WOFFICIAL CORMO2064

55 2

5567/0119 90 001 Page 1 of 2 **2003-03-04 12:27:37** Cook County Recorder 26.50

UCC FINANCING	STATEMENT
EQUIOWINGTOLICTIONS /	front and bank CAREELLIN

OLLOW INSTRUCTIONS (front and back) CAREFULLY

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

:1

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

EBTOR'S EXACT F	ULL LECAL NAM	E - insert only one debtor name (1a	or 1b) - do not abbreviate or combine names			
1a. ORGANIZATION'S N	IAME)				
Th. INDIVIDUAL'S LAST NAME HOLLEY		FIRST NAME MICHAEL	F.	MIDDLE NAME F.		
MAILING ADDRESS 21 N. SHERIC	OAN ROAL	0.5	WAUKEGAN	STATE	60085	COUNTRY
AX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ONG INIZATION INDIVIDUAL	1f. JURISDICTION OF ORGANIZATION	1g. ORG	1g. ORGANIZATIONAL ID#, if any	
DDITIONAL DEBTO	R'S EXACT FULL	LEGAL NAME - insert only one	lebtor name (2a or 2b) - do not abbreviate or c	ombine names		
			0/4			
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME S		
AILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
AX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF CAC. NIZATION	2g. ORG	2g. ORGANIZATIONAL ID #, if any	
ECURED PARTY'S	NAME (or NAME)	of TOTAL ASSIGNEE of ASSIGNOR	R S/P) - insert only one secured party r ame (3)	or 3b)		
a. ORGANIZATION'S N	AME			9,,		
3b. INDIVIDUAL'S LAST I	NAME		FIRST NAME	MIDDLE!	NAME	SUFFIX
AILING ADDRESS 5 SOUTH LA	SALLE ST	REET	CHICAGO	SIAIE IL	61)603	COUNTRY
	19. ORGANIZATION'S N 19. INDIVIDUAL'S LAST HOLLEY MAILING ADDRESS 1 N. SHERIL AX ID #: SSN OR EIN DDITIONAL DEBTO 20. ORGANIZATION'S N 20. INDIVIDUAL'S LAST AILING ADDRESS AX ID #: SSN OR EIN ECURED PARTY'S 30. ORGANIZATION'S N LASALLE B 315. INDIVIDUAL'S LAST	19. ORGANIZATION'S NAME 10. INDIVIDUAL'S LAST NAME HOLLEY MAILING ADDRESS 11. N. SHERIDAN ROAD AX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR'S EXACT FULL 20. ORGANIZATION'S NAME 20. INDIVIDUAL'S LAST NAME AX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR AX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR ECURED PARTY'S NAME (OF NAME OF	19. INDIVIDUAL'S LAST NAME HOLLEY SAILING ADDRESS 1 N. SHERIDAN ROAD AX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION INDIVIDUAL ODDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one 2a. ORGANIZATION'S NAME AX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ONE ADD'L INFO RE ORGANIZATION DEBTOR AX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR ECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNORM) BA. ORGANIZATION'S NAME LASALLE BANK NATIONAL ASSOCIA	The individual's last name HOLLEY MICHAEL WAUKEGAN ANDIL INFO RE 1e. TYPE OF ORGANIZATION III. JURISDICTION OF ORGANIZATION ORGANIZATION OF ORGANIZATION III. JURISDICTION OF ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION MICHAEL WAUKEGAN III. JURISDICTION OF ORGANIZATION ORGANIZATION MICHAEL MAUKEGAN III. JURISDICTION OF ORGANIZATION ORGANIZATION ORGANIZATION OF ORGANIZATION ORGANIZATION'S NAME ORGANIZATION ORGANIZATION'S NAME LASALLE BANK NATIONAL ASSOCIATION MICHAEL MAUKEGAN MICHAEL WAUKEGAN III. JURISDICTION OF ORGANIZATION OF ORGANIZATION ORGANIZATION OF ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION'S NAME LASALLE BANK NATIONAL ASSOCIATION FIRST NAME ALLING ADDRESS CITY FIRST NAME	1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S LAST NAME HOLLEY MICHAEL FR. MICHAEL F. MICHAEL STATE IL ADVI INFO RE 1e. TYPE OF CRG INIZATION OF ORGANIZATION OF ORGANIZATION ORGANIZATION INDIVIDUAL DITTIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one lebtor name (2a or 2b) - do not abbreviate or combine names 2a. ORGANIZATION'S NAME THE MIDDLE INDIVIDUAL'S LAST NAME MIDDLE INDIVIDUAL'S LAST NAME ALLING ADDRESS CITY STATE CURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party 1 ame (2 or 3b) 1a. ORGANIZATION'S NAME LASALLE BANK NATIONAL ASSOCIATION 1b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE INDIVIDUAL'S LAST NAME MIDDLE INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE INDIVIDUAL'S LAST NAME MIDDLE INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE INDIVIDUAL'S LAST NAME MIDLE INDIVIDUAL'S LAST NAME MIDDLE INDIVIDUAL'S LAST NAME MIDDLE INDIVIDUAL'S LAST NAME MIDDLE INDIVIDUAL'S LAST NAME MIDLE INDIVIDUAL'	1b. INDIVIDUAL'S LAST NAME MICHAEL FIRST NAME MIDDLE NAME FOSTAL CODE 60085 11. JURISDICTION OF ORGANIZATION 12. ORGANIZATION NAME DIDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one Jebtor name (2a or 2b) - do not abbreviate or combine names 2a. ORGANIZATION'S NAME FIRST NAME FIRST NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME POSTAL CODE AXID #: SSN OR EIN ORGANIZATION DEBTOR ADDL INFO RE [2e. TYPE OF ORGANIZATION DEBTOR AXID #: SSN OR EIN ORGANIZATION DEBTOR ADDL INFO RE [2e. TYPE OF ORGANIZATION DEBTOR AXID #: SSN OR EIN ORGANIZATION DEBTOR AXID #: SSN OR EIN ORGANIZATION DEBTOR ADDL INFO RE [2e. TYPE OF ORGANIZATION DEBTOR AXID #: SSN OR EIN ORGANIZATION DEBTO

 ${\bf 4. \ This\ FINANCING\ STATEMENT\ covers\ the\ following\ collateral:}$

ALL ASSETS AND ALL PERSONAL PROPERTY OWNED BY DEBTOR

1 pg attached			
5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR	CONSIGNEE/CONSIGNOR BAILEE/BA	AILOR SELLER/BUYER AG. LIEN	NON-UCC FILING
This FINANCING STATEMENT is to be filed [for record] (or recorded ESTATE RECORDS Attach Addendum	i) in the REAL 7 Check to REQUEST SEARCE [If applicable] 7 [ADDITIONAL FEET	CH REPORT(S) on Debtor(s) All Debtors	Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA COOK COUNTY 4/1934853	536-7156	G1778	3562-2

UNOFFICIAL COPY 0030302064

UCC FINANCING STATE FOLLOW INSTRUCTIONS (front and both)		ļ			
9. NAME OF FIRST DEBTOR (1a or	1b) ON RELATED FINANCING STAT	TEMENT			
9a. ORGANIZATION'S NAME					
96. INDIVIDUAL'S LAST NAME HOLLEY	FIRST NAME MICHAEL	MIDDLE NAME, SUFFIX			
10, MISCELLANEOUS:					
	0		THE ABOVE SPACE	IS FOR FILING OFF	ICE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT	FULLETAL NAME - insert only one	debtor name (11a or 11b) - do not	abbreviate or combine names		
11a. ORGANIZATION'S NAME	9				
11b, INDIVIDUAL'S LAST NAME	Ox	FIRST NAME	MIDDLE	NAME	SUFFIX
1c. MAILING ADDRESS	C	CITY	STATE	POSTAL CODE	COUNTRY
1d. TAX ID #: SSN OR EIN ADD'L INFO ORGANIZATI DEBTOR	l	11f JURISDICTION OF ORGAN		GANIZATIONAL ID#, if a	iny No
12. ADDITIONAL SECURED PAR	RTY'S or ASSIGNOR S/P'S N	AME - i sert o ly <u>one</u> name (12a	or 12b)		
12a, ORGANIZATION'S NAME		0.			
OR 12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
3. This FINANCING STATEMENT covers collateral, or is filled as a fixture filling. 4. Description of real estate: LOT 16 IN BLOCK 20 I NORTH PART OF LOT 16 DESCRIBED AT A POINT ON THE NORTHEFEET EAST OF WESTERLY LINE FEET TO THE NORTHWEST CO SOUTHEASTERLY ALONG WETHENCE NORTHEASTERLY 18.1 THE PLACE OF BEGINNING), II TOWNSHIP 42 NORTH, RAN PRINCIPAL MERIDIAN, IN COOK ADDRESS: 2619 NORTH PRAIRIPIN: 05-34-423-008-0000	EVANSTON (EXCEPT THAT AS FOLLOWS: BEGINNING RLY LINE OF LOT 16, 18.13; THENCE WESTERLY 18.13 PRINER OF LOT 16; THENCE STERLY LINE 2.80 FEET; 13 FEET MORE OR LESS TO N QUILMETTE RESERVE IN GE 13, EAST OF THIRD COUNTY, ILLINOIS	16. Additional collateral descrip	74		
5. Name and address of a RECORD OWNER (if Debtor does not have a record interest):		17. Check only if applicable and Debtor is a Trust or Trust 18. Check only if applicable and Debtor is a TRANSMITTING	tee acting with respect to prope check <u>only</u> one box.	erty held in trust or D	ecedent's Estate
		Filed in connection with a Ma	nufactured-Home Transaction	— effective 30 years	