IOFFICIAL COPY

1100 5111111111111111111111111111111111	
UCC FINANCING STATEMENT	
FOLLOW INSTRUCTIONS (front and back) CAREFULLY	
A. NAME & PHONE OF CONTACT AT FILER [optional]	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
<u></u>	
LexisNexis Document Solutions	- 4
801 Adlai Stevenson Drive	
Springfield, IL 62703 /	- 1
/	
[8975028· 4	



Doc#: 0419027058 Eugene "Gene" Moore Fee: \$28.50

Cook County Recorder of Deeds Date: 07/08/2004 12:27 PM Pg: 1 of 3

	THE ABO	VE SPACE IS FOR FIL	ING OFFICE US	SEONLY
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor no	ame (1a or 1b) - do not abbreviate or combine names			
1a. ORGANIZATION'S NAME		· · · · · · · · · · · · · · · · · · ·		
OR 15. INDIVIDUAL'SLASTNAME ELGUINDY	FIRST NAME SAMIR	MIDDLE NAME		SUFFIX
1c. MAILING ADDRESS	CITY	STATE POS	STAL CODE	COUNTRY
890 STONEHURST DRIVE	ROSELLE	IL 60	01.72	USA
1d. SEE INSTRUCTIONS ADD'L INFO RE 1e. TYPE OF ORCAN ORGANIZATION	22 TION 1f. JURISDICTION OF ORGANIZATION		TIONAL ID #, if any	10011
DEBTOR		ĺ		PINONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - inse	ert ev _ne debtor name (2a or 2b) - do not abbreviate or co	rmhine names		
2a. ORGANIZATION'S NAME		Anome names		
OR.	τ_{\circ}			
OR 2b. INDIVIDUAL'S LAST NAME	FI STNA WE	MIDDLE NAME		TSUFFIX
ELGUINDY	HCDA			
2c. MAILING ADDRESS	CITY	STATE POS	TAL CODE	COUNTRY
890 STONEHURST DRIVE	ROSELLE	IL 60	0172	USA
2d. SEE INSTRUCTIONS ADD'L INFO RE 2e. TYPE OF ORGAN ORGANIZATION	ZATION 2f. JURISDICTION OF CREANIZATION	RG ANIZATION 2g. ORGANIZATIONAL I		1 7
DEBTOR		İ		NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of AS	SIGNOR S/P) - insert only one secured party nam (3a or -b)			14014
3a. ORGANIZATION'S NAME	The state of the s			
BANK FINANCIAL, F.S.B.	10			
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
		1/6		
3c. MAILING ADDRESS	CITY	ST.TE IPOS	TAL CODE	COUNTRY
15W060 N. FRONTAGE ROAD	BURR RIDGE	IL 60	527	TISA

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 located at 4310 W. Park Lane Drive, Alsip, IL 60803. P.I.N.#24-27-400-065-0000.

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR	CONSIGNEE	CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	R AG. LIEN	NON-U	CC FILING
6. This FINANCING STATEMENT is to be filed (for record) (or recorded) ESTATE RECORDS. Attach Addendum	in the REAL [if applicable]	7. Check to REQ [ADDITIONAL	UEST SEARCH RÉPO FEE)	DRT(S) on Debtor(s) [optional]	All Debtors	Debtor 1	Debtor 2
8. OPTIONAL FILER REFERENCE DATA 1902003088							

4. This FINANCING STATEMENT covers the following collateral:

IL-Cook County

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UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY				
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STA	ATEMENT	-		
9a. ORGANIZATION'S NAME	A) CWEIN :	1		
OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFF	IX:		
ELGUINDY SAMIR		,,,		
10. MISCELLANEOUS: IL-Cook County		1		
		THE ABOVE SPACE	IS FOR FILING OFF	CE LISE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one	name (11a or 11h) do not obb		IO I OKT IEMO OTT	OL DOL ONLI
11a. ORGANIZATION'S NAME	name (118 of 110) - do flot abo	reviate or combine names		
OR DO				
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS	ату	STATE	POSTAL CODE	COUNTRY
ADD'L INFO RE 11e. TYPE OF ORGANIZATION DEBTOR	11f. JURISDICTIONOFORG	GANIZATION 11g. ORG	I GANIZATIONAL ID #, if a	nny NONE
	S NAME - insert only one nar	ne (12a or 12b)		LINONE
12a. ORGANIZATION'S NAME	0,			
OR WELLOW OF THE PROPERTY OF T	0,_			
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
		O. STATE	POSTAL GOBE	COUNTRY
13. This FINANCING STATEMENT covers timber to be cut or as-extracted	16. Additional collateral des	scription:		
collateral, or is filed as a x fixture filing. 14. Description of real estate:		7		
LOT 5 IN PARK LANE SUBDIVISION, BEING A SUBDIVISION OF THE SOUTH 1/2 OF THE NORTH 1/2 OF THE SOUTH 1/2 OF THE WEST 1/2 (EXCEPT THE EAST 50 RODS THEREOF; AND ALSO EXCEPT THE NORTH 60.00 FEET OF THE WEST 158.00 FEET THEREOF AND ALSO EXCEPT THE				
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 Debtor is a Trust or 18. Check only if applicable	Trustee acting with respect to p	roperty held in trust or	Decedent's Estate
	Debtoris a TRANSMITT			
	Filed in connection with	a Manufactured-Home Transactio	n — effective 30 years	
	Filed in connection with	a Public-Finance Transaction e	ffective 30 years	

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UCC FINANCING STATEN FOLLOW INSTRUCTIONS (front and back		1			
9. NAME OF FIRST DEBTOR (1a or 1b)		ATCMENT	1		
9a, ORGANIZATION'S NAME	ON REDATED FINANCING S	ATEMENT			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
ELGUINDY	SAMIR	WWW.			
10. MISCELLANEOUS: IL-Cook	County				
D _C O _C					
11 ADDITIONAL DERTOP'S EVACTOR	UV PECAL MANE			ACE IS FOR FILING OF	FICE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FU 11a, ORGANIZATION'S NAME	I Z L ZGAL NAME - insert only one	a name (11a or 11b) - do not abbrev	riate or combine names		
OR 11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIC	DDLE NAME	SUFFIX
11c. MAILING ADDRESS		CITY	STA	ATE POSTAL CODE	COUNTRY
	Ltt. Turn of an average				
ADD'L INFO RE ORGANIZATION	11e. TYPE OF ORGANIZATION	11f.JURISDICTIONOF ORGAN	NIZATION 11g	. ORGANIZATIONAL ID #, i	
DEBTOR 12. ADDITIONAL SECURED PART	VIS ASSIGNOD OF	10 A 11/5			NON
12a. ORGANIZATION'S NAME	TS or [ASSIGNORS/P	S NAME - insert only one name	(12a or 12b)		
OR 12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIC	DOLE NAME	SUFFIX
12c. MAILING ADDRESS		CITY	STA	ATE POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers 1	inh - 1 - 1 - 1 - 1 - 1	. 148			
collateral, or is filed as a fixture filling. 14. Description of real estate:	imber to be cut or as-extracted	16. Additional collateral descrip	ption:		
SOUTH 76.00 FEET	OF THE WEST		7		
158.00 FEET THERE			O	'	
SOUTHEAST 1/4 OF				Office	
TOWNSHIP 37 NORTH				///.	
EAST OF THE THIRD	·				
MERIDIAN, IN COOK				O	
ILLINOIS.	COUNTY,				
IDDIMOTO.					
Name and address of a RECORD OWNER of (if Debtor does not have a record interest):	f above-described real estate				
		17. Charlesshill and the	d about a state of		
		17. Check <u>only</u> if applicable and Debtor is a Trust or T	•	t to property hold in truct	or Decedent's Estate
		18. Check only if applicable and		to property need in trust. (Decedent's Estate
		Debtoris a TRANSMITTING			
		Filed in connection with a N	Manufactured-Home Trans	adion — effective 30 years	
		Filed in connection with a F	Public-Finance Transaction	ı — effective 30 years	