

Eugene "Gene" Moore Fee: \$28.00 Cook County Recorder of Deeds Date: 05/28/2003 11:38 AM Pg: 1 of 3

UCC FINANCING STATEMENT

THE ABOVE	SPACE IS FOR FILING OFFICE US	SE ONLY
or 1b) - do not abbreviate or combine names		
		Ĉ
FIRST NAME	MIDDLE NAME	SUFFIX
EVANSTON	STATE POSTAL CODE IL 60202	COUNTRY
1f. JURISDICTION OF ORGANIZATION	18363895	-
fe oto name (2a or 2b) - do not abbreviate or comb	ine names	NONE
τ_{\sim}		·
FIRS, NAME	MIDDLE NAME	SUFFIX
CITY	STATE POSTAL CODE	COUNTRY
2f. JURISDICTION OF OR ANIZATION	2g. ORGANIZATIONAL ID#, if any	<u> </u>
S/P) - insert only one secured party nam. (3 x 3	b)	NONE
second party many (p. 3.3		
FIRST NAME	M DILE NAME	SUFFIX
CITY HIGHLAND PARK	STATE POSTAL CODE IL 60035	COUNTRY
	FIRST NAME CITY EVANSTON 1f. JURISDICTION OF ORGANIZATION WV FIRST NAME CITY CITY Lity FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION S/P) - insert only one secured party nam. (2-2-3)	THE ABOVE SPACE IS FOR FILING OFFICE US FIRST NAME FIRST NAME CITY EVANSTON If JURISDICTION OF ORGANIZATION WV 18363895 FIRST NAME MIDDLE NAME POSTAL CODE 60202 1g ORGANIZATIONAL ID #, if any 18363895 FIRST NAME MIDDLE NAME CITY STATE POSTAL CODE 12f. JURISDICTION OF ORGANIZATION POSTAL CODE 22f. JURISDICTION OF ORGANIZATION 22g. ORGANIZATIONAL ID #, if any S/P) - insert only one secured party name (2 - 1 3b)

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR NON-UCC FILING This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL [if applicable]
 Attach Addendum [if applicable] All Debtors 8. OPTIONAL FILER REFERENCE DATA

0314829124 Page: 2 of 3

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lo.	OW INSTRUCTIONS (from the control of	R (1a or 1b) ON	RELATED FINANCING ST	A = = 1	4			
186	a. ORGANIZATION'S NAME	Ē		ATEMENT	4			
	BABCO CONS'		N, INC.					
''` 9b	b. INDIVIDUAL'S LAST NAN	ΛE	FIRST NAME	MIDDLE NAME SUFFIX				
0. Mi	ISCELLANEOUS:		L		ļ			
		000						
1. AD	DITIONAL DEBTOR'S a. ORGANIZATION'S NAME	EXACT FULL L	F.GAL NAME - insert only one	debtor name (11a or 11b) - do no	THE ABOV t abbreviate or com	E SPACE bine names	IS FOR FILING OFFI	CE USE ONL
		_						
111	b. INDIVIDUAL'S LAST NAM	ΛE		FIRST NAME	<u> </u>	MIDDLE	NAME	SUFFIX
	ILING ADDRESS	· · · · · · · · · · · · · · · · · · ·	0	CITY	 _	STATE	POSTAL CODE	COUNTR
KAT .l:		D'LINFO RE 11e	TYPE OF ORGANIZATION	115 JURISDICTION OF ORGA	NIZATION	11g. ORG	SANIZATIONAL ID#, if ar	NV.
. []	DE	BTOR						
	ADDITIONAL SECURE		ASSIGNOR S/P'S N	AME - neart coly one name (12a	or 12b)			
	- ONO MAZATION S NAME							
12b.	. INDIVIDUAL'S LAST NAM	E .		FIRST NAME		T		
1				I III I I I I I I I I I I I I I I I I		MIDDLE N	IAME	SUFFIX
. MAÏ	LING ADDRESS			СПУ	0,	STATE	POSTAL CODE	COUNTRY
COMINATION	THE EAST 15 FEET OF THE SOUTHWEST 1/2 ION 25, TOWNSHIP THIRD PRINCIPAL THE EAST 1/2 ESOUTH 8.35 CHAPTON 25, TOWNSHIP HIRD PRINCIPAL MISTORY AND THE RIBED TRACT AND	TO THE WARRENGE OF THE WARRENG	LOT 31, ALL OF LOT ENNES' SUBDIVSION IORTHEAST 1/4 OF RANGE 13 EAST OF I, DESCRIBED AS IEST 11.976 CHAINS NORTHEAST 1/4 OF RANGE 13 EAST OF IO A STRIP OF LAND E OF THE ABOVE HE SOUTH LINE OF	16. Additional collateral descrip	tion:	Ś		
RST JBDI RIP .976	VISION AS LAID	THUR DUNAS OUT AND O AST OF THE E TH OF THE SO	HOWARD AVENUE CCUPIED; ALSO A AST LINE OF WEST UTH LINE	17 . Check <u>only</u> if applicable and Debtor is a	e acting with respe	ct to propert	y held in trust or □ Dec	edent's Estate
RST JBDI RIP .976	OF LAND LYING EAR CHAINS AND SOUT	THUR DUNAS OUT AND O AST OF THE E TH OF THE SO	HOWARD AVENUE CCUPIED; ALSO A AST LINE OF WEST UTH LINE		ee acting with respe check <u>only</u> one box. ITILITY ufactured-Home Tra	ct to propert	effective 30 years	edent's Estate

0314829124 Page: 3 of 3

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	NAME OF FIRST DEBTOR (1a or 1)) ON RELATED FINANCING ST	ATEMENT				
	9a. ORGANIZATION'S NAME	ORGANIZATION'S NAME BABCO CONSTRUCTION, INC.					
DR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
10	MISCELLANEOUS:						
	70	9.	į	THE ABOV	E SPACE	IS FOR FILING OFF	ICE LISE ONL
١,	ADDITIONAL DEBTOR'S EXACT F	ULL LF3AL NAME - insert only one	e debtor name (11a or 11b) - do no	abbreviate or com	bine names	TO THE THE TOTAL THE TANK THE	IOE OSE ONE
₹	11b. INDIVIDUAL'S LAST NAME	-0,	FIRST NAME		MIDDLE	NAME	SUFFIX
	MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE	0	CITY		STATE	POSTAL CODE	COUNT
4.	TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	JURISDICTION OF ORGAN	IIZATION	11g. OR	GANIZATIONAL ID#, if a	лу
	ADDITIONAL SECURED PART	Y'S or ASSIGNOR S/P'S N	IAMEort'v <u>one</u> name (12a	or 12b)			
	12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTR
		~		tion:	,		
	This FINANCING STATEMENT covers trollateral, or is filed as a fixture filing. Description of real estate: FIRST ADDITION TO ARTENUE SUBDIVSION AND WESTERNE SUBDIVSION AND WESTERLY SUBDITION TO EVANSTICUPIED, IN COOK COUNTY, ILL	THUR DUNAS HOWARD T OF THE WEST LINE OF	16. Additional collateral descrip	4	Ś	Diffico.	
FVNC	collateral, or is filed as a fixture filing. Description of real estate: FIRST ADDITION TO ARTENUE SUBDIVSIOIN AND WESTONES GEL'S ADDITION TO EVANST	THUR DUNAS HOWARD TOF THE WEST LINE OF TON AS LAID OUT AND LINOIS.	16. Additional collateral descrip 17. Check only if applicable and	check only one box. TiLITY	ect to prope	ty held in trust∶or ြDe	cedent's Estate