NOFFICIAL CO 20/27 40 001 Page 1 of 2 2003-04-03 15:55:07

Cook County Recorder 26.50

(2)

HCC	EINIANCING	STATEMENT
		SIMICINENT

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



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1.	DEBTOR'S EXACT FO	ULL LI:GA - NAM	E - insert only one debtor name (1a	or 1b) - do not abbreviate or combine name	es		
OR	1a. ORGANIZATION'S NA	AME					
UR	1b. INDIVIDUAL'S LAST I	NAME	9	JOSEPH	P.	NAME	SUFFIX
	mailing address 702 DEL OGIE	ER DR	Ojc	GLENVIEW	STATE	POSTAL CODE 60025	COUNTRY
1d.	TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	16. TYPE OF ORG. NIZAT ON INDIVIDUAL	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID#, if any	NONE
2. /	ADDITIONAL DEBTOR		LEGAL NAME - insert only one	eh'ur name (2a or 2b) - do not abbreviate o	or combine names		
00							
OR	R 2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME		
2c.	MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
2d.	TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	21. JURISDICTION OF O SUANIZATION	2g. ORG/	ANIZATIONAL ID #, if any	NONE
3. \$			of TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert only one secured party native	oa or 3b)		
	3a. ORGANIZATION'S NAME LASALLE BANK NATIONAL ASSOCIATION						
OR	3b. INDIVIDUAL'S LAST N	NAME		FIRST NAME	NI JOLE I	NAME	SUFFIX
	MAILING ADDRESS 35 SOUTH LA	SALLE ST	REET	CHICAGO	STA E	60603	COUNTRY

ŧ.	This FINANCING	STATEMENT	covers th	ne following	collateral:
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ALL PERSONAL PROPERTY AND ASSETS OWNED BY DEBTOR

5. ALTERNATIVE DESIGNATION (if appl	cable]: LESSEE/LESSOR CON	SIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is t ESTATE RECORDS. Attach Add	o be filed [for record] (or recorded) in the R endum[if app	EAL 7. Check to REI	QUEST SEARCH REPO	RT(S) on Debtor(s)	All Debtors	Debtor 1 Debtor 2
8, OPTIONAL FILER REFERENCE DATA COOK COUNTY	SSAVVVS	37.7156		178	3263	<u></u> -ス

	LOW INSTRUCTIONS (front and back	MENT ADDENDUM :k) Carefully					
	NAME OF FIRST DEBTOR (1a or 1b		EMENT				
9a. ORGANIZATION'S NAME							
OR							
	96. INDIVIDUAL'S LAST NAME DALY	JOSEPH	MIDDLE NAME, SUFFIX P.				
10.	MISCELLANEOUS:						
44	ADDITIONAL DEPTOR'S EXACT.	THE FOR NAME (1)				IS FOR FILING OFF	CE USE ONLY
11.	ADDITIONAL DEBTOR'S EXACT F	OLL LEGAL NAME - insert only one of	lebtor name (11a or 11b) - do no	t abbreviate or combi	ne names	 -	
		0.					
OR	115, INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE N	NAME	SUFFIX
11c.	MAILING ADDRESS	0	CITY		STATE	POSTAL CODE	COUNTRY
11d.	TAX ID #: SSN OR EIN ADD'L INFO R ORGANIZATIO DEBTOR		JURISDICTION OF ORGA	NIZATION	11g. ORG	ANIZATIONAL ID #, if a	ny NONE
12.	ADDITIONAL SECURED PART	ΓY'S <u>or</u> ASSIGNOR S/P'S NA	ME - mont only <u>one</u> name (12a	or 12b)			
	12a. ORGANIZATION'S NAME						
OR	<u> </u>		<u> </u>				
	12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE N	IAME	SUFFIX
12¢.	MAILING ADORESS		CITY	C	STATE	POSTAL CODE	COUNTRY
14. LC AS NO RA (E. TH NO CC PIII	This FINANCING STATEMENT covers collateral, or is filed as a state: Description of real estate: DES 8 AND 9 IN BLOCK 6 IN SOCIATION SUBDIVISION OF THE SOCIATION 14 OF SECTION 14 ANGE 13, EAST OF THE THE XCEPT THE SOUTH 665.6 FEE SAT RIGHT OF WAY ADDITIONAL ELEVATED DUNTY, ILLINOIS N: 13-14-218-001 DDRESS: 4541 N. CHRISTIANA	N THE NORTHWEST LAND F THE EAST 1/2 OF THE 14, TOWNSHIP 40 NORTH, IRD PRINCIPAL MERIDIAN ET THEREOF) AND (EXCEPT AND YARDS OF THE RAILROAD), IN COOK	16. Additional collateral descri	iption:	Ś		
	(if Debtor does not have a record interest):	i di appro-accentico (esti catale)	17. Check only if applicable ar Debtor is a Trust or Tru 18. Check only if applicable ar Debtor is a TRANSMITTING Filed in connection with a N	istee acting with respond check <u>only</u> one box BUTILITY Manufactured-Home Ti	ect to prope	effective 30 years	Decedent's Estate