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Doc#: 0411916106
Eugene "Gene" Moore Fee: \$28.50
Cook County Recorder of Deeds
Date: 04/28/2004 11:20 AM Pg: 1 of 2

UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
Phone:(800) 331-3282 Fax: (818) 662-4111

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

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

505028 ISUBURBAN
6206125
ILIL

File with: Cook+, IL

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: **TABRON** FIRST NAME: **ALFRED** MIDDLE NAME: SUFFIX:

1c. MAILING ADDRESS: **1800 CARRINGTON COURT** CITY: **NEW LENOX** STATE: **IL** POSTAL CODE: **60451** 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: **FIRST MIDWEST BANK, AS TRUSTEE UNDER TRUST AGREEMENT DATED(*)**

OR

2b. INDIVIDUAL'S LAST NAME: FIRST NAME: MIDDLE NAME: SUFFIX:

2c. MAILING ADDRESS: **8501 WEST HIGGINGS RD** CITY: **CHICAGO** STATE: **IL** POSTAL CODE: **60631** COUNTRY:

2d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION: **BANK** 2f. JURISDICTION OF ORGANIZATION: **IL** 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: **SUBURBAN BANK & TRUST COMPANY**

OR

3b. INDIVIDUAL'S LAST NAME: FIRST NAME: MIDDLE NAME: SUFFIX:

3c. MAILING ADDRESS: **150 BUTTERFIELD RD** CITY: **ELMHURST** STATE: **IL** POSTAL CODE: **60126** 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) LOT 4 IN MARLEY COMMONS, BEING A RESUBDIVISION OF PART OF LOT 1 IN EAGLE RIDGE ESTATES, BEING A SUBDIVISION OF PART OF THE NORTHWEST 1/4 OF SECTION 32, TOWNSHIP 36 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, COOK COUNTY, ILLINOIS Real Property located at 11000-11060 WEST 179TH STREET, ORLAND PARK, IL 60467 PIN # 27-32-101-012-0000

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) [optional] All Debtors Debtor 1 Debtor 2 [ADDITIONAL FEE]

8. OPTIONAL FILER REFERENCE DATA
6206125

SYE
D2
5 20
M J
DKM

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 TABRON	FIRST NAME ALFRED	MIDDLE NAME, SUFFIX

10. MISCELLANEOUS**6206125-40-1****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 OCTOBER 3, 2002 AND KNOWN AS TRUST NUMBER 7143			
OR			
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS 8501 WEST HIGGINGS RD	CITY CHICAGO	STATE IL	POSTAL CODE 60631
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
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



5/12
5:00
JK