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Doc#: 0421222052
Eugene "Gene" Moore Fee: \$28.50
Cook County Recorder of Deeds
Date: 07/30/2004 10:35 AM Pg: 1 of 3

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
Phone: (800) 331-3282 Fax: (818) 662-4141

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)
57433 BRIDGEVIEW
UCC Direct Services
P.O. Box 29071
Glendale, CA 91209-9071

IL IL
FIXTURE

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
SHATAT

FIRST NAME
TALAL

MIDDLE NAME
M.

SUFFIX

1c. MAILING ADDRESS
2104 WILLIAM DRIVE

CITY
VALPARAISO

STATE
IN

POSTAL CODE
46385

COUNTRY

1d. SEE INSTRUCTIONS

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

OR

2b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

2d. SEE INSTRUCTIONS

ADD'L INFO RE ORGANIZATION DEBTOR

2e. TYPE OF ORGANIZATION

2f. JURISDICTION OF ORGANIZATION

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
BRIDGEVIEW BANK GROUP

OR

3b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

3c. MAILING ADDRESS
7940 SOUTH HARLEM AVE

CITY
BRIDGEVIEW

STATE
IL

POSTAL CODE
60455

COUNTRY

4. This FINANCING STATEMENT covers the following collateral:

All Inventory, Chattel Paper, Accounts, Equipment, General Intangibles and Fixtures; whether any of the foregoing is owned now or acquired later; all construction materials located at or near the property but not yet affixed to the property. All rights of the grantor in and to any plans and specifications for the construction of improvements on the property. 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, an other accounts proceeds)

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) [if applicable] All Debtors Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA

6324177

613345800

Bridgeview Bank & Trust

5/2/04
P3
5/20
M YES
dew

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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 SHATAT | FIRST NAME TALAL | MIDDLE NAME, SUFFIX M. |

10. MISCELLANEOUS

6324177-40-1
514433 IBRIDGEVIEW
613345800
Bridgeview Bank & Trust
File with: Cook+, IL

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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 | | | | | |
| OR | | | | | |
| 11b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX | | |
| 11c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |
| 11d. <u>SEE INSTRUCTION</u> | ADD'L INFO RE ORGANIZATION DEBTOR | 11e. TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGANIZATION | 11g. ORGANIZATIONAL ID #, if any <input 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:

Description: SEE Exhibit which will be faxed. Parcel ID:
26-08-329-018-0000, 26-08-329-019-0000,
26-08-329-020-0000

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

Talal M. Shatat
2104 William Drive, Valparaiso, IN, 46383

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

5/16
P3
5/10
M. Y. B.
done

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07/24/2004 09:20 FAX 773 9895719

BRIDGEVIEW BANK GROUP

016

UCC 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 | FIRST NAME | MIDDLE NAME, SUFFIX | |
| SHATAT | TALAL | M. | |
| 10. MISCELLANEOUS: | | | |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

| | | | | |
|--|-----------------------------------|--|-----------------------------------|--|
| 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 | | | | |
| OR | | | | |
| 11b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX | |
| 11c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| 11d. SEE INSTRUCTIONS | ADD'L INFO RE ORGANIZATION DEBTOR | 11e. TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGANIZATION | 11g. ORGANIZATIONAL ID #, if any <input 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 <input type="checkbox"/> timber to be cut or <input type="checkbox"/> de-extracted collateral, or is filed as a <input checked="" type="checkbox"/> fixture filing. | | 15. Additional collateral description: | | |
| 14. Description of real estate: LOTS 25, 26 AND 27 IN BLOCK 35 OF IRONWORKERS' ADDITION TO SOUTH CHICAGO, A SUBDIVISION OF THE SOUTH FRACTIONAL HALF OF FRACTIONAL SECTION 8, TOWNSHIP 37 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. | | 26-08-329-018-0000 26-08-329-019-0000 26-08-329-020-0000 | | |
| 15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest): Standard Bank and Trust Company as successor trustee to Bank Chicago M/a East Side Bank and Trust Company as trustee under Trust Agreement dated April 1, 1999 and known as Trust Number 1815 c/o Talal M. Shatat, 2104 William Drive Valparaiso, IN 46383 | | | | |
| 17. Check Debtor is a <input type="checkbox"/> Trust or <input type="checkbox"/> Trustee acting with respect to property held in trust or <input type="checkbox"/> Decedent's Estate | | | | |
| 18. Check only if applicable and check only one box. <input type="checkbox"/> Debtor is a TRANSMITTING UTILITY <input type="checkbox"/> Filed in connection with a Manufactured-Home Transaction - effective 30 years <input type="checkbox"/> Filed in connection with a Public-Finance Transaction - effective for 30 years | | | | |