

JCC FINANCING	STATEMENT
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	NS (front and back) CAREFULLY	
A. NAME & PHONE OF	CONTACT AT FILER [optional]	
B. SEND ACKNOWLED	DGEMENT TO: (Name and Address)	
<u> </u>		_
I FIRST BA	ANK OF HIGHLAND PARK	
1835 FIR:		
HIGHLAN	ND PARK, IL 60035	
1		
	\sim	
_ 		

Doc#: 0432122240

Eugene "Gene" Moore Fee: \$32.50 Cook County Recorder of Deeds Date: 11/16/2004 02:03 PM Pg: 1 of 5

1. DERTORIO			THE ABOV	E SPACE IS F	OR FILING OFFICE (JSE ONLY
LIG. ONOUNIACOUS	NI O NAME		a or 1b) - do not abbreviate or combine names NOIS CORPORATION			
OR 16. INDIVIDUAL'S	LAST NAME	MEANT, ANTELLI	FIRST NAME	MIDDLE	NAME	SUFFIX
9201 GOLF	ROAD	0,5	DES PLAINES	STATE	POSTAL CODE 60016	COUNTRY
ld. TAX ID #; SSN CR	EIN ADD'L INFO RE ORGANIZATION DEBTOR		1f. JURISDICTION OF ORGANIZATION	1g. ORG	GANIZATIONAL ID#, if ar	•
. ADDITIONAL DE	BTOR'S EXACT FUL	L LEGAL NAME - insert only one	ue', ior name (2a or 2b) - do not abbreviate or cor	nhine names		X NO
2b. INDIVIDUAL'S	LAST NAME		FIR\$1 N/ME	MIDDLE	NAME	SUFFIX
c. MAILING ADDRESS			СПҮ	STATE	POSTAL CODE	COUNTRY
d. TAX ID #: SSN OR I	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	21. JURISDICTION OF CAGANIZATION	2g. ORG	ANIZATIONAL ID#, if an	<u> </u>
		of TOTAL ASSIGNEE of ASSIGNOR	SIP) - insert only one secured party name (24)	73b)		NO
3b. INDIVIDUAL'S	AST NAME		FIRST NAME	M DOLE !	VAME	SUFFIX
MAILING ADDRESS	ST	•	HIGHLAND PARK	STATE	60035	COUNTRY

PIN 09-15-100-016-0000 and 09-15-100-021-0000 Commonly known as 9201 and 9225 West Golf Road, Des Plaines, IL 60016

All Fixtures which are located at the real property commonly known as 9201 and 9225 Golf Road, Des Plaines, Illinois, Cook County, including but not limited to hot water heaters, cooling and heating equipment, sinks, plumbing 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) and all accessions thereto, and replacements thereof including all proceeds therefrom, all of which are attached and made apart

	5
LTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAIL FE/RAIL OR SELLED/DLYCE	ζv
This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL 7 Check to REQUEST SEARCH REPORT(S to Deliver) AG. LIEN NON-UCC FILING	Ü
PTIONAL FILER REFERENCE DATA [if applicable] Individual FEE Individual	

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UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY		ļ			
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STA	TEMENT				
99. ORGANIZATION'S NAME GOLF-DEE LAND COMPANY, AN ILLIN	IOIS CORPO				
9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX				
10. MISCELLANEOUS:					
		THE ABOVE S	SPACE	IS FOR FILING O	FFICE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one	debtor name (11a or 11b) - do no			3 FOR FILING O	FFICE USE UNLY
11a. ORGANIZATION'S NAME	design harrie (11a 01 11b) - d0 flo	r appreviate of combine	names	<u> </u>	
OR ALL MONITORING CONTRACTOR OF THE CONTRACTOR O					
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	-	MIDDLE I	NAME	SUFFIX
11c. MAILING ADDRESS	CITY	\$	STATE	POSTAL CODE	COUNTRY
11d. TAX ID #: SSN OR EIN ADD'L INFO RE 11e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	11f. JURISDICTION OF ORGA	NIZATION 1	1g. ORG	ANIZATIONAL ID#	_
	AME - inr ert cinly <u>one</u> name (12a	or 12h\			NONE
12a. ORGANIZATION'S NAME	with an entering the marke (12a	01 120)			
OR	4/2"				
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	N.	NIDDLE N	NAME	SUFFIX
12c. MAILING ADDRESS				_	
12C. MAILING ADDRESS	CITY	S	TATE	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 descrip	otion:			
14. Description of real estate:	,	2,)		
PARCEL 1: THE EAST 308 FEET OF THE NORTH 325.12 FEET OF THE EAST 1/2 OF THE NORTHEAST 1/2 OF THE NORTHWEST 1/4 OF SECTION 15, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.			C		
EXCEPT FOR THE FOLLOWING DESCRIBED PROPERTY;				CO	
BEGINNING AT THE SOUTHEAST CORNER OF SAID PREMISES; THENCE NORTH ALONG THE EAST LINE OF SAID PREMISES 135.08 FEET TO A POINT 140.00 FEET SOUTH OF THE SOUTH LINE OF GOLF ROAD; THENCE WEST ALONG A LINE PARALLEL WITH THE SOUTH LINE OF GOLF ROAD 158.00 FEET; THENCE NORTH ALONG A LINE PARALLEL WITH THE EAST LINE OF SAID PREMISES				C	
15. 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 and	abook e-to			
	Debtor is a Trust or Trust		to proper	ty held in trust or]
	18. Check only if applicable and		o proper	ty neto in trust or	Decedent's Estate
	Debtor is a TRANSMITTING				
	Filed in connection with a Ma				
	Filed in connection with a Pul	olic-Finance Transactio	n — effec	ctive for 30 years	

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U F	CC FINANCING STATEM DLLOW INSTRUCTIONS (front and back)	ENT ADDENDUM CAREFULLY		l			
	NAME OF FIRST DEBTOR (1a or 1b) C		TEMENT	1			
	9a. ORGANIZATION'S NAME	(DANIS) AND YET TO	IOIG GODDO	i			
))	GOLF-DEE LAND COM			J			
	96. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX	₹			
(. MISCELLANEOUS:			1			
	000						
4.4	ADDITIONAL DEPTODIO	<u> </u>		THE ABOVE	SPACE	IS FOR FILING OFFICE	USE ONLY
11	ADDITIONAL DEBTOR'S EXACT FUL	L LE SAL NAME - insert only one	debtor name (11a or 11b) - do no	ot abbreviate or combi	ne патеs		
		0.5					
R	115. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	1
					INIDDEE	NAME	SUFFIX
10	MAILING ADDRESS	0	CITY		STATE	POSTAL CODE	COUNTRY
10	TAX ID #: SSN OR EIN ADD'L INFO RE	14- T/05 05 000 0	1		i	<u> </u>	1
	ORGANIZATION DEBTOR	11e, TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGA	NIZATION	11g. OR	SANIZATIONAL ID#, if any	
2.	ADDITIONAL SECURED PARTY'S	S or TASSIGNOR S/DIS NO	L L				N
	12a. ORGANIZATION'S NAME	THE TABIBITOR SIF SIME	AIVIE - Ins art o ly one name (12a	or 12b)			
_			45.				
R	12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	VAME	SUFFIX
_						···· ·	001712
2c.	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
_							
4. 14 15 W Th Al	This FINANCING STATEMENT covers timbe collateral, or is filed as a fixture filing. Description of real estate: 10.00 FEET; TO THE SOUTH LENCE WEST ALONG THE SOUTH ALCORD FEET; THENCE SOUTH ALCORD FEET; THENCE SOUTH ALCORD FEET; THENCE OF SAID PREFIXED FOR THE SOUTH LINE OF SAID PREFIXED THE SOUTH LINE OF SAID PREFIXED THE SOUTH LINE OF SAID THE SOUTH LINE OF SAID THE SOUTH LINE OF SAID THE POINT OF BEGINNING.	INE OF GOLF ROAD; H LINE OF GOLF ROAD DNG A LINE PARALLEL! MISES 275.08 FEET TO MSIES: THENCE FAST	16. Additional collateral descri	ption:	Ś		
AL FA	.SO EXCEPTING THAT PART LLLING WITHIN EITHER GOLF ROA	OF THE PROPERTY		,			
TC	NRCEL 2: THAT PART OF TH DRTHEAST 1/4 OF THE NORTHWE DWNSHIP 41 NORTH, RANGE 12, IINCIPAL MERIDIAN, LYING NORTH	ST 1/4 OF SECTION 15,					
(Name and address of a RECORD OWNER of about 1 to 1	ove-described real estate					
		<u> </u>					
		1.	17. Check <u>only</u> if applicable and	check only one box.		-	
		H	Debtor is a Trust or Trust 18. Check only if applicable and	ee acting with respec	to proper	ty held in trust or Deced	ent's Estate
		ĺ	Debtor is a TRANSMITTING				
		ļ				-11-11-00	
		••	Trued to countection with 3 was	INIBCINIAD-HOMA I ***			
_			Filed in connection with a Ma	nulactured-Home Transactio	nsaction – on – effe	- eπective 30 years	

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<u>- C</u>	CC FINANCING STATEMEN PLLOW INSTRUCTIONS (front and back) CAF	REFULLY					
9.	NAME OF FIRST DEBTOR (1a or 1b) ON F 9a. ORGANIZATION'S NAME	RELATED FINANCING STA	ATEMENT]			
~~	GOLF-DEE LAND COMP	ANY, AN ILLII	NOIS CORPO	ĺ			
DF	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
10	. MISCELLANEOUS:			ļ			
	70,			THE ABOVE		10 100 20 000	
1.	ADDITIONAL DEBTOR'S EXACT FULL LE	GAL NAME - insert only one	debtor name /11a or 11b) - do no	THE ABOVE	SPACE	IS FOR FILING OFF	CE USE ONL
	11a. ORGANIZATION'S NAME		4000 Harrie (112 0: 110) - 00 Hb	cappreviate or comp	ne names		
R	11b. INDIVIDUAL'S LAST NAME	Ox	I COOT NAME		Ţ		
			FIRST NAME		MIDDLE	NAME	SUFFIX
1c	MAILING ADDRESS	0	CITY		STATE	POSTAL CODE	COUNTR
l d.	. TAX ID #: SSN OR EIN ADD'L INFO RE 11e. ORGANIZATION DEBTOR	TYPE OF ORGANIZATION	111. JURISDICTION OF ORGA	NIZATION	11g. OR	GANIZATIONAL ID#, if a	ny
2,		ASSIGNOR S/P'S N	AME - in ert culy one name (12a	or 10h)	<u></u>		
	12a. ORGANIZATION'S NAME		ort by the hame (128	Or 12b)			
₹	12b. INDIVIDUAL'S LAST NAME		40%				
	TEST INDIVIDUAL O CAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
C.	MAILING ADDRESS	-	CITY		STATE	POSTAL CODE	COUNTR
	This FINANCING STATEMENT covers timber to	be cut or as-extracted	16. Additional collateral descrip	ntion	<u></u>		
	collateral, or is filed as a fixture filing. Description of real estate:		. O. Additional conditions and account	Alori.	_		
32 LII E <i>F</i>	5.12 FEET SOUTH OF (MEASURED NE) AND PARALLEL WITH THE NO AST 1/2 OF THE NORTHEAST 1/4 OF SECTION 15, DESCRIBED AS FO	PATH LINE OF SAID			, C		
3: 3: 3: 3: 5: 5: Vi	EGINNING AT THE SOUTHEAST COR JENCE NORTH ALONG THE EAST L 5.08 FEET TO A POINT 140.00 FEE DUTH LINE OF GOLF ROAD; THENO NE PARALLEL WITH THE SOUTH LI B.00 FEET; THENCE NORTH ALONG TH THE EAST LINE OF SAID LAND JUTH LINE OF GOLF ROAD; THENCE JUTH LINE OF GOLF ROAD 150.00 FE ONG A LINE PARALLEL WITH THE E.	INE OF SAID LAND ET SOUTH OF THE CE WEST ALONG A NE OF GOLF ROAD A LINE PARALLEL 140 FEET TO THE WEST ALONG THE ET: THENCE SOUTH		·		CO	
U							
Ļ	lame and address of a RECORD OWNER of above-d f Debtor does not have a record interest):	lescribed real estate					
Ļ	lame and address of a RECORD OWNER of above-		17. Check only if applicable and	check only one boy			
ľ	lame and address of a RECORD OWNER of above-		17. Check <u>only</u> if applicable and Debtor is a Trust or Trust	ee acting with respec	ct to proper	ty held in trust or Dec	cedent's Estate
ľ	lame and address of a RECORD OWNER of above-		Debtor is a Trust or Trust 18. Check only if applicable and	ee acting with respect check only one box.	et to proper	ty heid in trust or Dec	cedent's Estate
Ļ	lame and address of a RECORD OWNER of above-		Debtor is a Trust or Trust 18. Check only if applicable and Debtor is a TRANSMITTING	ee acting with respect check only one box.			cedent's Estate
ľ	lame and address of a RECORD OWNER of above-		Debtor is a Trust or Trust 18. Check only if applicable and	ee acting with respect check <u>only</u> one box. UTILITY nufactured-Home Tra	insaction	effective 30 years	cedent's Estate

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ombine names	
MIDDLE NAME	ŞUFFIX
STATE POSTAL CODE	COUNTRY
11g. ORGANIZATIONAL ID #, if	any NONE
MIDDLE NAME	SUFFIX
STATE POSTAL CODE	COUNTRY
S Office	•
e box.	Decedent's Estate
	e box. respect to property held in trust or e box.

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/29/98) 400 S.W. 6th Avenue, Portland, Oregon 97204