

UNOFFICIAL COPY



UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

Doc#: 0428845163
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 10/14/2004 12:27 PM Pg: 1 of 3

A. NAME & PHONE OF CONTACT AT FILER [optional]
B. SEND ACKNOWLEDGMENT TO: (Name and Address)
FIRST NATIONS BANK
7757 W. DEVON AVENUE
CHICAGO, IL 60631-1509

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: CASTELLANO
FIRST NAME: SIMONE
MIDDLE NAME:
SUFFIX:
1c. MAILING ADDRESS: 8520 GREENWOOD
CITY: NILES
STATE: IL
POSTAL CODE: 60714
COUNTRY: USA
1d. SEE INSTRUCTIONS
ADD'L INFO RE ORGANIZATION DEBTOR
1e. TYPE OF ORGANIZATION: INDIVIDUAL
1f. JURISDICTION OF ORGANIZATION
1g. ORGANIZATIONAL ID #, if any
[X] 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: CASTELLANO
FIRST NAME: PATRICIA
MIDDLE NAME:
SUFFIX:
2c. MAILING ADDRESS: 8520 GREENWOOD
CITY: NILES
STATE: IL
POSTAL CODE: 60714
COUNTRY: USA
2d. SEE INSTRUCTIONS
ADD'L INFO RE ORGANIZATION DEBTOR
2e. TYPE OF ORGANIZATION: INDIVIDUAL
2f. JURISDICTION OF ORGANIZATION
2g. ORGANIZATIONAL ID #, if any
[X] 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: FIRST NATIONS BANK
OR
3b. INDIVIDUAL'S LAST NAME
FIRST NAME
MIDDLE NAME
SUFFIX
3c. MAILING ADDRESS: 7757 W. DEVON AVENUE
CITY: CHICAGO
STATE: IL
POSTAL CODE: 60631-1509
COUNTRY: USA

4. This FINANCING STATEMENT covers the following collateral:
All Inventory, Chattel Paper, Accounts, Equipment and General Intangibles; together with the following specifically described property: all present and future accounts receivable, contract rights and chattel paper, whether arising from the sale, lease or other disposition of inventory or the rendition of services or to otherwise and all returned or repossessed goods related thereto and all proceeds thereof. All inventory now owned or hereafter acquired, whether raw material, work in process, or finished goods, and all materials now owned or hereafter acquired and used or useable in connection with the manufacturing, processing, servicing, packaging, storing or selling any such inventory and all proceeds and products any of the foregoing, at the above location or any other location owned or hereafter acquired. All option rights to purchase any and all real estate, all furniture, fixtures, equipment and chattels of every kind used in debtor's business at the above location or any other location owned or hereafter acquired, and all character; all tangible and intangible property of the debtor including inventory and accounts receivable, 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 other accounts proceeds).

BOX 314

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

Handwritten notations: 923142001 JH2 295

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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 STATEMENT

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S LAST NAME CASTELLANO	FIRST NAME SIMONE	MIDDLE NAME, SUFFIX
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10. MISCELLANEOUS:

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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

OR

11b. INDIVIDUAL'S LAST NAME AMERIO	FIRST NAME JOSEPH	MIDDLE NAME	SUFFIX
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11c. MAILING ADDRESS 1624 E CRABTREE	CITY ARLINGTON HEIGHTS	STATE IL	POSTAL CODE 60004	COUNTRY USA
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11d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION INDIVIDUAL	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any <input checked="" type="checkbox"/> NONE
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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
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12c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing.

14. Description of real estate:

LOTS 4 AND 5, TOGETHER WITH THE SOUTHWESTERLY 1/2 OF THE VACATED ALLEY LYING NORTHEASTERLY AND ADJOINING SAID LOTS 4 AND 5, IN CHARLES A. SCOTT'S PARK RIDGE VILLAS, BEING A SUBDIVISION OF THE SOUTH 1/2 OF SECTION 22, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

09-22-406-009-0000
09-22-406-010-0000

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

16. Additional collateral description:

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 for 30 years

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OR

9b. INDIVIDUAL'S LAST NAME

CASTELLANO

FIRST NAME

SIMONE

MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

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11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S LAST NAME

AMERIO

FIRST NAME

SIMONE

MIDDLE NAME

SUFFIX

11c. MAILING ADDRESS

1624 E CRABTREE

CITY

ARLINGTON HEIGHTS

STATE

IL

POSTAL CODE

60004

COUNTRY

USA

11d. SEE INSTRUCTIONSADD'L INFO RE
ORGANIZATION
DEBTOR**11e. TYPE OF ORGANIZATION**

INDIVIDUAL

11f. JURISDICTION OF ORGANIZATION**11g. ORGANIZATIONAL ID #, if any** 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

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 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 for 30 years