

UNOFFICIAL COPY

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY



Doc#: 0404817072
Eugene "Gene" Moore Fee: \$30.50
Cook County Recorder of Deeds
Date: 02/17/2004 10:13 AM Pg: 1 of 4

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
6093920
IL IL
UCC Direct Services
P.O. Box 29071
Glendale, CA 91209-9071

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
OR
1b. INDIVIDUAL'S LAST NAME: DUENAS
FIRST NAME: HECTOR
MIDDLE NAME:
SUFFIX:
1c. MAILING ADDRESS: 10402 S. 88TH AVE.
CITY: PALOS HILLS
STATE: IL
POSTAL CODE: 60465
COUNTRY:
1d. TAX ID #: SSN OR EIN
ADD'L INFO RE ORGANIZATION DEBTOR
1e. TYPE OF ORGANIZATION
1f. JURISDICTION OF ORGANIZATION
1g. ORGANIZATIONAL ID #, if any [] NONE

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: DUENAS
FIRST NAME: TELESFOR
MIDDLE NAME:
SUFFIX:
2c. MAILING ADDRESS: 7129 S. WHIPPLE
CITY: CHICAGO
STATE: IN
POSTAL CODE: 60629
COUNTRY:
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

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: SUBARBAN BANK & TRUST CO
OR
3b. INDIVIDUAL'S LAST NAME:
FIRST NAME:
MIDDLE NAME:
SUFFIX:
3c. MAILING ADDRESS: 150 BUTTERFIELD RD
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) LOTS 1 TO 3 (EXCEPT THE NORTH 20 FEET OF THE SAID LOTS) IN BLOCK 4 IN BLUE ISLAND SUPPLEMENT, BEING A SUBDIVISION OF THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 31, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS. THE REAL PROPERTY OR ITS ADDRESS IS COMMONLY KNOWN AS 1933-35 BURR OAK ROAD, BLUE ISLAND, IL 60406. THE REAL PROPERTY TAX IDENTIFICATION NUMBER IS 25-31-200-009-0000

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 FEE) [] (OPTIONAL)
8. OPTIONAL FILER REFERENCE DATA: 6093920

Handwritten signatures and initials in the bottom right corner.

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		
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME
	DUENAS	HECTOR
		MIDDLE NAME, SUFFIX

10. MISCELLANEOUS**6093920-40-1****505028 ISUBURBAN**

File with: Cook+, IL

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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			
OR	11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME
	DUENAS	FROILAN	
			SUFFIX
11c. MAILING ADDRESS		CITY	STATE
7129 S. WHIPPLE		CHICAGO	IL
		POSTAL CODE	COUNTRY
		60629	
11d. TAX ID#: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION
			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			
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME
			SUFFIX
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.**16. Additional collateral description:****14. Description of real estate:****15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):****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 Estate**18. 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



SVP
B4
M
J

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9a. ORGANIZATION'S NAME		
OR		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
DUENAS	HECTOR	

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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			
SUBURBAN BANK AND TRUST COMPANY AS TRUSTEE U/T AGREEMENT Cont On Adden.			
OR			
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY
10312 S CICERO AVE		OAK LAWN	IL 60453
11d. TAX ID#: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION
		BANK	IL
			11g. ORGANIZATIONAL ID #, if any
			<input checked="" 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			
OR			
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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:

16. Additional collateral description:

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9b. INDIVIDUAL'S LAST NAME DUENAS	FIRST NAME HECTOR	MIDDLE NAME, SUFFIX

10. MISCELLANEOUS**6093920-40-1****505028 ISUBURBAN**

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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 DATED 11/5/97 AND KNOWN AS TURST #1225				
OR				
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS 10312 S CICERO AVE		CITY OAK LAWN	STATE IL	POSTAL CODE 60453
				COUNTRY
11d. TAX ID#: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION BANK	11f. JURISDICTION OF ORGANIZATION IL	
			11g. ORGANIZATIONAL ID #, if any <input checked="" 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				
OR				
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
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				COUNTRY

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- Filed in connection with a Public-Finance Transaction -- effective 30 years