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A. NAME & PHONE	CING STATEMENT AME TIONS (front and back) CAREFULLY OF CONTACT AT FILER [optional]			
B. SEND ACKNOWL	LEDGMENT TO: (Name and Address)		Doc#: 04002441 Doc#: "Gene" Moor	e7 -06 50
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a. INITIAL FINANCING S	0/1402 - 125		THE ABOVE CO. CT.	
94-528369	Dat a 06/15/1004	10	THE ABOVE SPACE IS FOR FILING OF	TATES
TERMINATION:	: Effectiveness of the Financing States	12:00:00	1b. This FINANCING S to be filed for recording to the filed for recording the secured Party authorizing the resists of the Secured Party authorizing the resists of the Secured Party authorizing the secured Party authorized	d) (or recorded) in the
CONTINUATION	N: Effectiveness of the income Statement ide	entified above is terminated with respect to sec	curity interest(s) of the Secured Party authorizing the	S Termination States
	plicable law.	, , , , , , , , , , , , , , , , , , ,	resit(s) of the Secured Party authorizing this Conti	nuation Statement in
TINGO CIANTENT (1)	full of partial). Give name of account			otatement is
AMENDMENT (PAR	RTY INFORMATION): This Ame dment of all of the difference of the d	facts Debtor or Secured to	and also give name of assignor in item 9.	
		nformation in items 6 and/or 7.	ecord. Check only one of these two boxes.	
in regards to changin CURRENT RECORD	ng the name/address of a selection detailed instruction	DELETE name: Give reco to be deleted in item 6a or	ord name ADD name: Complete it	em 7a or 7b, and also item 7
6a. ORGANIZATION'S	INFORMATION:	to so deleted in item balor	6b. also complete items 7e-7	em /a or /b, and also item 7 g (if applicable).
		1		
66. INDIVIDUAL'S LAS	STNAME	TEL OF WAY		
		FI ST NAME	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR	ADDED INFORMATION			
CHANGED (NEW) OR 7a. ORGANIZATION'S	ADDED INFORMATION: BNAME	40.		
/a. ORGANIZATION'S	SNAME	477		
/a. ORGANIZATION'S	SNAME	FIRST NAME	MIDDLE NAME	
7a. ORGANIZATION'S	SNAME	FIRST NAME	MIDDLE NAME	SUFFIX
/a. ORGANIZATION'S	SNAME	FIRST NAME CITY	<u>C/</u>	
7a. ORGANIZATION'S	ADD'L INFO RE 170 TYPE OF ORDER	CITY	STATE POSTAL CODE	SUFFIX
7a. ORGANIZATION'S 7b. INDIVIDUAL'S LAS MAILING ADDRESS SEEINSTRUCTIONS	ADD'L INFO RE 78. TYPE OF ORGANIZ ORGANIZATION DEBTOR	CITY	STATE POSTAL CODE	COUNTRY
7b. INDIVIDUAL'S LAS MAILING ADDRESS SEEINSTRUCTIONS AMENDMENT (COLL)	ADD'L INFO RE 78. TYPE OF ORGANIZ ORGANIZATION DEBTOR	CITY ZATION 7f. JURISDICTION OF ORGAN	STATE POSTAL CODE	COUNTRY
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PARCEL 5: THAT PART OF THE SOUTH EAST 1/4 OF THE SOUTH EAST 1/4 OF SECTION 28, TOWNSHIP /2 NORTH, RANGE 9, EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS: LFGINNING AT A POINT ON THE WEST LINE OF THE SOUTH EAST 1/4 OF THE SOUTH EAST 1/4. OF THE SOUTH EAST 1/4; THENCE NORTH ON THE WEST LINE OF SAID SOUTH EAST 1/4 ANGLES TO THE WEST I NE OF SAID SECTION 28, 479.0 FEET; THENCE EAST ON A LINE AT RIGHT THENCE SOUTH ON A LINE PARALLEL TO THE WEST LINE OF THE SOUTH EAST 1/4, 556.0 FEET; EAST 1/4 OF SAID SECTION 28, 415.0 FEET TO A POINT WHICH IS 110.52 FEET NORTH OF THE SOUTH LINE OF THE SOUTH FAST 1/4 OF SAID SECTION 28; THENCE SOUTHWESTERLY 559.70 FEET TO THE POINT OF BEGINNING, (N LAKE COUNTY, ILLINOIS.

PARCEL 6: THAT PART OF THE SOUTHEAST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 28, TOWNSHIP 43 NORTH, RANGE 9, EAST G. THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS: BEGINNING AT A POINT ON THE WEST LINE OF THE SOUTHEAST 1/4 OF THE SOUTHEAST 1/4; THENCE NORTH ON THE WEST LINE OF SAID SOUTHEAST 1/4 OF THE SOUTHEAST 1/4 OF THE SOUTHEAST 1/4 OF THE TO THE WEST LINE OF SAID SOUTHEAST 1/4 OF THE TO THE WEST LINE OF SAID SOUTHEAST 1/4 OF THE SOUTHEAST 1

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RETURN TO: LEXIS Document Services 135 South LaSalle, Suite 1162 Chicago, Il 60603

RICHARD J. STEPHENSON COOK COUNTY, IL # 94-528369