### NOFFICIAL COPY

#### **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone:(800) 331-3282 Fax: (818) 60	62-4141
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	505028 ISUBURBAN
UCC Direct Services	6093920
P.O. Box 29071	. ILIL
Glendale, CA 91209 007	



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

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. D	EBTOR'S EXACT FUL	L LEGA ( N ME -	insert only one dootor name (1a	or 1b) - do not abbreviate or combine nam	ies			
OR	1a. ORGANIZATION'S NA	AME						
011	1b. INDIVIDUAL'S LAST I	VAME		FIRST NAME	MIDDLE	NAME	SUF	FIX
DUENAS		HECTOR						
	MAILING ADDRESS 0402 S. 88TH	AVE.	Op	PALOS HILLS	STATE	POSTAL CODE 60465	cou	INTRY
1d. 7	TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGAN IZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if any		NONE
2. A	DDITIONAL DEBTOR'	S EXACT FULL L	EGAL NAME - insert only or e d	btur name (2a or 2b) - do not abbreviate o	r combine ı	names		
	2a. ORGANIZATION'S NA	AME						
OR	DUENAS	NAME		TELESFOR	MIDDLE	NAME	SUF	FIX
	MAILING ADDRESS			CITY	STATE	POSTAL CODE	cou	INTRY
71	129 S. WHIPP	LE		CHICAGO	IN	60629		
2d.	TAX ID #: SSN OR EIN	ADD'L INFO RE	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF OF GANIZATION	2g. ORG	SANIZATIONAL ID #, if any		
		ORGANIZATION DEBTOR						NONE
3. S			TOTAL ASSIGNEE of ASSIGNO	R S/P) - insert only <u>one</u> secured rary, name	ne (3a or 3t	)		
	SUBARBAN		RUST CO		۲,			
OR	3b. INDIVIDUAL'S LAST	NAME		FIRST NAME	M DIVLE	NAME	SUF	FIX
	MAILING ADDRESS 50 BUTTERFI	ELD RD		ELMHURST	STATE	Pr STAL CODE で3126-0000	cou	INTRY

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 substituors 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
This FINANCING STATEMENT is to be filed [for record] (or recorded)     ESTATE RECORDS. Attach Addendum	in the REAL 7. Check to REQUEST SEARCH REPO		Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA			
6093920			, , , , , , , , , , , , , , , , , , ,

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## **UNOFFICIAL COPY**

NAME OF FIRST DEBTOR (1a or 1	b) ON RELATED FINANCING STATE	MENT				
9a, ORGANIZATION'S NAME						
96. INDIVIDUAL'S LAST NAME DUENAS	FIRST NAME HECTOR	MIDDLE NAME, SUFFIX				
). MISCELLANEOUS						
093920-40-1						
05028 ISUBURBAN						
No.						
ile with: Cook+, IL	Ó				R FILING OFFICE USE (	ONLY
ADDITIONAL DEBTOR'S EXACT I     T1a. ORGANIZATION'S NAME	FULL LEGAL NAME - insert only <u>one</u>	name (11a or 11b) - do not a	abbreviate or comb	ine name:	3	
R	<i>Y</i>					
116 INDIVIDIJAL'S LAST NAME DUENAS	0,5	FROILAN		MIDDLE	NAME	SUFFIX
1c. MAILING ADDRESS 7129 S. WHIPPLE  1d. TAX ID#; SSN OR EIN ADD'L INFO	D RE 11e. TYPE OF ORGANIZATION	CHICAGO		STATE	POSTAL CODE 60629	COUNTRY
ORGANIZA DEBTOR		Af, JURISDICTION OF ORG.	ANIZATION	11g. OR	:GANIZATIONAL (D #, if a	any NO
2. ADDITIONAL SECURED PAR 12a. ORGANIZATION'S NAME	RTY'S <u>or</u> ASSIGNOR S/P's N	NAME - insert only <u>one</u> name	(12a or 12b)			
12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
					<u>-</u>	00////
2c. MAILING ADDRESS		CITY	C	STATE	POSTAL CODE	COUNTRY
3. This FINANCING STATEMENT covers collateral or is filed as a fixture file	timber to be cut or as-extracted ang.	16. Additional collateral desc	ription:		<u> </u>	
4. Description of real estate:			•	S		
					(C)	
,					-(1)	
<ol> <li>Name and address of a RECORD OWNE (if Debtor does not have a record interest</li> </ol>						
		17. Check only if applicable ar				
			rustee acting with resp		erty held in trust or	Decedent's Esta
		18. Check only if applicable an Debtor is a TRANSMITTH				
		Filed in connection with a	Manufactured-Home	Fransaction	effective 30 years	

Prepared by UCC-Direct Services, Inc., P.O. Glendale, CA 91209-9071 Tel (800) 331-328

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/29/98)

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FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY				
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STA	TEMENT			
OR 96 INDIVIDUAL'S LAST NAME DUENAS FIRST NAME HECTOR	MIDDLE NAME, SUFFIX			
10. MISCELLANEOUS	· · · · · · · · · · · · · · · · · · ·			
6093920-40-1				
505028 ISUBURBAN				
File with: Cook+, IL				
11. ADDITIONAL DEBTOR'S EXACT FULL LEGA! NAME - insert only or	na nama /11a or 11b) do not obbre	THE ABOVE SPACE IS FO		E ONLY
110 OPCAMIZATIONS NAME		<del></del>		
SUBURBAN BANK AND TRUST COMP		U\T AGREEM	ENT Cont On Ad	den.
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS 10312 S CICERO AVE	OAK LAWN	STATE	POSTAL CODE 60453	COUNTRY
ADD'L INFO RE 11e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	1, f. JURISDICTION OF ORGANIZA	ATION 11g. OF	RGANIZATIONAL ID #,	if any
12. ADDITIONAL SECURED PARTY'S OF ASSIGNOR S/P'S  12a. ORGANIZATION'S NAME	NAME - incert only <u>one</u> name (12a	or 12b)		
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
				GOLLIX
12c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
This FINANCING STATEMENT covers timber to be cut or as-extracte collateral or is filed as a fixture filing.	rd 16. Additional collateral description	(A)		
14. Description of real estate:		100	)_	
			Disting.	
			0	
15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest);				
		acting with respect to prop	erty held in trust or	Decedent's Estate
	18. Check only if applicable and che	ck <u>only</u> one box.	381 11	<u> </u>
	Filed in connection with a Manu	factured-Home Transaction		T.

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# **UNOFFICIAL COPY**

FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) (	ADDENDUM					
9. NAME OF FIRST DEBTOR (1a or 1b) ON 9a. ORGANIZATION'S NAME		MENT	) 			
96 INDIVIDUAL'S LAST NAME DUENAS	FIRST NAME HECTOR	MIDDLE NAME, SUFFIX				
10. MISCELLANEOUS			:			
6093920-40-1						
505028 ISUBURBAN						
File with: Cook+, IL		:	THE ABOVE SPA	ACE IS FO	R FILING OFFICE USE C	INI Y
11. ADDITIONAL DEBTOR'S EXACT FULL L	FGAL NAME - insert only one r	name (11a or 11b) - do not	abbreviate or combin	ne names	3	
DATED 11/5/97 AND K	NOWN AS TURS	Г #1225				
11b. INDIVIDUAL'S LAST NAME	O/s	FIRST NAME		MIDDLE	NAME	SUFFIX
110. MAILING ADDRESS  10312 S CICERO AVE  11d. TAX ID#: SSN OR EIN ADD'L INFO RE	1e. TYPE OF ORGANIZATION	OAK LAWN		STATE  L	POSTAL CODE 60453	COUNTRY
ORGANIZATION DEBTOR	BANK	1 JURISDICTION OF ORG	SANIZATION	11g. OR	GANIZATIONAL ID #, if a	ny X none
2. ADDITIONAL SECURED PARTY'S  12a. ORGANIZATION'S NAME	or ASSIGNOR S/P's N	AME - Insert only <u>one</u> name	e (12a or 12b)			
		40				
12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
2c. MAILING ADDRESS		CITY	()	STATE	POSTAL CODE	COUNTRY
This FINANCING STATEMENT covers timb collateral or is filed as a fixture filling.	er to be cut or as-extracted	16. Additional collateral desc	cription:			
14. Description of real estate:			1	Ô		
The beautiful of real estate,						
					Diffice .	
					(C)	
					C	
$\mathcal{I}_{i}$						
y						
<ol> <li>Name and address of a RECORD OWNER of above (if Debtor does not have a record interest):</li> </ol>	ve-described real estate					
		17. Check <u>only</u> if applicable ar	nd check <u>only</u> one box.		<del></del>	
	j	Debtor is a Trust or T	rustee acting with respec	ot to prope	rty held in trust or	Decedent's Estate
		18. Check only if applicable an Debtor is a TRANSMITTING				
	į	Filed in connection with a		nsaction -	- effective 30 years	
ING OFFICE COPY - NATIONAL LICC FINA		Filed in connection with a				