

UNOFFICIAL COPY

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
B. SEND ACKNOWLEDGMENT TO: (Name and Address)
ARCHER BANK
4970 SOUTH ARCHER AVENUE
CHICAGO, IL 60632



Doc#: 0432214101
Eugene "Gene" Moore Fee: \$26.00
Cook County Recorder of Deeds
Date: 11/17/2004 08:49 AM Pg: 1 of 2

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: MANDUJANO
FIRST NAME: ANTONIO
MIDDLE NAME:
SUFFIX:
1c. MAILING ADDRESS: 4138 S. CAMPBELL AVE.
CITY: CHICAGO
STATE: IL
POSTAL CODE: 60632
COUNTRY: USA
1d. SEE INSTRUCTIONS
ADD'L INFO RE ORGANIZATION DEBTOR
1e. TYPE OF ORGANIZATION: SOLE
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: G & M AUTO REPAIR
OR
2b. INDIVIDUAL'S LAST NAME:
FIRST NAME:
MIDDLE NAME:
SUFFIX:
2c. MAILING ADDRESS: 6146 W. 65TH ST.
CITY: CHICAGO
STATE: IL
POSTAL CODE: 60638
COUNTRY: USA
2d. SEE INSTRUCTIONS
ADD'L INFO RE ORGANIZATION DEBTOR
2e. TYPE OF ORGANIZATION: SOLE
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: ARCHER BANK
OR
3b. INDIVIDUAL'S LAST NAME:
FIRST NAME:
MIDDLE NAME:
SUFFIX:
3c. MAILING ADDRESS: 4970 SOUTH ARCHER AVENUE
CITY: CHICAGO
STATE: IL
POSTAL CODE: 60632
COUNTRY: USA

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 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)

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) [ADDITIONAL FEE] [optional]
All Debtors
Debtor 1
Debtor 2

8. OPTIONAL FILER REFERENCE DATA

11431796

Box 45

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TICOR TITLE INSURANCE COMPANY

ORDER NUMBER: 2000 000552234 OC
STREET ADDRESS: 6146 WEST 65TH STREET
CITY: CHICAGO **COUNTY:** COOK COUNTY
TAX NUMBER: 19-20-114-025-0000

LEGAL DESCRIPTION:

THE SOUTH 122.24 FEET OF THE EAST 60 FEET OF THE WEST 180 FEET IN BLOCK 5 IN
FREDERICK H. BARTLETT'S CHICAGO HIGHLANDS, IN THE NORTHWEST 1/4 OF SECTION 20,
TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK
COUNTY, ILLINOIS.

Property of Cook County Clerk's Office