATIVE DESIGNATION [if applicable] <input type="checkbox"/> LESSEE/LESSOR <input type="checkbox"/> CONSIGNEE/CONSIGNOR <input type="checkbox"/> BAILEE/BAIOLR <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 [if applicable]			7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2		
			[ADDITIONAL FEE] [optional]		

8. OPTIONAL FILER REFERENCE DATA

5740380

006/ Bersch, Claude

## 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 <b>BERSCH</b>	FIRST NAME <b>CLAUDE</b>	MIDDLE NAME, SUFFIX <b>M.</b>
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10. MISCELLANEOUS

**5740380-40-1**

**511193 IHARRISBANK2**

006/ Bersch, Claude

File with: Cook County Recorder, IL

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S LAST NAME <b>BERSCH</b>	FIRST NAME <b>CLAUDE</b>	MIDDLE NAME <b>M.</b>	SUFFIX
--	-----------------------------	--------------------------	--------

11c. MAILING ADDRESS

<b>907 E. BROOKWOOD DRIVE</b>	CITY <b>HEIGHTS</b>	STATE <b>IL</b>	POSTAL CODE <b>60004</b>	COUNTRY
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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
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12c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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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:

Description: SEE SECTION 4 FOR LEGAL DESCRIPTION OF PROPERTY... PIN: 03-14-102-025-0000 ...  
PROPERTY ADDRESS: 1125 W. WHEELING ROAD, WHEELING, IL 60090

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 30 years

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
12b. INDIVIDUAL'S LAST NAME: BERSCH
FIRST NAME: CLAUDE
MIDDLE NAME, SUFFIX: M.

10. MISCELLANEOUS
5740380-40-1
511193 IHARRISBANK2
006/ Bersch, Claude
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11a. ORGANIZATION'S NAME
OR
11b. INDIVIDUAL'S LAST NAME: BERSCH
FIRST NAME: CLAUDE
MIDDLE NAME: M.
11c. MAILING ADDRESS: 907 E. BROOKWOOD DRIVE
CITY: HEIGHTS
STATE: IL
POSTAL CODE: 60004
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:
Description: SEE SECTION 4 FOR LEGAL DESCRIPTION OF PROPERTY... PIN: 03-14-102-025-0000...
PROPERTY ADDRESS: 1125 W. WHEELING ROAD, WHEELING, IL 60090

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 30 years



# UNOFFICIAL COPY

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## FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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9a. ORGANIZATION'S NAME		
OR		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
BERSCH	CLAUDE	M.

### 10. MISCELLANEOUS

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006/ Bersch, Claude

File with: Cook County Recorder, Ill.

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OR					
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX		
BERSCH	JANET	A.			
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
907 BROOKWOOD DRIVE		HEIGHTS	IL	60004	
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
					<input 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		
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