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	LINAN	CING	SIA	II-ME	NIT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address) LexisNexis Document Solutions 801 Adlai Stevenson Drive Springfield, IL 62703 8975028-1



Doc#: 0419027055 Eugene "Gene" Moore Fee: \$28.50 Cook County Recorder of Deeds Date: 07/08/2004 12:26 PM Pg: 1 of 3

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

F. DEBTON S EXACT FULL (EGAL NAME - insert only one debtor page (4 a or	1h) do not of the control of the con			_ ONL I
1a. ORGANIZATION'S NAME 1a. ORGANIZATION'S NAME	10) - do not appreviate or combine names			
OR Washington				
16. INDIVIDUAL'SLASTNAME TORRISE	FIRST NAME DANIEL	MIDDLE	NAME	SUFFIX
1c. MAILING ADDRESS		s.		
11227 S. FAIRFIELD	CITY	STATE	POSTAL CODE	COUNTRY
1d. SEEINSTRUCTIONS ADD'L INFO RE 1e. TYPE OF ORGAN ZATION	CHICAGO	IL	60655	USA
ORGANIZATION DEBTOR	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if any	
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert on, and				
2a ORGANIZATION'S NAME	ac for name (2a or 2b) - do not abbreviate or combi	ne names		
OR 2b. INDIVIDUAL'S LAST NAME	4			
TORRISE	FIRS NAME	MIDDLE	VAME	ISUFFIX
2c MAILING ADDRESS	MICHELLE	L.		Joseph Market
	CITY	STATE	POSTAL CODE	COUNTRY
11227 S. FAIRFIELD 2d SEEINSTRUCTIONS ADDIL INFO RE 2e. TYPE OF ORGANIZATION	CHICAGO	IL	60655	USA
ORGANIZATION DEBTOR	2f. JURISDICTION OF URCAN ZATION	2g. ORG	NIZATIONAL ID#, if any	
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/				NONE
3a. ORGANIZATION'S NAME	P) - insert only <u>one</u> secured party name (3, or 3b)			-
OR BANK FINANCIAL, F.S.B.				
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	, NEDIEN	IAME	SUFFIX
22 MAII NO 2222		1	_	SUFFIX
3c. MAILING ADDRESS	СПУ	STAIE	POSTAL CODE	- COLUMNITOR
15W060 N. FRONTAGE RD.	BURR RIDGE	IL	60527	COUNTRY
4 This FINANCING STATEMENT	<u> </u>	ושט	10327	USA

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) for Property 8114-16 S. Kingston Avenue, Chicago, IL 60617. P.I.N.#21-31-118-022-0000.

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR			
6. This FINANCING STATEMENT is to be filed if or separation	BAILEE/BAILUR	SELLER/BUYER AG	LIEN NON-UCC FILING
8. OPTIONAL FILER REFERENCE DATA 1902003135	the REAL 7. Check to REQUEST SEARCH REPO [ADDITIONAL FEE] 7. [ADDITIONAL FEE]	ORT(S) on Debtor(s) [optional] All Def	
IL-Cook County			

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UCC FINANCING STATE FOLLOW INSTRUCTIONS (front an	TEMENT ADDENDUM	l	ľ			
9. NAME OF FIRST DEBTOR (1a	or 1b) ON RELATED FINANCING ST.	ATCHELT				
9a. ORGANIZATION'S NAME	OF 10) ON NELATED FINANCING ST.	ATEMENT				
OR OF INDIVIDUAL IN CO.						
9b. INDIVIDUAL'S LAST NAME TORRISE	FIRST NAME	MIDDLE NAME	SUFFIX			
	DANIEL	S.	İ			
10. MISCELLANEOUS: IL-COO						
	CT FULL I LEAL NAME - insert only one r	name (11a or 11b) - do n	THE ABO	VE SPACE	IS FOR FILING OF	FICE USE ONLY
				.,,,,,,		<u> </u>
OR 115, INDIVIDUAL'S LAST NAME	0,	FIRST NAME		MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS	0	CITY		STATE	POSTAL CODE	COUNTRY
ADD'L INF ORGANIZ DEBTOR	ATION	1f. JURISDICTION OF		11g. OR		any
12. ADDITIONAL SECURED PA	ARTY'S or ASSIGNOR S/P'S	NAM. 5 - insert only on	e name (12a or 12b)			NONE
OR 12b. INDIVIDUAL'S LAST NAME		FIRST NAME.	5	MIDDLE	NAME	
12c. MAILING ADDRESS		CITY		_		SUFFIX
				STATE	POSTAL CODE	COUNTRY
 13. This FINANCING STATEMENT covers collateral, or is filed as a xiture file. 14. Description of real estate: 		16. Additional collatera	Il description:	2		
THE SOUTH 18 FE LOT 6 IN BLOCK SUBDIVISION OF	2 IN TH LOTS 1 TO 10,		•	TŚ	O _x	
BOTH INCLUSIVE RINGERS' SOUTH SEING A SUBDIVISE EAST 1/2 OF THE OF THE NORTHWEST SECTION 31,	SHORE ADDITION, SION OF THE SOUTHWEST 1/4					
Name and address of a RECORD OWN (if Debtor does not have a record interes	ER of above-described real estate t):					
		17. Check <u>only</u> if applica	ble and check only one box	(-
		Debtor is a Trust o	Trustee acting with re	spect to pro	perty held in trust or	Decedent's Estate
		18. Check <u>only</u> if applica	ble and check only one box			
		Debtoris a TRANSM				
			rith a Manufactured-Home T			
		Filed in connection w	ith a Public-Finance Transa	action — effe	ctive 30 years	

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UCC FINANCING STATE FOLLOW INSTRUCTIONS (front and ba	MENT ADDENDUN	Λ	1			
9. NAME OF FIRST DEBTOR (1a or 18	CAN CAREFULLY		"			
94. ORGANIZATION'S NAME	O) ON RELATED FINANCING ST	ATEMENT				
9b. INDIVIDUAL'S LAST NAME	EIDETHANE					
TORRISE	FIRST NAME	MIDDLE NAME, SUFF	X			
	DANIEL	S.				
10.MISCELLANEOUS. IL-Cook	County					
11. ADDITIONAL DEBTOR'S EXACT FU	LL I LGAL NAME - insert only one	name (11a or 11b) - do not abbre	THE ABOV	E SPACE	IS FOR FILING OF	FFICE USE ONLY
OR						
11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
11c. MAJLING ADDRESS		ату		CTATE	Incorn.	
	0,			STATE	POSTAL CODE	COUNTRY
ADD'L INFO RE		If. JURISDICTIONOF ORGA	NIZATION	110 OP	2451747104141 10 %	
ORGANIZATION DEBTOR	V			Jing. ORG	GANIZATIONAL ID#, i	if any
12. ADDITIONAL SECURED PART	Y'S or ASSIGNOR S/P'S	NAME :				NONE
12a, ORGANIZATION'S NAME		NAME - insert only one name	(12a or 12b)			
OR						
12b. INDIVIDUAL'S LAST NAME		FIRST NAME		THE STATE OF		
		//		MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS		CITY				
		GIT		STATE	POSTAL CODE	COUNTRY
3. This FINANCING STATEMENT covers t	imber to be cut or Class outre-to-t	40 4 4 7 7		<u> </u>		
collateral, or is filed as a fixture filing. 4. Description of real estate:	Imber to be cut or as-extracted	16, Additional collateral descri	ption:	/		
TOWNSHIP 38 NORTH	, RANGE 15.			T_{0}		
EAST OF THE THIRD	PRINCIPAL.			0.		
MERIDIAN, (EXCEPT					Office	
PRET TURBERS TO	THE SOUTH 33				15°	
FEET THEREOF TAKE						
WIDENING EAST 83R	D STREET), IN				10-	
COOK COUNTY, ILLI	NOIS					
,						*
5. Name and address of a RECORD OWNER of	Table 1					
(if Debtor does not have a record interest):	above-described real estate					
		17 Check only if applicable and	check only one box.			
				pect to arm	perty held in trust or	Decedorito Fetal
		18. Check only if applicable and	check only one box	, o pio	persymmetric artifact. Or	Decedent's Estate
		Debtor is a TRANSMITTING				
		Filed in connection with a M		ansaction	- affacture 20	
		Filed in connection with a Pu				