## (RIE) SIGTION OR

## **MNOFFICIAL**



Doc#: 0412841284

Eugene "Gene" Moore Fee: \$26.00

Cook County Recorder of Deeds Date: 05/07/2004 10:25 AM Pg: 1 of 2

 FINANCING	ST	ATEMENT
Lilabora		J book CARE

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGEMENT TO: (Name and Address) BANK OF WAUKEGAN 1601 NORTH LEWIS AVENUE WAUKEGAN, IL 60079-0039

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

		SPACE IS FOR FILING OFFICE GOL	
DEBTOR'S EXACT FULL LEC AL NAME - insert only one debtor	r name (1a or 1b) - do not abbreviate or combine names		
DEBTOR'S EXACT FULL LEG LENAME - insert only gife decision of the control of the	JMBER 204499	MIDDLE NAME	SUFFIX
1b. INDIVIDUAL'S LAST NAME		STATE POSTAL CODE 1L 60085	COUNTRY
MAILING ADDRESS 601 N. LEWIS AVENUE  ENVIR # SSNOR EIN ADD'LINFO RE 16, TYPE OF OR GAN	WAUKEGAN  WAUKEGAN  OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any	NON
TAX ID # SSN OR EIN ADD'L INFO RE 116. TRUST ORGANIZATION TRUST ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - ins	sert on Volle Lebtor name (2a or 2b) - do not abbreviate or	combine names	
ADDITIONAL DEBTOR'S EXACT FULL CES, CONTROL OF STREET OF	, Inst NAME	MIDDLE NAME	SUFFIX
2b. INDIVIDUAL'S LAST NAME	CITY	STATE POSTAL CODE IL 60646	USA
5680 N. ELSTON  ADDITION TO SENT THE SENTENCE OF THE SENTENCE	CHICACC SANIZATION 21. JURISDICTION CF ORGANIZATION RSHIP IL	2g. ORGANIZATIONAL ID #, if a	any N
d. TAX ID #: SSN OR EIN  ADD'L INFO RE 128. THE GOOD PARTY S NAME (or NAME of TOTAL ASSIGNED NAME)	E of ASSIGNOR S/P) - insert only one secured party name	(3a or 3b)	
3a. ORGANIZATION'S NAME OF NAME OF NAME OF WAUKEGAN	FIRST NAME	MIDDLE NAME	SUFFIX
OR 3b. INDIVIDUAL'S LAST NAME	CITY	STA E POSTAL CODE 60031	COUNTRY
30. MAILING ADDRESS 5384 GRAND AVENUE	GURNEE	a dill ons, repla	cements, and

All Equipment and Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, a Iditions, replacements, and All Equipment and Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, a iditions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all processes relating to any of the foregoing (including insurance, general intangibles and accounts proceeds) 4. This FINANCING STATEMENT covers the following collateral:

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR  6. This FINANCING STATEMENT is to be filed [for record] (or recorded)  Attach Addendum  BEREFERENCE DATA	CONSIGNEE/CONSIGNOR BAILEE/BAILOR	SELLER/BUYER AG. LICK	NON-UCC FILING
6. This FIRECORDS Attach Addenduling STATE RECORDS Attach Addenduling STATE REFERENCE DATA		Harland Financial Solutions	Oregon 97204

0412841284 Page: 2 of 2

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## **UNOFFICIAL COPY**

UC	C FINANCING	STATEME	NT ADDENDUM						
-OL	OW INSTRUCTIONS (	OR (1a or 1b) ON	RELATED FINANCING STATE	MENT					
	- ADDITIONS NAMED IN	AF	TRUST NUMBER 2						
OR	9b. INDIVIDUAL'S LAST N	AME	FIRST NAME	MIDDLE	NAME, SUFFIX				
10.	MISCELLANEOUS:								
	/	000							
		C				<u> </u>		S FOR FILING OF	FICE USE ONLY
11.			LICGAL NAME - insert only one de	btor name (11	a or 11b) - do n	ot abbreviate or com	bine names		
	11a, ORGANIZATION'S N	AME	0.						
OR	11b. INDIVIDUAL'S LAST	NAME		FIRST NAME			MIDDLE	NAME	SUFFIX
110	. MAILING ADDRESS		0	CITY			STATE	POSTAL CODE	COUNTRY
110	. TAX ID #; SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1		CTION OF ORG		11g. ORG	GANIZATIONAL ID #,	if any NONE
12	ADDITIONAL SEC	URED PARTY	S or ASSIGNOR S/P'S NA	ME - Inse co	<u>у опе</u> name (1	2a or 12b)			
	12a. ORGANIZATION'S N	IAME			45				
OR	12b. INDIVIDUAL'S LAST	NAME		FIRST NAME	1		MIDDLE	NAME	SUFFIX
12	: MAILING ADDRESS			СПҮ			STATE	POSTAL CODE	COUNTRY
14 1	collateral, or is filed as a .  Description of real estate:  OT 20 IN BLOCK 8	fixture filing.  IN FIELD'S BORDIVISION OF	DULEVARD ADDITION TO THE EAST 1/2 OF THE ST 1/4 OF SECTION 13,	16. Addition	nai collaterai des	scription:	<u>څ</u>	) <sub>x</sub> ,	
-	MEST 1/2 OF THE FOWNSHIP 40 NOR PRINCIPAL MERIDIA	TH. RANGE 1	13 EAST OF THE THIRD	5				)Kico	
1	<ol> <li>Name and address of a R (if Debtor does not have a</li> </ol>	RECORD OWNER o a record interest):	f above-described real estate						
				17. Check	only if applicable	le and check <u>only</u> on	e box. respect to pr	poerty held in trust or	Decedent's Estate
				18. Check	only if applicable	le and check only on	e box.	-Francisco - Francisco - Franc	<u></u>
				Debtor	is a TRANSMIT	TING UTILITY			_
								on — effective 30 years	S
				Filed in	connection with	a Public-Finance In		Financial Solution	ne