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Eugene "Gene" Moore Fee: \$34.50 Cook County Recorder of Deeds

Date: 06/10/2003 09:42 AM Pg: 1 of 4

UCC FINANCING STATEMENT

JOO MARKET NAME OF THE PARTY				
OLLOW INSTRUCTIONS (front and back) CAREFULLY				
A. NAME & PHONE OF CONTACT AT FILER [optional] SHARON BENNETT				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
3, 02, 2 *******	-] }			
ILLINOIS SERVICE FEDERAL	'			
4619 SOUTH KING DRIVE	ł			
CHICAGO, ILLINOIS 60653	1			
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_	i			
	THE ABOVE SE	ACE IS FOR	FILING OFFICE USE	ONLY
DEBTOR'S EXACT FULL LEGAL VAN E - insert only one debtor name (1a or	1b) - do not abbreviate or combine names			
1. DEBTOR'S EXACT FULL LEGAL VAILE - INSERT ONLY SEE				
LASALLE BANK NATIONAL ASSOCIATION			_	
	FIRST NAME	MIDDLE N	AME	SUFFIX
OR 1b. INDIVIDUAL'S LAST NAME	THIS TO THE			
		STATE	POSTAL CODE	COUNTRY
1c. MAILING ADDRESS	CITY	IL	60601	USA #
121 SOUTH LASALLE STREET	CHICAGO	I——	l	
1d. TAX ID#; SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	t -	ANIZATIONAL ID#, if any	
ORGANIZATION TRIIST	SECY OF STATE OF ILL	INQIS		NONE
IDEBTOR	(2a or 2b) - do not abbreviate or combi	ne names		
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one ue	(or value (za or zb) - do not desire tale -			
2a. ORGANIZATION'S NAME	T			
		[MIDDLE I	NAME	SUFFIX
OR 2b. INDIVIDUAL'S LAST NAME	FIRST I AME	,		
	0,		I	COUNTRY
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	1000,
ZC. WAIGHTO ADDITION	10%	- 1		
TO DE LO TYPE OF OPCANIZATION	2f. JURISDICTION OF OF GATAZATION	2g. ORG	ANIZATIONAL ID #, if any	_
2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION		1		NONE
DESTOR		(2a, ar 3b)		
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGN	NOR S/P) - insert only one secured party name	(38 01 30)		
3a. ORGANIZATION'S NAME	·C	Y		
ILLINOIS SERVICE FEDERAL		MIDSLE	NAME	SUFFIX
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NOME	
		10,		COUNTRY
THE PROPERTY OF THE PROPERTY O	CITY	STATE	POSTAL CODE	1
3c. MAILING ADDRESS 4619 SOUTH KING DRIVE	CHICAGO	IL	60653	USA
ARTU SIBIH KING DKIVE	, 			

4. This FINANCING STATEMENT covers the following collateral:

100% COLLATERAL ASSIGNMENT OF BENEFICIAL INTEREST UNDER LAND TRUST NO. 13(24)9

SEE LEGAL DESCRIPTION ATTACHED HERETO AND MADE A PART HEREOF

				BAILEE/BAILOR	SELLER/BUYER	AG LIEN	NON-	UCC FILING
. ALTERNATIVE DESIGNATION if applicable:			EE/CONSIGNOR 17. Check to REQU	EST SEARCH REPORT(S) on Debtor(s)	All Debtors	Debtor 1	Debtor 2
This FINANCING STATEMENT is to be filed	(for record) (or records	if applicable	[ADDITIONAL F	EE]	tional			

8. OPTIONAL FILER REFERENCE DATA

SECRETARY OF STATE OF ILLINOIS

UCC FINANCING STATEMENT

O CARRELLY				
DLLOW INSTRUCTIONS (front and back) CAREFULLY	 1			
NAME & PHONE OF CONTACT AT FILER [optional]				
3. SEND ACKNOWLEDGMENT TO: (Name and Address)				
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STRUCKIES SERVICE PRIMING				
4619 SOUTH LIAS DELYE	ļ.			
CHICAGO, HOUTSHIS 60653	l l			
<u> </u>	.1			
				ONLY
		ACE IS FOR I	FILING OFFICE USE	UNLY
1. DEBTOR'S EXACT FULL LEGAL NA'AF - Insert only one debtor name (1a or	1b) - do not abbreviate or combine names			
1a. ORGANIZATION'S NAME				
LASALLE BANK NATIONAL ISSOCIATION				SUFFIX
	FIRST NAME	MIDDLE N	AME	SUPPIA
OR 16. INDIVIDUAL'S LAST NAME				
	16im/	STATE	POSTAL CODE	COUNTRY
1c. MAILING ADDRESS	CITY	Y Y	60601	05A :
121 HOUTS LASALLE STEFET	GETCAGO	1	NIZATIONAL ID#, if any	
1d. TAX ID#; SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION		MIZATIONAL ID #, # and	
ORGANIZATION THE ST	SECY OF STATE OF LLL) 1983 (3 × N	· · · · · · · · · · · · · · · · · · ·	NONE
DEBTOR	ver same (2a or 2h) - do not abbreviate or combin	e names		
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of	otor larre (28 of 25)			
2a. ORGANIZATION'S NAME	τ_{-}			
		MIDDLE I	NAME	SUFFIX
OR 2b. INDIVIDUAL'S LAST NAME	FIRST IAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
20, 1101112011	<i>O</i> ,			COUNTRY
	CITY	STATE	POSTAL CODE	COUNTRY
2c. MAILING ADDRESS	⁷ O ₂]	
	2f, JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if ar	ly
2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION	21. JURISDICTION OF CITO			NONE
ORGANIZATION DEBTOR				
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIG	SNOR S/P) - insert only one secured party name (3a or 3b)		
32 ORGANIZATION'S NAME	. () h .		
TELEBOIS SERVICE PEDEMAN				SUFFIX
	FIRST NAME	MISOLE	NAME	. 30/1/2
OR 35. INDIVIDUAL'S LAST NAME	1	195		
	- I OUT /	STATE	IPO TAL CODE	COUNTRY
3c. MAILING ADDRESS	CITY CONTRACTOR	71.	£9653	USA
4619 SOUTH FING DRIVE	ceicago,		T-/-)	
4 This FINANCING STATEMENT covers the following collateral:				

150% CHILATERAL ASSIGNMENT OF BENEFICIAL INTEREST UNDER LAND TRUST NO. 17049

SEE LECAL DEFCEDYINGS ASTACRIT HERETO AND HADE A PART HEDROF

	-AU FEIRALI OR	SELLER/BUYER	AG LIEN	NON-	JCC FILING
5. ALTERNATIVE DESIGNATION if applicable. LESSEE/LESSOR CONSIGNEE/CONSIGNOR 7. Check to REQUE	ST SEARCH REPORT(S)	on Debtor(s)	All Debtors	Debtor 1	Debtor 2
5. AThis FINANCING STATEMENT is to be filed (for record) (or records) in the REAL (ADDITIONAL FEI (ADDITIONAL	E] [option	onail			

8. OPTIONAL FILER REFERENCE DATA

SECRETARY OF STATE OF LLICHOLS

UCC FINANCING STATEMENT

OLLOW II	NSTRUCTIONS (front and back) CAREFULLY	
A. NAME	& PHONE OF CONTACT AT FILER [optional] FAROI: BERNETS	
B. SEND	ACKNOWLEDGMENT TO: (Name and Address)	
<u> </u>	THE THE TEST SERVICE PEDERAL 4619 SOUTH WING DELVE CHICAGO, MILIBOLE 60653	
L		_

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NA! IF - insert only one debtor name (1a or	1b) - do not abbreviate or combine names	<u></u>	
1a. ORGANIZATION'S NAME			
LASALLE BANK NATIONAL ASSOCIATION	FIRST NAME	MIDDLE NAME	SUFFIX
OR 15. INDIVIDUAL'S LAST NAME			
1c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
121 SOUTH LASALLE STREET	CHICAGO	11. 60601	USA A
1d. TAX ID#; SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZ ITION ORGANIZATION DEBTOR	11. JURISDICTION OF ORGANIZATION SECY OF STATE OF ILLI		NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one de	utor) are (2a or 2b) - do not abbreviate or combine	names	
2a. ORGANIZATION'S NAME	4		
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 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if an	NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNATIONS NAME TILINOIS SERVICE FEDERAL	NOR S/P) - insert only one secured par.,ar a (3)	a or 3b)	
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	CITY	STATE (POS AL CODE	COUNTRY
36. MAILING ADDRESS 4619 SOUTH KING DRIVE	GHICANO.	U. 60653	ESA

100% COLLATERAL ASSIGNMENT OF FENERICIAL INTEREST UNDER LAND TRUST NO. 131219

SEE LEGAL DESCRIPTION ATTACHED HERETO AND MADE A PART HEREON

		CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG LIEN	NON-UCC FILING
5. ALTERNATIVE DESIGNATION if applicable:			QUEST SEARCH REPORT	(S) on Debtor(s)	Alt Debtors	Debtor 1 Debtor 2
6. AThis FINANCING STATEMENT is to be file	d (for record) (or records	s) in the REAL [ADDITIONAL	FEE] [C	optional]	A, Babtoro C	<u></u>

8. OPTIONAL FILER REFERENCE DATA

SECRETARY OF STATE OF TLLINGIS

^{4.} This FINANCING STATEMENT covers the following collateral:

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY				
A. NAME & PHONE OF CONTACT AT FILER [optional] SRANG: POSTOLOT				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
ILLINGIS SERVICE FEDERAL 4619 SOUTH KING 1987YE CHICAGO, ILLINGIS 60653				
		PACE IS FOR	FILING OFFICE USE	ONLY
1. DEBTOR'S EXACT FULL LEGAL VAN E - insert only one debtor name (1a	or 1b) - do not abbreviate or combine names			
1a. ORGANIZATION'S NAME LASALLE BANK NATIONAL ASSOCIATION				
OR 16. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE		SUFFIX
1c. MAILING ADDRESS 121 SOUTH LASAULE STREET	CHICAGO	STATE	postal Code 60601	COUNTRY 6
1d. TAX ID #; SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZ/ FION ORGANIZATION OFFICER	SECY OF STATE OF THE	14018	SANIZATIONAL ID #, if an	NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one	deficor rame (2a or 2b) - do not abbreviate or comb	ine names		
2a. ORGANIZATION'S NAME	一			
OR 2b. INDIVIDUAL'S LAST NAME	FIRST N \ME	MIDDLE	NAME	SUFFIX
20 MAU INC ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

2f. JURISDICTION OF ORGA 17 ATION

4619 SOUTH KING DELYE 4. This FINANCING STATEMENT covers the following collateral:

ILLINOIS SERVICE PEDERAL

2d. TAX ID #; SSN OR EIN

3a. ORGANIZATION'S NAME

OR 3b. INDIVIDUAL'S LAST NAME

3c. MAILING ADDRESS

100% COLLATERAL ASSIGNMENT OF RESERVICIAL INTEREST UNDER LAND TRUST NO.

FIRST NAME

CHICAND,

SEE LEGAL DESCRIPTION ATTACHED HERETO AND MADE A PART PERSON

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured part, fram. (3a or 3b)

ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION

5 ALTERNATIVE DESIGNATION if applicable: LESSEFILESSOR CONSIGNEE/CONSIGNER DESIGNATION if applicable: LESSEFILESSOR CONSIGNEE/	AG LIEN NON-UCC FILING
7 Check to REQUEST SEARCH TELL (or record) (or records) in the REAL 7 Check to REQUEST SEARCH TELL (optional)	LESSEE/LESSOR CONSIGNED CONSIGNOR DESCRIPTION OF DEPLOY SOME DEPLO
6. AThis FINANCING STATEMENT is to be filed (for record) (or records) in the REAL STATE RECORDS Attach Addendum [if applicable] ATHIS FINANCING STATEMENT is to be filed (for record) (or records) in the REAL [if applicable] 7. Check to REQUEST SEARCH RELOCATION (or records) (or records) in the REAL [ADDITIONAL FEE] [in applicable] [in applicable] [in applicable]	(if applicable) [ADDITIONAL FEE] [Optional

SECRETARY OF STATE OF ILLINOIS

NONE

SUFFIX

COUNTRY

USA

2g. ORGANIZATIONAL ID #, if any

POS AL CODE

00653

MIDDLE NAME

STATE

0316131094 Page: 5 of 7

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JCC FINANCING STATEMENT OLLOW INSTRUCTIONS (front and back) CAREFULLY				
A. NAME & PHONE OF CONTACT AT FILER (optional) STANCE BENNETT				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
ILLINOIS SERVICE FEDERAL 4619 SOUTH KING DRIVE CRICAGO, ILLINOIS 60653				
		PACE IS FOR FI	LING OFFICE USE C	INLY
DEBTOR'S EXACT FULL LEGAL NA'.IF - insert only one debtor name (1a o ORGANIZATION'S NAME	r 1b) - do not abbreviate or compline names		·····	
LASALLE BANK NATIONAL ASSOCIATION OR ID. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAI	ме	SUFFIX
	CITY	i I	OSTAL CODE	COUNTRY
10.1 SOUTH LASALLE STREET	CHICAGG		60601 ——————	OJK 1
1d. TAX ID#; SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION TRUST	SECT OF STREET OF THE	LINOIS	IIZATIONAL ID #, if any	NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only page of	de stor ame (2a or 2b) - do not abbreviate or comb	ine names		
2a. ORGANIZATION'S NAME	τ_{\sim}			
OR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NA	ME	SUFFIX
2c. MAILING ADDRESS	CITY	STATE F	POSTAL CODE	COUNTRY
2d. TAX ID #; SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	21. JURISDICTION OF ORGANIZATION		NIZATIONAL ID#, if any	NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNATION'S NAME 11. LINOIS SERVICE FEDERAL.	GNOR S/P) - insert only one secured pair,ar e	(3a or 3b)		
OR 35. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDOLE NA	AME	SUFFIX
3c. MAILING ADDRESS 4619 SOUTH KING DVIVE	CHTCACO,	STATE	POSTAL CODE 60653	COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral:

100% COLLATERAL ASSIGNMENT OF BENEFICIAL INTEREST UNDER LAND TRUST NO. 111.49

SEE LEGAL DESCRIPTION ATTACHED BERETO AND MADE A PART HEREOF

		The state of the s	BAILEE/BAILOR	SELLER/BUYER	AG LIEN	NON-UCC FILING
ALTERNATIVE DESIGNATION if applicable: AThis FINANCING STATEMENT is to be filed.	CLOOLE; WILDER	consignee/consignor	EST SEARCH REPORT	S) on Debtor(s)	All Debtors	Debtor 1 Debtor 2
6. This FINANCING STATEMENT IS to be filed ESTATE RECORDS Attach Addendum	(ib) record) (ar record)	applicable] [ADDITIONAL FI	<u> </u>	priority		

8. OPTIONAL FILER REFERENCE DATA SECRETARY OF STATE OF JILLIMOIS

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Legal Descriptions for Trust 131249

1. 741-43 W. 115th Street Chicago, IL PIN 25-21-300-007

Lot 45 in Sharpshooter's Park Subdivision of Part of Sharpshooter's Park in Section 21, Township 37 North, Range 14, East of the Third Principal Meridian, as Per Plat Thereof recorded on November 5, 1883, as document number 505876, in Book 18 of Plats, Page 52, in Cook County, Illinois.

2. 11733 S. Church Chicago, IL 60643 PIN 25-19-409-016

The South 33 Feet of Lot 14 in Block 20 in Vincennes Road Addition to Washington Heights, being a Subdivision of Section 19, Township 37 North, Range 14, East of the Third Principal Meridian in Cook County, Illinois.

3. 349 W. 108th Place Chicago, IL 60628 PIN 25-16-411-002

Lot 17 in Block 3 in Bartlett's Roseland Subdivision of Lot 42 and the North ½ of Block 47 (Except the West 67 Feet of Said Lots) in School Trustees' Subdivision of Section 16, Township 37 North, Range 1, East of the Third Principal Meridian, in Cook County, Illinois.

4. 9343 S. Kimbark Chicago, iL PIN 25-02-415-017

Lot 17 in Stewart Subdivision of that part of the East ½ of the Southwest ¼ and the West ½ of the Southeast ¼ of the Southeast ¼ of Section 2, Township 37 North, Range 14, East of the Third Principal Meridian, Lying North of the South 595 Feet Thereof and West of the West Line of the New York, Chicago and St. Louis Railroad Company's Right of Way, in Cook County, Illinois.

5. 1350 W. 108th Place Chicago, IL PIN 25-17-312-025

Lots 27 and 28 in Miller's Subdivision of Block 6 in Street's Subdivision of the East of the Southwest 1/2 of Section 17, Township 37 North, Range 14, East of the Third Principal Meridian (except that part of said Lots 27 and 28, taken as a tract, Lying Northwesterly of a Line Extended from a point on the West Line of Lot 27 Aforesaid. 54.5 Feet South of the Northwest Corner Thereof To A Point, on the East Line of Lot 28 Aforesaid, 12.5 Feet South of the Northeast Corner Thereof), in Cook County, Illinois.