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UCC FINANCING STATEMENT

OCC FINANCING		CAREELLY
FOLLOW INSTRUCT	IONS (front and	back) CAREFULL
FOLLOW INSTITUTE.		

FOLLOW INSTRUCTIONS (front and back) CARI	EFOLL!	
A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 6	662-4141	
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	515715 IBANKFIN	
UCC Direct Services	6517900	l
P.O. Box 29071 Glendale, CA 91209-9071	ILIL FIXTURE	
Fie vith: Cook+,	IL	

Eugene "Gene" Moore Fee: \$30.50 Cook County Recorder of Deeds Date: 01/21/2005 08:06 AM Pg: 1 of 4

		·				
			THE ABOVE SPACE	CE IS FOR FIL	ING OFFICE USE ONLY	
	Fie with: Cook+, IL					
	EBTOR'S EXACT FULL LEGAL N'. (IE) insert only one debtor no	ame (1a or 1b) - do no	appreviate of combine nam			
1. DE	1a. ORGANIZATION'S NAME					
-	1a, ORGANIZATION O THIME					SUFFIX
_		FIRST NAME		MIDDLE	NAME	
유	1b. INDIVIDUAL'S LAST NAME	SAMIR				
Ì	ELGUINDY			STATE	POSTAL CODE	COUNTRY
		ROSE	IIF .	IL	60172	
89	MAII ING ADDRESS 0 STONEHURST DRIVE	1 1		1n ORG	ANIZATIONAL ID #, if any	
	TYPE OF ORGANIA T	10N 1f, JURISDIC	TION OF ORGANIZATION	19.0.11		NONE
	ORGANIZATION					
	DEBTOR		a or 2b) - do not abbreviate	or combine	names	
2 Δ	DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert on	ly one de my hame (2	3 O1 ZU/ 40 M			
2. 1	2a, ORGANIZATION'S NAME	' (
				MIDDLE	NAME	SUFFIX
OR	25 INDIVIDITAL'S LAST NAME	HOD,				
	ELGUINDY	ייטטה	C/2		POSTAL CODE	COUNTRY
		CITY	77),	STATE		
2c.	MAILING ADDRESS	ROSE	ELLEZ	IL	60172	
89	90 STONEHURST DRIVE		CTION OF URGANIZATION	2g. OR	GANIZATIONAL ID #, if any	<i>'</i>
2d	SEE INSTRUCTIONS ADD'L INFO RE 2e. TYPE OF ORGANIZATION	TION 21. JUNISON	SHOW OF STREET	}		NONE
		<u> </u>		(30 or 3	26)	
_	DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of	ASSIGNOR S/P) - ins	ert only <u>one</u> secured pages	name (sa oi s		
3.	SECURED PARTY'S NAME (OF NAME OF TOTAL ASSESSMENT)					
	BANKFINANCIAL, F.S.B.			1		SUFFIX
		FIRST NAM	1E	I III DL	E NAME	JOFFIX
OF	3b. INDIVIDUAL'S LAST NAME	, ,,,,,				
				STA	F OSTAL CODE	COUNTRY
	MAILING ADDRESS FRONTACE POAD	CITY	R RIDGE	IL	50527	Ì
- ³ ′	5W060 NORTH FRONTAGE ROAD	BUN				
					7/)	

All Fixtures whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitute in selating 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 430-434 Roberts Drive, Glenwood, IL 60425. P.I.N.#\$ 32-04-100-041-1001, 32-04-100-041-1002, accounts proceeds) for Property located at 430-434 Roberts Drive, Glenwood, IL 60425. P.I.N.#\$ 32-04-100-041-1006, 32-04-100-041-1007, 32-04-100-041-1008, 32-04-100-041-1009, 32-04-100-041-1009, 32-04-100-041-1009, 32-04-100-041-1009, 32-04-100-041-1009, 32-04-100-041-1010, 32-04-100-041-1011 AND 32-04-100-041-1012.

5. ALTERNATIVE DESIGNATION (if applicable) 1. This FINANCING STATEMENT is to be filed (for record) (or recorded) in	CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING the REAL. 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) if applicable Ag. LIEN NON-UCC FILING Debtor 1 Debtor 2
ESTATE RECORDS. Attach Addendum	E05

8. OPTIONAL FILER REFERENCE DATA

1902006785

505

0502122013 Page: 2 of 4

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OW INSTRUCTIONS (front and b ME OF FIRST DEBTOR (1a or 1b DORGANIZATION'S NAME	O) ON RELATED FINANCING STATE	MEIAI			
_	FIRST NAME	MIDDLE NAME, SUFFIX			
LGUINDY	SAMIR				
MISCELLANEOUS					
7900-40-1					
5715 IBANKFIN					
)2006785)				
5	6		THE ABOVE SPACE IS FO	n EU ING OFFICE USE	ONLY
with: Cook+, IL					
ADDITIONAL DEBTOR'S EXACT	FULL LECAL NAME - insert only one	e name (11a or 11b) - do not a	IDDIEVIALE OF COMMITTEE		
11a. ORGANIZATION'S NAME	0x		MIDDLE		SUFFIX
11b. INDIVIDUAL'S LAST NAME		FIRST NAME		T- OTH CORE	COUNTRY
1000000		CITY	STATE	POSTAL CODE	
C. MAILING ADDRESS		111f. JURISDICTION OF ORG	SANIZATION 11g. O	RGANIZATIONAL ID#,	
d. <u>SEE INSTRUCTION</u> ADD'L II	NFO RE 11e. TYPE OF ORGANIZATION	11.30/466/6/12			NONE
DEBTO:		ways is not only one nam	e (12a or 12b)		
ADDITIONAL SECURED I	PARTY'S OF ASSIGNOR S/P's	NAME - in sert only one name	<u> </u>		
12a. ORGANIZATION'S NAME		FIRST NAME	MIDDL	É NAME	SUFFIX
12b. INDIVIDUAL'S LAST NAME		FIRST INVINE		POSTAL CODE	COUNTRY
2c. MAILING ADDRESS		CITY	STATI	POSTALCOBL	
2c. MAILING ADDITES				_\	
13. This FINANCING STATEMENT cove	ers timber to be cut or as-extrac	tted 16. Additional collateral de	escription:		
collateral or is filed as a X fixtu	re filing.		'5		
14. Description of real estate:)fri	
Description: THE NORTH	198 FEET OF THE SOUTH 125 FEET OF THE WEST 6 EST QUARTER OF SECTION	90		175.	
1398 FEET OF THE EAST	OT OLIABITED OF SECTION	↓4 .		(C)	
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ALSO DESCRIBED AS U	COCTUED WITH THEIR	Į.			
OF AF OF 15 AND 25 1	GE INTEREST IN THE COMM	NUM			
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0502122013 Page: 3 of 4

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NAME OF FIRST DEBTOR (1a or 1t 19a. ORGANIZATION'S NAME	pack) CAREFULLY D) ON RELATED FINANCING STATI	EWICIAT			
	FIRST NAME	MIDDLE NAME, SUFFIX			
9h. INDIVIDUAL'S LAST NAME ELGUINDY	SAMIR				
MISCELLANEOUS					
17900-40-1					
5715 IBANKFIN					
902006785					
05	0	ļ			
File with: Cook+, IL	700		THE ABOVE SPACE	S FOR FILING OFFICE USE (ONLY
ne with. Gook 1	T FULL LEG'L 1.AME - insert only o	ne name (11a or 11b) - do not	abbreviate or combine n	ames	
1. ADDITIONAL DEBTOR'S EXACT 11a. ORGANIZATION'S NAME	I FULL LEG IL IAME INC.				LOUETIV
	Ox	FIRST NAME	MI	DDLE NAME	SUFFIX
11b. INDIVIDUAL'S LAST NAME			sı	ATE POSTAL CODE	COUNTRY
11c. MAILING ADDRESS	C	CITY			
	NFO RE 11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF OR	GANIZATION 1	g. ORGANIZATIONAL ID #, i	rany NONE
ORGAN	IZATION				
DEBTO		o's NAME - instructinly one nar	ne (12a or 12b)		
12. ADDITIONAL SECURED 12a. ORGANIZATION'S NAME	PARTY'S OF L. AGGIGNOTES	6			- Taurriy
ļ		FIRST NAME	<u> </u>	AIDDLE NAME	SUFFIX
OR 12b. INDIVIDUAL'S LAST NAME		<u> </u>		STATE POSTAL CODE	COUNTRY
12c. MAILING ADDRESS		CITY	()		
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13. This FINANCING STATEMENT COV	ers tilliber to be don't.	racted 16. Additional collateration	T'		
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14. Description of real estate: 32-04-100-041-1001, 32-0 32-04-100-041-1003, 32-0 32-04-100-041-1005, 32-0 32-04-100-041-1007, 32-0	of the filing. 04-100-041-1002, 04-100-041-1004, 04-100-041-1006, 04-100-041-1010	acieu	75	Office	
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0502122013 Page: 4 of 4

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EXHIBIT A'

BORROWER: SAMIR & HODA ELGUINDY

LOAN NO. 1902006785

PROPERTY: 430-434 ROBERTS DRIVE, GLENWOOD, IL 60425

THE NORTH 103 FEET OF THE SOUTH 1398 FEET OF THE EAST 125 FEET OF THE WEST 690 FEET OF THE NORTHWEST QUARTER OF SECTION 4, TOWSHIP 35 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ALSO DESCRIBED AS UNITS 1A, 2A, 1B, 2B, 1C, 2C, 1D, 2D, 1E, 2E, 1F AND 2F TOGETHER WITH THEIR UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN THE SPRINGVIEW POINT CONDOMINIUM AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NO. 0021315992, AND AS AMENDED FROM TIME TO TIME, IN THE WEST 1/2 OF THE NORTHEAST 1/4 OF SECTION 4, 10WNSHIP 35 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N.#'S: 32-04-100-041-1001-0000, 32-04-100-041-1002-0000, 32-04-100-041-1003-0000, 32-04-100-041-1004-0000, 32-04-100-041-1005-0000, 32 J4-100-041-1006-0000, 32-04-100-041-1007-0000, 32-04-100-041-1008-0000, 32-04-100-041-1009-0300. 32-04-100-041-1010-0000, 32-04-100-041-1011-2-th Olympia Clark's Office 0000, and 32-04-100-041-1012-0000.