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B. SEND ACKNOWLEDGEMENT TO: (None and Solutions P.O. Box 2969 Springfield, IL 62708			### ##################################				
L 179	2364-	2			CE IS FO	R FILING OFFICE U	SE ONLY
1a. ORGANIZATION'S N ELLIE REAI	AME	E - insert only <u>one</u> debtor name (1a	a or 1b) - do not abbrev	ate or combine names			
OR 16. INDIVIDUAL'S LAST	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	FIRST NAME		MIDDLE NAME	
	1c. MAILING ADDRESS 614 SHERIDAN ROAD		GLENCO	GLENCOE		POSTAL CODE 60022	COUNTRY
1d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORG ANIZATION LLC	1f. JURISDICTION OF ORGANIZATION		1g. ORGANIZATIONAL ID #, if any 00889814 40		
2. ADDITIONAL DEBTOI		LEGAL NAME - insert only one	det for name (2a or 2b	- do not abbreviate or combine r	ames		
OR 2b. INDIVIDUAL'S LAST	DR 2b. INDIVIDUAL'S LAST NAME		FIRET NAME		MIDDLE NAME		SUFFIX
2c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY	
2d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION	OF / TGANIZATION	2g. ORG/	ANIZATIONAL ID#, if an	y Nor
3a. ORGANIZATION'S N	AME	of TOTAL ASSIGNEE of ASSIGNOR		secured party num (Un or 3b)			
OR 3b. INDIVIDUAL'S LAST	36. INDIVIDUAL'S LAST NAME		FIRST NAME		N)DDLE NAME		SUFFIX
3c. MAILING ADDRESS 135 SOUTH LASALLE STREET			CHICAG	0	STATE IL	POSTAL CODE EU603	COUNTRY
4. This FINANCING STATEME ALL ASSETS AND A		vingcollateral: PROPERTY OWNED BY D	EBTOR			CO	

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 file ESTATE RECORDS. Attach Addendum	d [for record] (or recorded) in the REAL [if applicable]	7. Check to REQUEST SEARCH REPO		The state of the s
8. OPTIONAL FILER REFERENCE DATA COOK COUNTY			(Optional)	DESIGN DESIGN
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UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY					
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATE	TEMENT				
9a. ORGANIZATION'S NAME ELLIE REALTY LLC					
9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX				
10. MISCELLANEOUS:					
				IS FOR FILING OF	FICE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL ' C AL NAME - insert only one 11a. ORGANIZATION'S NAME	debtor name (11a or 11b) - do not	abbreviate or combin	ie names		
TIA. ORGANIZATION O NAIVIE					
OR 11b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE 1	NAME	SUFFIX
11c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
11d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR	THE JURISDICTION OF ORGAN	NIZATION	11g. ORG	I BANIZATIONAL ID #, i	f any
12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S No. 12a. ORGANIZATION'S NAME	AMEse . conly <u>one</u> name (12a	or 12b)			
	46				
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE N	IAME	SUFFIX
12c. MAILING ADDRESS	CITY	9/	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: LOT 27, 28, 29 AND THE SOUTH 8.3 FEET OF LOT 26 IN BLOCK 1 IN HUGHES BROWN MOORE CORPORATION FIRST ADDITION TO NORTH SHORE VILLA BEING A SUBDIVISION OF PART OF THE NORTHEAST QUARTER OF SECTION 11, TOWNSHIP 42 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. PIN 04-11-203-029,14-11-203-030,14-11-203-060 ADDRESS: 950 SKOKIE Blyd, Northbrook IL	16. Additional collateral descrip	ition:	C		•
15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):	17. Check <u>only</u> if applicable and Debtor is a Trust or Trust 18. Check <u>only</u> if applicable and Debtor is a TRANSMITTING Filed in connection with a Ma	see acting with respect check only one box. UTILITY nufactured-Home Tra	nsaction -	– effective 30 years	Decedent's Estate
	Filed in connection with a Put	olic-Finance Transacti	ion — effe	ctive for 30 years	