### UNOFFICIAL COPY387986



**59**70/0352 50 001 Page 1 57

2003-03-21 10:09:31

Cook County Recorder

26, 20

#### **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS	(front and back	) CAREFULLY
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A, NAME & PHONE OF CONTACT AT FILER [optional] Phone:(800) 331-3282 Fax: (818) 662-414	41
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	511193 IHARRISBANK2
UCC Direct Services P.O. Box 29071 Glendale, CA 91209-9071	5740380 ILIL
File with: Cook County	y Recorder, IL

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

<u>'</u>							·
1. D	EBTOR'S EXACT FUL	L LEGAL NA' IF -	insert only one debtor name (1	a or 1b) - do not abbreviate or combine nam	es		
OR	1a. ORGANIZATIÓN'S N	AME	9				
ŲΚ	1b. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
	BERSCH			CLAUDE	M.		
90	7 E. BROOK	WOOD DR	RIVE OF	ARLINGTON <sup>Cont On Adden.</sup>	STATE	60004	COUNTRY
1d. 1	FAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZ ATION	1f. JURISDICTION OF ORGANIZATION	1g. OR	GANIZATIONAL ID #, if any	NONE
2. A	DDITIONAL DEBTOR	'S EXACT FULL LI	EGAL NAME - insert only one of	let o name (2a or 2b) - do not abbreviate or	combine	names	
	2a. ORGANIZATION'S N	AME		10		•••	
OR	25 INDIVIDUAL'S LAST BERSCH	NAME		JANET JANET	A.	NAME	SUFFIX
	MAILING ADDRESS 17 BROOKWO	OOD DRIV	E	ARLINGTC NO On Adden.	STATE	POSTAL CODE 60004	COUNTRY
2d. 1	FAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORCANIZATION	2g. OR	GANIZATIONAL ID #, if any	NONE
3. S	ECURED PARTY'S N	AME (or NAME of	TOTAL ASSIGNEE of ASSIGN	OR S/P) - insert only one secured page and	e (3a or 3	b)	
<b>0</b> D	39 ORGANIZATION'S N HARRIS BA		ROVE, N.A.		7,		
OR	3b. INDIVIDUAL'S LAST	NAME		FIRST NAME	אים זו.	NAME	SUFFIX
	O E. DEVON	AVENUE		ELK GROVE VILLAGE	STATE	POSTAL CODE	COUNTRY

4. This FINANCING STATEMENT covers the following collateral:

ALL FIXTURES; WHETHER ANY OF THE FOREGOING IS OWNED NOW OR ACQUIRED LATER; ALL ACCESSIONS, ADD I'C NS. 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/BAILOR	SELLER/BUYER AG. LIEN	NON-UCC FILING
6. X This FINANCING STATEMENT is to be filed [for record] (or recorded ESTATE RECORDS. Attach Addendum	i) in the REAL 7. Check to REQUEST SEARCH REP (if applicable) JADDITIONAL FEE)	ORT(S) on Debtor(s) All Debtors De	ebtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA	<del></del>		
5740380	006	i/ Bersch, Claude	

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### **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAR	EFULLY				
A. NAME & PHONE OF CONTACT AT FILER [optional] Phone:(800) 331-3282 Fax: (818) 662-4	141				
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	511193 IHARR	RISBANK2			
UCC Direct Services	5740380				
P.O. Box 29071 Glendale, CA 91209-9071	ILIL				
File with: Cook Coun	ty Recorder, IL				
1. DEBTOR'S EXACT FULL LEGAL VA', F - insert only	one debtor name (1a	or 1b) - do not abbreviate or combine n	ames		
1a. ORGANIZATION'S NAME					
16. INDIVIDUAL'S LAST NAME BERSCH		FIRST NAME CLAUDE	MIDDLE M.	NAME	SUFFIX
907 E. BROOKWOOD DRIVE	0)5	ARLINGTON <sup>Cont On Adder</sup>	ı. ŞTATE	60004	COUNTRY
1d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION DEBTOR	ORGANIZ (TION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	SANIZATIONAL ID #, if any	NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAM	E - insert only <u>one</u> de	h.or name (2a or 2b) - do not abbreviate	or combine	names	
2a. ORGANIZATION'S NAME OR					
BERSCH LAST NAME	,	JANED	A.	NAME	SUFFIX
907 BROOKWOOD DRIVE		ARLINGTON On Adder	STATE	POSTAL CODE 60004	COUNTRY
2d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR	F ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORG	SANIZATIONAL ID #, if any	NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL AS	SIGNEE of ASSIGNO	R S/P) - insert only one secured pa.y	aine (3a or 3l	p)	
HARRIS BANK ELK GROVE,	N.A.		4		
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDULU	NAME	SUFFIX
500 E. DEVON AVENUE		ËLK GROVE VILLAGI	E IL	PUS VI CODE	COUNTRY
4. This FINANCING STATEMENT covers the following collateral:			. 1	77	

ALL FIXTURES; WHEELING 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
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COOK COUNTY, ILLINOIS. . . . PIN: 03-14-102-025-0000 . . . PROPERTY ADDRESS: 1125 S. WHEELING ROAD, WHEELING, IL 60090 006/ Bersch, Claude

	CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING
6. X 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)  [ADDITIONAL FEE]  [Optional]  All Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA	•
5740380	006/ Bersch, Claude

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	IAME OF FIRST DEBTOR (1a or 1b) ON 9a. ORGANIZATION'S NAME	N RELATED FINANCING STATEM	MENT				
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	96 INDIVIDUAL'S LAST NAME BERSCH	CLAUDE	MIDDLE NAME, SUFFIX M.				
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0	6/ Bersch, Claude						
ile	e with: Cook County Recorder, "_			THE ABOVE SP.	ACE IS FO	R FILING OFFICE US	E ONLY
1.	ADDITIONAL DEBTOR'S EXACT FULL	LECAL AME - insert only one n	ame (11a or 11b) - do not	abbreviate or combi	ne names		
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R	11h INDIVIDUAL'S LAST NAME BERSCH	0/	CLAUDE		MIDDLE M.	NAME	SUFFIX
1c	MAILING ADDRESS 907 E. BROOKWOOD	DRIVE	HEIGHTS		STATE	POSTAL CODE	COUNTRY
۱d	TAX ID#: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	1° JURISDICTION OF ORG	GANIZATION	11g. OR	GANIZATIONAL ID#,	if any
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	12a. ORGANIZATION'S NAME						
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	907 E. BROOKWOOD	DRIVE	HEIGHTS		IL	60004	
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	128. ORGANIZATION S NAME		40				
	12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
c.	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
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NAME OF FIRST DEBTOR (1a or 1	b) ON RELATED FINANCING STA	ATEMENT				
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11h INDIVIDITAL'S LAST NAME BERSCH	Ux	JANET		MIDDLE	NAME	SUFFIX
c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
907 BROOKWOOD	DRIVE	HEIGHTS		IL	60004	COUNTRY
I. TAX ID#: SSN OR EIN ADD'L INFO	O RE 11e. TYPE OF ORGANIZATION	11. JURISDICTION OF ORGA	ANIZATION	<del></del>	GANIZATIONAL ID #, if	any
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ADDITIONAL SECURED BAS	ASSIGNOR SERVICE	NAME IS A SURE PROPERTY.	(40= == 40E)			
ADDITIONAL SECURED PAR 12a. ORGANIZATION'S NAME	RIYS <u>or</u> L_ ASSIGNOR S/PS	NAME - insert only one name	(12a or 12b)			•
		45				
12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
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