

UNOFFICIAL COPY

0030302064

5567/0119 90 00i Page 1 of 2
2003-03-04 12:27:37
Cook County Recorder 26.50

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

LexisNexis Document Solutions
135 South LaSalle Street
Suite 2260
Chicago, IL 60603



0030302064

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 HOLLEY | FIRST NAME MICHAEL | MIDDLE NAME F. | SUFFIX |
|--------------------------------------|-----------------------|-------------------|--------|

1c. MAILING ADDRESS
721 N. SHERIDAN ROAD

| | | | |
|------------------|-------------|----------------------|----------------|
| CITY WAUKEGAN | STATE IL | POSTAL CODE 60085 | 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

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 |
|----------------------------|------------|-------------|--------|

2c. MAILING ADDRESS

| | | | |
|------|-------|-------------|---------|
| CITY | STATE | POSTAL CODE | COUNTRY |
|------|-------|-------------|---------|

2d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORG. NIZATION 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
LASALLE BANK NATIONAL ASSOCIATION

OR

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

3c. MAILING ADDRESS
135 SOUTH LASALLE STREET

| | | | |
|-----------------|-------------|----------------------|---------|
| CITY CHICAGO | STATE IL | POSTAL CODE 60603 | COUNTRY |
|-----------------|-------------|----------------------|---------|

4. This FINANCING STATEMENT covers the following collateral:
ALL ASSETS AND ALL PERSONAL PROPERTY OWNED BY DEBTOR

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 (if applicable) 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (OPTIONAL FEE) (optional) All Debtors Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA
COOK COUNTY 4193485536-7156 G1778562-2

ipg attached

UNOFFICIAL COPY

0030302064

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 HOLLEY | FIRST NAME MICHAEL | MIDDLE NAME, SUFFIX F. |

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 | |
| 11c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | 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 | <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 | |
| 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:

LOT 16 IN BLOCK 20 I NORTH EVANSTON (EXCEPT THAT PART OF LOT 16 DESCRIBED AS FOLLOWS: BEGINNING AT A POINT ON THE NORTHERLY LINE OF LOT 16, 18.13 FEET EAST OF WESTERLY LINE; THENCE WESTERLY 18.13 FEET TO THE NORTHWEST CORNER OF LOT 16; THENCE SOUTHEASTERLY ALONG WESTERLY LINE 2.80 FEET; THENCE NORTHEASTERLY 18.13 FEET MORE OR LESS TO THE PLACE OF BEGINNING), IN QUILMETTE RESERVE IN TOWNSHIP 42 NORTH, RANGE 13, EAST OF THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

ADDRESS: 2619 NORTH PRAIRIE, EVANSTON IL 60201
PIN: 05-34-423-008-0000

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