

# UNOFFICIAL COPY



Eugene "Gene" Moore Fee: \$26.50  
Cook County Recorder of Deeds  
Date: 08/25/2003 10:01 AM Pg: 1 of 2

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)  
Phone: (800) 331-3282 Fax: (818) 662-4141

B. SEND ACKNOWLEDGEMENT TO: (Name and Address) 505028 ISUBURBAN

UCC Direct Services 5837632  
P.O. Box 29071 ILIL  
Glendale, CA 91209-9071

File with: Cook County Recorder, IL

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  
**FOX PARTNERS L.P**

OR  
1b. INDIVIDUAL'S LAST NAME

1c. MAILING ADDRESS  
**1110 PLEASANT ST.**

1d. TAX ID #: SSN OR EIN

ADD'L INFO RE ORGANIZATION DEBTOR

1e. TYPE OF ORGANIZATION  
**LTD PART**

1f. JURISDICTION OF ORGANIZATION  
**IL**

1g. ORGANIZATIONAL ID #, if any  NONE

FIRST NAME MIDDLE NAME SUFFIX

CITY  
**OAK PARK**

STATE  
**IL**

POSTAL CODE  
**60302**

COUNTRY

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

2c. MAILING ADDRESS

2d. TAX ID #: SSN OR EIN

ADD'L INFO RE ORGANIZATION DEBTOR

2e. TYPE OF ORGANIZATION

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATIONAL ID #, if any  NONE

FIRST NAME MIDDLE NAME SUFFIX

CITY

STATE

POSTAL CODE

COUNTRY

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  
**SUBURBAN BANK & TRUST COMPANY**

OR  
3b. INDIVIDUAL'S LAST NAME

3c. MAILING ADDRESS  
**150 BUTTERFIELD RD**

FIRST NAME MIDDLE NAME SUFFIX

CITY  
**ELMHURST**

STATE  
**IL**

POSTAL CODE  
**60126-0000**

COUNTRY

4. This FINANCING STATEMENT covers the following collateral:

ALL FIXTURES; WHETHER ANY OF THE FOREGOING IS OWNED NOW OR ACQUIRED LATER; ALL ACCESSIONS, ADDITIONS, REPLACEMENTS, AND SUBSTITUTIONS RELATING TO ANY OF THE FOREGOING; ALL RECORDS OF ANY KIND RELATING TO ANY OF THE FOREGOING; ALL PROCEEDS RELATING TO ANY OF THE FOREGOING (INCLUDING INSURANCE, GENERAL INTANGIBLES AND ACCOUNTS PROCEEDS). LOT 18 AND 19 IN BLOCK 4 IN SCOVILLE AND NILES ADDITION TO OAK PARK, BEING A SUBDIVISION OF THE WEST 40 ACRES OF THE SOUTHWEST 1/4 OF SECTION 7, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS PROPERTY ADDRESS 230-238 S. MAPLE, OAK PARK, IL 60302 PIN # 16-07-308-004-0000

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)  All Debtors  Debtor 1  Debtor 2 (optional)

8. OPTIONAL FILER REFERENCE DATA

5837632

Prepared by UCC Direct Services, P.O. Box 29071, Glendale, CA 91209-9071 Tel: (800) 331-3282

**UNOFFICIAL COPY****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 <b>FOX PARTNERS L.P</b>		
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME
		MIDDLE NAME, SUFFIX

10. MISCELLANEOUS

**5837632-40-1****505028 ISUBURBAN**

File with: Cook County Recorder, IL

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME		FIRST NAME	MIDDLE NAME	SUFFIX
OR	11b. INDIVIDUAL'S LAST NAME			
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
11d. TAX ID#: SSN OR EIN		11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	
ADD'L INFO RE ORGANIZATION DEBTOR			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		FIRST NAME	MIDDLE NAME	SUFFIX
OR	12b. INDIVIDUAL'S LAST NAME			
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:

Description: 230-238 S. MAPLE OAK PARK, IL 60302

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

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 Estate18. 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 30 years