#### **UNOFFICIAL COPY UCC FINANCING STATEMENT** Eugene "Gene" Moore Fee: \$62.00 FOLLOW INSTRUCTIONS (front and back) CAREFULLY Cook County Recorder of Deeds A. NAME & PHONE OF CONTACT AT FILER [optional] Date: 07/31/2003 10:40 AM Pg: 1 of 20 1 C CLOCK ZUFL B. SEND ACKNOWLEDGMENT TO: (Name and Address) KRISTIN L. VUCINOVICH HORWOOD MARCUS & BERK CHARTERED 180 NORTH LASALLE STREET, SUITE 3700 CHICAGO, ILLINOIS 60601 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 FIRST NAME 1b. INDIVIDUAL'S LAST NAME WALDER HOWARD POSTAL CODE 1c. MAILING ADDRESS **CHICAGO** 60611 IL 223 E. DELAWARE, APT. 2W 1g. ORGANIZATIONAL ID #, if any 1f. JURISDICTION OF ORGANIZATION ADD'L INFO RE 1e. TYPE OF OR IANIZATION 1d. TAX ID #: SSN OR EIN ORGANIZATION N/A DEBTOR 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert onling one derior name (2a or 2b) - do not abbreviate or combine names 2a. ORGANIZATION'S NAME MIDDLE NAME OR 2b. INDIVIDUAL'S LAST NAME FI IST NAME WALDER . UDITH POSTAL CODE STATE 2c. MAILING ADDRESS 223 E. DELAWARE, APT. 2W CHICAGO 2g. ORGANIZATIONAL ID #, if any ADD'L INFO RE | 28. TYPE OF ORGANIZATION 2f. JURISDICTION OF OR JANIZATION 2d. TAX ID #: SSN OR EIN ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name ("a or 3b) 3a. ORGANIZATION'S NAME U.S. BANK MIDDLE NAME OR 36. INDIVIDUAL'S LAST NAME FIRST NAME OSTAL CODE 3c. MAILING ADDRESS IL €0602

30 N. MICHIGAN AVENUE 4. This FINANCING STATEMENT covers the following collateral:

ATTACHED HERETO AS EXHIBIT A

8. OPTIONAL FILER REFERENCE DATA
----------------------------------

**CHICAGO** 

SUFFIX

MR.

COUNTRY

SUFFIX

60611

MRS.

USA

SUFFIX

COUNTRY

US

NONE

USA

NONE

0321232044 Page: 2 of 20

# **UNOFFICIAL COPY**

### EXHIBIT A

- (i) All of the Debtor's right, title and interest in and to the Debtor's Membership Certificate, Stock No. 63, representing a membership in the Two Twenty Three East Delaware Corporation, an Illinois corporation, which owns and administers the residential cooperative project located at 223 E. Delaware, Chicago, Illinois, Cook County, Illinois ("Co-op").
- (ii) All rights, title and interest in and to that certain Proprietary Lease by and between Two Twenty Three East Delaware Corporation, as lessor, and Debtor, as lessee, under which among other things Debtor was granted a leasehold interest in Unit No. 2W ("Unit") in the Co-op, which Unit is appurtenant to the membership described in (i) above.
  - (iii) Any and all proceeds now existing or hereafter arising as to (i) and (ii) above.

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# **UN**OFFICIAL COPY

7. NAME & 1 110112 C	OF CONTACT AT FILER (opti-	onal]				
B. SEND ACKNOWL	DGMENT TO: (Name and	Address)	· · · · · · · · · · · · · · · · · · ·			
HORWO 180 NO	N L. VUCINOVICH DOD MARCUS & BE RTH LASALLE STRI GO, ILLINOIS 60601					
	<b>\( \)</b>					
<u> </u>	<u> </u>		THE ABOVE	SPACE IS FO	R FILING OFFICE US	E ONLY
1. DEBTOR'S EXAC		t only <u>one</u> debtor name (1a o	r 1b) - do not abbreviate or combine names			
Ta: ORGANIZATION	STYANIE					
OR 16. INDIVIDUAL'S L	AST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
WALDE	WALDER		HOWARD		Т.	MR.
1c. MAILING ADDRESS 223 E. DEI	_AWARE, APT. 2W	Ox	CHICAGO	STATE	POSTAL CODE 60611	COUNTRY
1d. TAX ID # SSN OR I	EIN ADD'L INFO RE 1e. TYP ORGANIZATION DEBTOR	PE OF OR JANIZ, TION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL IO #, if any	NONE
		L NAME - insert only one de	btor name (2a or 2b) - do not abbreviate or comb	zeman enk		
2a. ORGANIZATION	SNAME	4				
			F STN ME	MIDDLE	NAME	SUFFIX
OR 25. INDIVIDUAL'S L	AST NAME	4	F (STN) ME	MIDDLE	NAME	
OR 2b. INDIVIDUAL'S L	AST NAME	7		STATE	POSTAL CODE	SUFFIX MRS. COUNTRY
OR 25, INDIVIDUAL'S L WALDE 26. MAILING ADDRESS 223 E. [	AST NAME IR DELAWARE, APT. 2		CHICAGO	STATE IL	POSTAL CODE 60611	MRS.
OR 2b. INDIVIDUAL'S L WALDE 2c. MAILING ADDRESS	AST NAME IR DELAWARE, APT. 2		CIVDITH	STATE IL	POSTAL CODE	MRS.
OR 25, INDIVIDUAL'S L WALDE 2c. MAILING ADDRESS 223 E. [ 2d. TAX ID # SSN OR N/A 3. SECURED PAR	AST NAME  R  DELAWARE, APT. 2' EIN   ADD'L INFO RE   2e. TYL ORGANIZATION   DEBTOR    TY'S NAME (or NAME of TOTAL	PE OF ORGANIZATION	CHICAGO	STATE IL 2g. ORG.	POSTAL CODE 60611	MRS. COUNTRY USA
OR 2b. INDIVIDUAL'S L WALDE  2c. MAILING ADDRESS 223 E. [ 2d. TAX ID # SSN OR N/A  3. SECURED PAR  3a ORGANIZATION U.S. BAN	AST NAME  R  DELAWARE, APT. 2' EIN   ADD'L INFO RE   20, TYI ORGANIZATION   DEBTOR    TY'S NAME (or NAME of TOTAL IS NAME	PE OF ORGANIZATION	CHICAGD  27. JURISDICTION OF OR CANIZATION	STATE IL 2g. ORG.	POSTAL CODE 60611	MRS. COUNTRY USA
OR 2b. INDIVIDUAL'S L WALDE  2c. MAILING ADDRESS 223 E. [ 2d. TAX ID # SSN OR N/A  3. SECURED PAR  3a. ORGANIZATION	AST NAME  R  DELAWARE, APT. 2' EIN   ADD'L INFO RE   20, TYI ORGANIZATION   DEBTOR    TY'S NAME (or NAME of TOTAL IS NAME	PE OF ORGANIZATION	CHICAGD  27. JURISDICTION OF OR CANIZATION	STATE IL 2g. ORG.	POSTAL CODE 60611 ANIZATIONAL ID#, if any	MRS. COUNTRY USA
OR 2b. INDIVIDUAL'S L WALDE  2c. MAILING ADDRESS 223 E. [ 2d. TAX ID # SSN OR N/A  3. SECURED PAR  3a ORGANIZATION U.S. BAN	AST NAME  R  DELAWARE, APT. 2' EIN   ADD'L INFO RE   20, TYI ORGANIZATION   DEBTOR    TY'S NAME (or NAME of TOTAL IS NAME	PE OF ORGANIZATION	CHICAGD  ZF. JURISDICTION OF OR CANIZATION  SPP) - Insert only one secured part rname (3° or	STATE IL 2g. ORG	POSTAL CODE 60611 ANIZATIONAL ID#, if any	MRS. COUNTRY USA

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
This FINANCING STATEMENT is to be filed (for record) (or recorde     ESTATE RECORDS. Attach Addendum		QUEST SEARCH REPO	RT(S) on Debtor(s) [optional]	All Debtors	Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA					

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# **UNOFFICIAL COPY**

### EXHIBIT A

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  - (iii) Any and all proceeds now existing or hereafter arising as to (i) and (ii) above.

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# STREET ADDRESS: 223 EAST DELAWARE

CITY: CHICAGO COUNTY: COOK

TAX NUMBER:

#### LEGAL DESCRIPTION:

UNIT 2W ON THE 2ND FLOOR OF AN APARTMENT BUILDING COMMONLY KNOWN AS 223 EAST DELAWARE, WHICH BUILDING IS LOCATED ON THE FOLLOWING DESCRIBED REAL ESTATE: LOTS 10 AND 11 IN LAKE SHORE DRIVE ADDITION TO CHICAGO, A SUBDIVISION OF PART OF BLOCKS 14 AND 20 IN CANAL TRUSTEES' SUBDIVISION OF THE SOUTH FRACTIONAL QUARTER OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of County Clark's Office

0321232044 Page: 6 of 20

# **UNOFFICIAL COPY**

UCC FINANCING STATEMENT FOILOW INSTRUCTIONS (front and back) CAREFULLY				
A. NAME & PHONE OF CONTACT AT FILER [optional]				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
KRISTIN L. VUCINOVICH HORWOOD MARCUS & BERK CHARTERED 180 NORTH LASALLE STREET, SUITE 3700 CHICAGO, ILLINOIS 60601	THE ABOVE S	PACE IS FO	R FILING OFFICE USE	E ONLY
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1s. In a ORGANIZATION'S NAME)	or 1b) - do not abbreviate or combine names			
1a. ORGANIZATION S NAME				
OR 16. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME T.	SUFFIX MR.
WALDER	HOWARD	STATE	POSTAL CODE	COUNTRY
1c. MAILING ADDRESS  223 E. DELAWARE, APT. 2W	CHICAGO	IL	60611	USA
1d. TAX ID # SSN OR EIN ADD'L INFO RE 16. TYPE OF ORCANIZA, ION ORGANIZATION DEBTOR	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if any	NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one	ebtur name (2a or 2b) - do not abbreviate or combi	ne namės		
2a. ORGANIZATION'S NAME	T			
OR 2b. INDIVIDUAL'S LAST NAME	FII ST NAME	MIDDLE	NAME	SUFFIX
WALDER	JUDITH			MRS
2c. MAILING ADDRESS	СПУ	STATE	POSTAL CODE	COUNTRY
223 E. DELAWARE, APT. 2W	CHICAGO	IL	60611	USA
2d. TAX ID # SSN OR EIN   ADD'L INFO RE   2e. TYPE OF ORGANIZATION   ORGANIZATION   OPERTOR	21. JURISDICTION OF DRY ANIZATION	2g. ORG 	ANIZATIONAL ID #, if any	Пиои
N/A DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	S/D) - insert only one secured party name (3), or 3	ib)		
3a. ORGANIZATION'S NAME U.S. BANK	0	6,		
OR 35 INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE		SUFFIX
3c. MAILING ADDRESS	СПУ	JE (TE	POSTAL CODE	COUNTRY
30 N. MICHIGAN AVENUE	CHICAGO	12	60602	03
4. This FINANCING STATEMENT covers the following collateral:			Co	

ATTACHED HERETO AS EXHIBIT A

ALTERNATIVE DESIGNATION (II applicable).     This FINANCING STATEMENT is to be filed (for record) (or recorded) in ESTATE RECORDS. Attach Addendum.	CONSIGNED OCKORONON	SAILEE/BAILOR SELLER/BUYER IT SEARCH REPORT(S) on Debtor(s) Copbonsil	AG. LIEN NON-UCC FILING All Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA			

0321232044 Page: 7 of 20

# **UNOFFICIAL COPY**

### EXHIBIT A

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  - (iii) Any and all proceeds now existing or hereafter arising as to (i) and (ii) above.

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# UNOFFICIAL COPY

	•				
UCC FINANCING					
	S (front and back) CAREFULLY  DNTACT AT FILER [optional]				
	- Continuing				
B. SEND ACKNOWLEDGE	MENT TO: (Name and Address)				
•	VUCINOVICH	_ "		0	
	) MARCUS & BERK CHARTEREI H LASALLE STREET, SUITE 370(				
	!LLINOIS 60601	<b>'</b>			
CHICAGO,	ELENOIS 60601			•	
1		i			
		THE ABOVE S	DACE IS EO	B EII ING GEEIGE IV	er on v
1 DEBTOR'S EXACT FL	JLLL'GAL NAME - insert only one debtor name (1a		FACE IS FO	R FILING OFFICE US	SEONLY
1a. ORGANIZATION'S NA		STILL - 30 HOL ADDIEVIALS OF COMMONS HAMES		· · · · · · · · · · · · · · · · · · ·	
	0.				
OR 15. INDIVIDUAL'S LAST N	AME	FIRST NAME	MIDDLE	_	SUFFIX
WALDER		HOWARD	T.		MR.
1c. MAILING ADDRESS	0.	CITY	STATE	POSTAL CODE	COUNTRY
	VARE, APT. 2W	CHICAGO	IL	60611	US
1d. TAX ID #: SSN OR EIN	ADD'L INFO RE 16. TYPE OF ORC (N.Z.) TION ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGA	ANIZATIONAL ID#, if any	1
N/A	DEBTOR				NONE
2. ADDITIONAL DEBTOR	'S EXACT FULL LEGAL NAME - inser.	abtor name (2a or 2b) - do not abbreviate or combi	ne names		
28. ORGANIZATION'S NA	ME				
OR Zb. INDIVIDUAL'S LAST N	AMF.	FI'.STN/ME	MIDDLE	NAME	SUFFIX
WALDER		JUDITH			
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	MRS
223 E. DEL	AWARE, APT. 2W	CHICAĜO	l IL	60611	USA
2d. TAX ID #: SSN OR EIN	ADD'L INFO RE 2e. TYPE OF ORGANIZATION	2f. JURISDICTION C. C (SANIZATION	2g. ORG/	NIZATIONAL ID#, if any	
N/A	ORGANIZATION DEBTOR		İ		Пиом
	NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert only one secured part name 3a or 3	b)		
3a. ORGANIZATION'S NA			,	· · · · · · · · · · · · · · · · · · ·	<del></del>
U.S. BANK					
3b. INDIVIDUAL'S LAST N	AME	FIRST NAME	MIDDLE	NAME	SUFFIX
			16		
3c. MAILING ADDRESS		CHICAGO	S) ViE	POSTAL CODE	COUNTRY
	GAN AVENUE	1			
4. This FINANCING STATEME	NT covers the following collateral:			175.	

ATTACHED HERETO AS EXHIBIT A

5. ALTERNATIVE DESIGNATION [if applicable] LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
This FINANCING STATEMENT is to be filed [for record] (or recorded) in ESTATE RECORDS. Attach Addendum.	in the REAL 7. Check to REC	QUEST SEARCH REPOR	(T(S) on Debtor(s) [optional]	All Debtors	Debtor 1 Debtor 2
8, OPTIONAL FILER REFERENCE DATA					

0321232044 Page: 9 of 20

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**UNOFFICIAL COPY** 

STREET ADDRESS: 223 EAST DELAWARE

CITY: CHICAGO TAX NUMBER:

COUNTY: COOK

#### LEGAL DESCRIPTION:

UNIT 2W ON THE 2ND FLOOR OF AN APARTMENT BUILDING COMMONLY KNOWN AS 223 EAST DELAWARE, WHICH BUILDING IS LOCATED ON THE FOLLOWING DESCRIBED REAL ESTATE: LOTS 10 AND 11 IN LAKE SHORE DRIVE ADDITION TO CHICAGO, A SUBDIVISION OF PART OF BLOCKS 14 AND 20 IN CANAL TRUSTEES' SUBDIVISION OF THE SOUTH FRACTIONAL QUARTER OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

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# UNOFFICIAL COPY

A, NAME & PHONE OF CONTACT AT FILER (optional)				
3. SEND ACKNOWLEDGMENT TO: (Name and Address)				
KRISTIN L. VUCINOVICH			•	
HORWOOD MARCUS & BERK CHARTERE	D			
180 NORTH LASALLE STREET, SUITE 370	0			
CHICAGO, ILLINOIS 60601				
	ı			
	THE ABOVE	SPACE IS FOR	FILING OFFICE US	E ONLY
1. DEBTOR'S EXACT FULL LF SAL NAME - insert only one debtor name (1s	or 1b) - do not abbreviate or combine names			
1a. ORGANIZATION'S NAME				
08	FIRST NAME	MIDDLE N	AME	SUFFIX
OR 15. INDIVIDUAL'S LAST NAME WALDER	HOWARD	T.		MR.
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
223 E. DELAWARE, APT. 2W	CHICAGO		60611	USA
1d. TAX ID #. SSN OR EIN ADD'L INFO RE 16. TYPE OF OR ANIZATION ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGA	NIZATIONAL ID #, if any	NONE
N/A DEBTOR		hine names		INONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one 22. ORGANIZATION'S NAME	Jen ur name (28 or 25) - do not abbreviate or com		11-11-11-11-11-11-11-11-11-11-11-11-11-	,
				TSUFFIX
OR 2b. INDIVIDUAL'S LAST NAME	FI IST NAME	MIDDLE	IAME	
WALDER	JUDITH	STATE	POSTAL CODE	MRS. COUNTRY
2c MAILING ADDRESS	CHICAGO	IL	60611	USA
223 E. DELAWARE, APT. 2W  2d. TAX ID # SSN OR EIN   ADDL INFO RE   20. TYPE OF ORGAN ZATION	21. JURISDICTION OF URLANIZATION	2g. ORG/	NIZATIONAL ID #, if any	
N/A DEBTOR				NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO	OR S/P) - insert only one secured part, name (% o	r 3b)		
3a. ORGANIZATION'S NAME	(0			
U.S. BANK	FIRST NAME	MIDDLE	NAME	SUFFIX
OR - THE PROPERTY OF THE PROPE		10		
35. INDIVIDUAL'S LAST NAME		SATE	POSTAL CODE	COUNTRY
OR 3b. INDIVIDUAL'S LAST NAME  3c. MAILING ADDRESS	CITY		1 60602	LIS
	CHICAGO	TL (	0602	US

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 filled [for record) (or recorded) in the REAL FINANCING STATEMENT is to be filled [for record) (or recorded) in the REAL FINANCING STATEMENT is to be filled [for record) (or recorded) in the REAL FINANCING STATEMENT is to be filled [for record) (or recorded) in the REAL FINANCING STATEMENT is to be filled [for record) (or recorded) in the REAL FINANCING STATEMENT is to be filled [for record) (or recorded) in the REAL FINANCING STATEMENT is to be filled [for record] (or recorded) in the REAL FINANCING STATEMENT is to be filled [for record] (or recorded) in the REAL FINANCING STATEMENT is to be filled [for record] (or recorded) in the REAL FINANCING STATEMENT is to be filled [for record] (or recorded) in the REAL FINANCING STATEMENT is to be filled [for record] (or recorded) in the REAL FINANCING STATEMENT is to be filled [for record] (or recorded) in the REAL FINANCING STATEMENT is to be filled [for record] (or recorded) in the REAL FINANCING STATEMENT is to be filled [for record] (or recorded) in the REAL FINANCING STATEMENT is to be filled [for record] (or recorded) in the REAL FINANCING STATEMENT is to be filled [for record] (or recorded) in the REAL FINANCING STATEMENT is to be filled [for record] (or recorded) in the REAL FINANCING STATEMENT is to be filled [for record] (or recorded) in the REAL FINANCING STATEMENT is to be filled [for record] (or recorded) in the REAL FINANCING STATEMENT is to be filled [for record] (or recorded) in the REAL FINANCING STATEMENT is to be filled [for record] (or recorded) in the REAL FINANCING STATEMENT is to be filled [for record] (or recorded) in the REAL FINANCING STATEMENT is to be filled [for record] (or recorded) in the REAL FINANCING STATEMENT is to be filled [for record] (or recorded) in the REAL FINANCING STATEMENT is to be filled [for record] (or recorded) in the REAL FINANCING STATEMENT is to be fil
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0321232044 Page: 12 of 20

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# UNOFFICIAL COPY

	ONTACT AT FILER [optional]				
B SEND ACKNOWLEDG	MENT TO: (Name and Address)				
FKRISTIN L	VUCINOVICH	$\neg$			
180 NORT	D MARCUS & BERK CHARTERE H LASALLE STREET, SUITE 370 , ILLINOIS 60601				
L X				·	
1 DEBTOR'S EXACTE	ULL LF GAL NAME - insert only one debtor name (1a		SPACE IS FO	R FILING OFFICE U	SE ONLY
1a. ORGANIZATION'S N		or 10) - do not appreviate of compine names			
OR 15. INDIVIDUAL'S LAST	NAUE				
WALDER	TANK	FIRST NAME HOWARD	MIDDLE	T.	SUFFIX MR.
c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
	WARE, APT. 2W	CHICAGO	IL	60611	US
d.TAXID#: SSN OR EIN N/A	ADD'L INFO RE 16. TYPE OF ORG / NIZATION ORGANIZATION DEBTOR	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if any	_
ADDITIONAL DEBTO	R'S EXACT FULL LEGAL NAME - insel on', one	debtor name (2a or 2b) - do not abbreviate or comb	ine names		NON
2a. ORGANIZATION'S N		Z			* in # w
R 26 INDIVIDUAL'S LAST	NAME	FIF ST N. ME	IMIDDLE	VANE	SUFFIX
WALDER		JUDITH	WINDOLL	(NOIN)	
: MAILING ADCRESS		CITY	STATE	POSTAL CODE	COUNTRY
o. His iliginto mbontato	_AWARE, APT. 2W	CHICAGO	IL	60611	USA
	ADD'L INFO RE 28. TYPE OF ORGANIZATION	2f. JURISDICTION OF OF SANIZATION	2g. ORG	ANIZATIONAL ID#, if any	
223 E. DE	ORGANIZATION DEBTOR				
223 E. DE	DEBTOR  NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	R S/P) - insert only one secured part name 3s or 3	3b)		
223 E. DE	DEBTOR  NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	SSP) - insert only one secured part name 3a or 3	3b)	***************************************	
223 E. DE d. TAX ID#: SSN OR EIN N/A . SECURED PARTY: 3ª ORGANIZATIONS N U.S. BANK	DEBTOR  NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR  ME	R S/P) - insert only one secured part name 3s or 3	MIDDLE	NAME	SUFFIX
223 E. DE  d. TAX ID #: SSN OR EIN  N/A  SECURED PARTYS  3a. ORGANIZATION'S N  U.S. BANK  OR  3b. INDIVIDUAL'S LAST	DEBTOR  NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR  ME	FIRST NAME	<u></u>	NAME	
223 E. DE  22.3 E. DE  23. TAX ID #: SSN OR EIN  N/A  3. SECURED PARTY:  3a. ORGANIZATION'S N  U.S. BANK	DEBTOR  NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR  ME		<u></u>	NAME	SUFFIX

ATTACHED HERETO AS EXHIBIT A

. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
This FINANCING STATEMENT is to be filed (for record) (or recorded	d) in the REAL 7, Check to REC	UEST SEARCH REPOR	RT(S) on Debtor(s) (optional)	All Debtors	Debtor 1 Debtor 2
OPTIONAL FILER REFERENCE DATA					

0321232044 Page: 14 of 20

# **UNOFFICIAL COPY**

#### EXHIBIT A

- (i) All of the Debtor's right, title and interest in and to the Debtor's Membership Certificate, Stock No. 63, representing a membership in the Two Twenty Three East Delaware Corporation, an Illinois corporation, which owns and administers the residential cooperative project located at 223 E. Delaware, Chicago, Illinois, Cook County, Illinois ("Co-op").
- (ii) All rights, title and interest in and to that certain Proprietary Lease by and between Two Twenty Three East Delaware Corporation, as lessor, and Debtor, as lessee, under which among other things Debtor was granted a leasehold interest in Unit No. 2W ("Unit") in the Coop, which Unit is appurtenant to the membership described in (i) above.
  - (iii) Any and all proceeds now existing or hereafter arising as to (i) and (ii) above.

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STREET ADDRESS: 223 EAST DELAWARE FICIAL COPY

CITY: CHICAGO

COUNTY: COOK

TAX NUMBER:

#### LEGAL DESCRIPTION:

UNIT 2W ON THE 2ND FLOOR OF AN APARTMENT BUILDING COMMONLY KNOWN AS 223 EAST DELAWARE, WHICH BUILDING IS LOCATED ON THE FOLLOWING DESCRIBED REAL ESTATE: LOTS 10 AND 11 IN LAKE SHORE DRIVE ADDITION TO CHICAGO, A SUBDIVISION OF PART OF BLOCKS 14 AND 20 IN CANAL TRUSTEES' SUBDIVISION OF THE SOUTH FRACTIONAL QUARTER OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of County Clark's Office

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*					
•					
UCC FINANCING	STATEMENT (front and back) CAREFULLY				
	ONTACT AT FILER [optional]				
B SEND ACKNOWLEDGE	//ENT TO: (Name and Address)				
B. SEND ACKNOWLEDGE	nciti 10. (Name and Address)	<u></u>			
4	VUCINOVICH			1	
	) MARCUS & BERK CHARTERE! H LASALLE STREET, SUITE 3700				
	ILLINOIS 60601	<b>'</b>			
1 DESTOR'S EXACTE	/.L L GAL NAME - insert only one debtor name (1a o		SPACE IS FO	R FILING OFFICE US	SE ONLY
1a. ORGANIZATION'S NA	ME CLORE MAINE - inself only one debtor name (18 o	or 10) - do not appreviate or combine names		•	
OR THE INDIVIDUAL STATE	<u></u>				
16. INDIVIDUAL'S LAST N WALDER	AME	FIRST NAME HOWARD	MIDDLE	NAME T.	SUFFIX MR.
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
	/ARE, APT. 2W	CHICAGO	IL	60611	US
1d. TAX ID#: SSN OR EIN N/A	ADD'L INFO RE 16. TYPE OF ORGANIZATION ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID#, if any	
	S EXACT FULL LEGAL NAME - insector / condition	http://www./Je.or.Jh. do.or.hhtm./do.or.hi			NON
28. ORGANIZATION'S NA		such filame (28 of 25) - do not appreviate of comps	ne names		
OR 26. INDIVIDUAL'S LAST N	N/F		Lunn, s		
WALDER	AME	FIT.STN, ME IUDITH	MIDDLE	NAME	SUFFIX
2c. MAILING ADDRESS		CITY CITY	STATE	POSTAL CODE	MRS.
	AWARE, APT. 2W	CHICAGO	IL.	60611	USA
2d. TAX ID #: SSN OR EIN	ADO'L INFO RE 20. TYPE OF ORGANIZATION ORGANIZATION	24. JURISDICTION C. O GANIZATION	2g. ORG/	ANIZATIONAL ID #, if any	_
N/A 3 SECURED PARTYS	DEBTOR NAME of TOTAL ASSIGNEE of ASSIGNOR	S/D) - insert only one sequent part, name i3a or 3	<u> </u>		NON
3a. ORGANIZATION'S ÑÃI	ME	Car ) - Interest of the State of State	U)		
U.S. BANK OR 36. INDIVIDUAL'S LAST N	AAAC	FIRST NAME	LUGDI E	1412	Toursey.
36. INDIVIDUAL S DAST N	AME	FIRST NAME	MIDDLE	NAME	SUFFIX
3c. MAILING ADDRESS		CITY	S, AVE	POSTAL CODE	COUNTRY
	GAN AVENUE	CHICAGO	172	50602	US
4. This FINANCING STATEMEN	T covers the following collateral:				
				10	
ATTACHED	HERETO AS EXHIBIT A			9	

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
This FINANCING STATEMENT is to be filed [for record] (or recorded)     ESTATE RECORDS. Attach Addendum	in the REAL 7. Check to RE	QUEST SEARCH REPO LFEEL	RT(S) on Debtor(s) footionall	All Debtors	Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA					

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# **UNOFFICIAL COPY**

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
KRISTIN I VUCINOVICH HORWOOD MARCUS & BERK CHARTERED 180 NORTH LASALLE STREET, SUITE 3700 CHICAGO, ILLINOIS 60601			
	THE ABOVE	SPACE IS FOR FILING OFFICE	USE ONLY
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a o			
1a. ORGANIZATION'S NAME			
OR ID. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
WALDER	HOWARD	Τ.	MR
1c. MAILING ADDRESS	CHICAGO	STATE POSTAL CODE	COUNTRY
223 E. DELAWARE, APT. 2W	CHICAGO	IL 60611	
1d. TAX ID # SSN OR EIN ORGANIZATION ORGANIZATION DEBTOR	1f. JURISDICTION OF ORGANIZATION		NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME insert only gine in the control of t	ebfor name (2a or 2b) - do not abbreviate or com	bine names	
28. ORGANIZATIONS NAME			
OR 2b. INDIVIDUAL'S LAST NAME	FI (ST NAME	MIDDLE NAME	SUFFIX
WALDER	JUDITH	STATE POSTAL CODE	MRS.
2c. MAILING ADDRESS	CITY	STATE POSTAL CODE	USA
223 E. DELAWARE, APT. 2W  2d. TAX ID # SSN OR EIN   ADD'L INFO RE   2e. TYPE OF ORGANIZATION	CHICAGO 25 JURISDICTION OF DRICANIZATION	2g. ORGANIZATIONAL ID #, if:	
ORGANIZATION			NONE
N/A DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert only one secured part name (3/0	r 3b)	
3a. ORGANIZATION'S NAME		<u> </u>	
U.S. BANK	FIRST NAME	IMIDDLE NAME	SUFFIX
36 INDIVICUAL'S LAST NAME	THE TOWN	76	
3c. MAILING ADDRESS	СПУ	S'ATE POSTAL CODE	COUNTRY
30 N. MICHIGAN AVENUE	CHICAGO	10002	
4. This FINANCING STATEMENT covers the following collateral:			

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING

1. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL (ADDITIONAL FEEL (ADDITIONAL FEE

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OFFICIAL CO

STREET ADDRESS: 223 EAST CITY: CHICAGO

TAX NUMBER:

#### LEGAL DESCRIPTION:

LOOR OF AN APARTMENT BUIL
OCATED ON THE FOLLOWING DESC.
ON TO CHICAGO, A SUBDIVISION OF
SION OF THE SOUTH FRACTIONAL QUART.
THE THIRD PRINCIPAL MERIDIAN, IN COL UNIT 2W ON THE 2ND FLOOR OF AN APARTMENT BUILDING COMMONLY KNOWN AS 223 EAST DELAWARE, WHICH BUILDING IS LOCATED ON THE FOLLOWING DESCRIBED REAL ESTATE: LOTS 10 AND 11 IN LAKE SHORE DRIVE ADDITION TO CHICAGO, A SUBDIVISION OF PART OF BLOCKS 14 AND 20 IN CANAL TRUSTEES' SUBDIVISION OF THE SOUTH FRACTIONAL QUARTER OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 14. EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

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