# UNOFFICIAL COPY

GERALD J. MINGOLELL, M.D., S.C.  16. INDIVIDUAL'S LAST NAME  16. MAILING ADDRESS  17850 SOUTH KEDZIE, SUITE 3200  16. TAX ID #: SSN OR EIN   ADDL INFO RE   1e. TYPE OF ORGAN ZATION	Cool Date	COunty	30110138 ne" Moore Fee: \$6 ne" Moore Fee: \$6 necorder of Deeds 2003 03:24 PM Pg	
A. NAME & PHONE OF CONTACT AT FILER [optional]  B. SEND ACKNOWLEDGMENT TO: (Name and Address)  CI Corporation System - UCC Division 208 South LaSaile Street Chicago, Illinois 60604  1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1a. ORGANIZATION'S NAME GERALD J. MINGOLELL!, M.D., S.C.  OR 1b. INDIVIDUAL'S LAST NAME  1c. MAILING ADDRESS  17850 SOUTH KEDZIE, SUITE 3200  1d. TAX ID #: SSN OR EIN   ADDL INFO RE   1e. TYPE OF ORGAN ZATION	THE ABOVE SPA	COunty	, Recorder 5.7 2003 03:24 PM Pg	
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10. MAILING ADDRESS  17850 SOUTH KEDZIE, SUITE 3200  10. TAX ID #: SSN OR EIN   ADD'L INFO RE   10. TYPE OF ORGAN ZATION	FIRST NAME			
10. MAILING ADDRESS  17850 SOUTH KEDZIE, SUITE 3200  10. TAX ID #: SSN OR EIN   ADDL INFO RE   10. TYPE OF ORGAN ZATION	FIRST NAME			
17850 SOUTH KEDZIE, SUITE 3200  Id. TAX ID #: SSN OR EIN   ADD'L INFO RE   1e. TYPE OF ORGAN ZATION		MIDDLE	NAME	SUFFIX
17850 SOUTH KEDZIE, SUITE 3200  Id. TAX ID #: SSN OR EIN   ADD'L INFO RE   1e. TYPE OF ORGAN ZATION				
Id. TAX ID #: SSN OR EIN   ADD'L INFO RE   1e. TYPE OF ORGAN ZATION	CITY	STATE	POSTAL CODE	COUNTRY
	HAZEL CREST	IL	60429	
DEBTOR CORPORATION	11 JURISDICTION OF ORGANIZATION	159943	ANIZATIONAL ID #, if any	
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only on. 1 or	r name (2a or 2b) - do not abbreviate or combine n	ames		NONE
2a. ORGANIZATION'S NAME		41100		
OR OR INITIALITY OF A CONTINUE				
2b. INDIVIDUAL'S LAST NAME	FIRST NOM	MIDDLE NAME SUF		SUFFIX
2c. MAILING ADDRESS	_ (/.			
	CITY	STATE	POSTAL CODE	COUNTRY
2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION OPGANIZATION	2f. JURISDICTION OF OPC INIZATION	2g. ORGA	I NIZATIONAL ID #, if any	<u> </u>
DEBTOR		1	•	П
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SIF	) - insert only one secured party name (sa_r(3))	<del></del>		NONE
CITIBANK, F.S.B.				
	IRST NAME	MID OLE N	VAME	SUFFIX
c MAILING ADDRESS 500 W. MADISON STREET	CHICAGO	STATE IL	POS AL CODE 67661	COUNTRY
. This FINANCING STATEMENT covers the following collateral:		<u> </u>		

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNOR BAILEE/BAILOR 6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL TO Check to REQUEST SEARCH REPORT [if applicable].	SELLER/BUYER AG. LIEN NON-UCC FILING
3 OPTIONAL FILER REFERENCE DATA [if applicable] [ADDITIONAL FEE]	optional] All Debtors Debtor 1 Debtor 2
(1L) COOK COUNTY RECORDER OF DEEDS	5962484-50-6

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UCC FINANCING STATEMENT ADDENDUM		1			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY	TEATENT				
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STA 9a. ORGANIZATION'S NAME	TEMENT	1			
GERALD J. MINGOLELLI, M.D., S.C.					
OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX	1			
10. MISCELLANEOUS:	· · · · · · · · · · · · · · · · · · ·				
0000		THE ABOVE	SPACE	IS FOR FILING OFFICI	E USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LE SAL NAME - insert only one r	ame (11a or 11b) - do not abbre	viate or combine name	ŝ		
11a. ORGANIZATION'S NAME					
OR 11b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS	СПУ		STATE	POSTAL CODE	COUNTRY
11d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION OBSTOR	11f. JURISDICTION OF ORGA	NIZATION	11g, OR6	L GANIZATIONAL ID #, if any	
	NAME - nser only one name	(12a or 12b)			INONE
12a. ORGANIZATION'S NAME	NAME TISE ONLY ONE HATTE	(128 0) 120)			
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS	CITY	0	STATE	POSTAL CODE	COUNTRY
25.11.12.10.7.52.7.200	Oil		017112	T GOTAL GODE	00011111
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:	16. Additional collateral descr	iption;	0,		.
SEE ATTACHED EXHIBIT A			(		
				C	
Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):     PHYSICIANS COOPERATIVE PROPERTY					
MANAGEMENT, LLC	17. Chook only if a call and	ad phools ==5:			
	17. Check only if applicable a Debtor is a Trust or			roperty held in trust or	Decedent's Estate
	18. Check only if applicable a			roperty netu in trust or	Decedent's Estate
	Debtor is a TRANSMITTING UTILITY  Filed in connection with a Manufactured-Home Transaction — effective 30 years				
	Filed in connection with a			*	

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#### **EXHIBIT A**

ALL IMPROVEMENTS OF EVERY KIND AND DESCRIPTION NOW OR HEREAFTER ERECTED OR PLACED ON THE PREMISES (AS DESCRIBED IN EXHIBIT B) AND ALL MATERIALS INTENDED OR CONSTRUCTION, RECONSTRUCTION, ALTERATION AND REPAIRS OF SUCH IMPROVEMENTS NOW OR THEREAFTER ERECTED THEREON, ALL OF WHICH MATERIALS SHALL BE DEEMED TO BE INCLUDED WITHIN THE PREMISES IMMEDIATELY UPON THE DELIVERY THEREOF TO THE PREMISES, AND ALL FIXTURES, FURNITURE, FURNISHING, GOODS, CHATTELS AND EQUIPMENT NOW OR THERE AFTER OWNED BY DEBTOR AND ATTACHED TO AND USED IN CONNECTION WITH THE PREMISES, INCLUDING BUT NOT LIMITED TO ALL HEATING, AIR-CONDITIONING, APPLIANCES, SPRINKLERS, LIGHTING AND ELECTRICAL GENERATING EQUIPMENT, CONDUITS, PLUMBING AND PLUMBING FLX7URES, FIRE PREVENTION, FIRE EXTINGUISHING AND VENTILATING APPARATUS, ELEVATORS, SHADES, AWNINGS, SCREENS, STORM DOORS AND WINDOWS, GAS AND ELECTRICAL FIXTURES, PARTITIONS, BUILT-IN MIPRORS, AND ALL ADDITIONAL THERETO AND RENEWALS, OR REPLACEMENTS THEREOF OR ARTICLES IN SUBSTITUTION THEREFORE, WHETHER OR NOT THE SAME ARE OR SHALL BE ATTACHED TO ANY BUILDINGS COMPRISING THE PREMISES IN ANY MANNER, IT BEING UNDERSTOOD AND AGREED THAT EXCEPT AS EXPRESSLY PROVIDED ABOVE, THE PROVISIONS OF THIS FINANCING STATEMENT SHALL NOT APPLY OR ATTACH TO ANY TRADE FLY FURES OR PERSONAL PROPERTY OF DEBTOR OR ANY TENANT OF THE PREMISES;

TOGETHER WITH ALL EQUIPMENT OF EVERY KIND AND DESCRIPTION NOW OR HEREAFTER OWNED BY DEBTOR AND LOCATED:5320 West 159<sup>th</sup> Street Oak Forest, IL

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Legally described as follows:

UNITS NUMBER 3 AND 4 IN OAK CENTER CONDOMINIUM NUMBER 1, AS DELINEATED ON SURVEY OF THE FOLLOWING DESCRIBED PARCEL OF REAL ESTATE; THE SOUTH 64.19 FEET OF LOT 4; ALL OF LOT 5; THE NORTH 120.81 FEET OF LOT 6; AND THE 20.00 FOOT VACATED ALLEY LYING BETWEEN LOTS 5 AND 6 IN LOREL GARDENS SUBDIVISION OF THE EAST 300 FEET OF THE SOUTH 675.81 FEET OF THE WEST 13 1/3 ACRES OF THE SOUTH EAST 1/4 OF SOUTHWEST 1/4 OF SECTION 16, TOWNSHIP 36 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN; AND THAT PART OF THE SOUTH E/ST1/4 OF THE SOUTHWEST1/4 OF SAID SECTION 16 LYING EAST OF THE EAST LINE OF SAID LOREL GARDENS SUBDIVISION; LYING WEST OF LOT 12 IN A. P. MCINTOSH AND COMPANY LARAMIE ACRES, A SUBDIVISON OF THE EAST 26 2/3. ACRES OF THE SOUTH EAST 1/4 OF THE SOUTHWEST 1/4 OF SAID SECTION 15: LYING NORTH OF THE NORTH LINE OF 159<sup>TH</sup> STREET; AND LYING SOUTH OF A LINE PARALLEL WITH AND 295.0 FEET NORTH OF THE NORTH LINE OF SALD 159<sup>TH</sup> STREET, ALL IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT "A"-1 AND "A"-2 TO THE DECLARATION MADE BY BREMEN BANK AND TRUST COMPANY AS TRUSTEE UNDER TRUST NO. 252 AND RECORDED AS DOCUMENT NO. 22365774; TOGETHER WITH AN UNDIVIDED PERCENTAGE INTEREST IN THE 5 ILA.

CRASSORICO

TRICO COMMON ELEMENTS, IN COOK COUNTY, ILLINOIS.

Pin #: 28-16-305-008-1003-UNIT 3

28-16-305-008-1004-UNIT 4