



## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY	
A. NAME & PHONE OF CONTACT AT FILER [optional]	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
First Bank of Highland Park 1835 First Street Highland Park, IL 60035	
L	

Doc#: 0600655106 Fee: \$26.50 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds
Date: 01/06/2006 11:51 AM Pg: 1 of 2

THE ABOVE SPACE IS FOR EILING OFFICE LISE ONLY

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1. DEBTOR'S EXACT	FULL LECAL NAMI	E - insert only one debtor name (1a o	or 1b) - do not abbreviate or combine names	i		
1a. ORGANIZATION'S						
LASALLE	BANK NAT	IONAL ASSOCATI	ON, AS TRUSTEE UN	DER TRUS	T AGREEME	ENT
OR 1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX	
		<b>/</b> X,				
1c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
181 W. MADI			CHICAGO	IL	60602	USA
1d. SEE INSTRUCTIONS		1e. TYPE OF URGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if any	<i>y</i>
	ORGANIZATION DEBTOR	TRUST	IL	t		NONE
2. ADDITIONAL DEBT	OR'S EXACT FULL	LEGAL NAME - insert univ une d	ebtor name (2a or 2b) - do not abbreviate or	combine names	<del>'''' '' '' ''' '' '' '' '' '' '' '' '</del>	
2a. ORGANIZATION'S						
			T			
OR 2b. INDIVIDUAL'S LAST NAME		FIR JENA 1E	MIDDLE	MIDDLE NAME SUFFIX		
2c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
			10,4			
2d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF JROANIZATION	2g. ORG	ANIZATIONAL ID#, if any	/
	DEBTOR	I		l		□ NONE
3. SECURED PARTY	'S NAME (or NAME	of TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert only one secured par v name /	Da or 3b)		
3a. ORGANIZATION'S	NAME			3		
		ILAND PARK	C	-/-/		
OR 3b. INDIVIDUAL'S LAS	T NAME	······································	FIRST NAME	MIDDLE	NAME	SUFFIX
,				0,		
3c. MAILING ADDRESS			CITY	STATE.	POSTAL CODE	COUNTRY
1835 FIRST ST	Γ		HIGHLAND PARK	IL	60035	USA
			. 1		1/2 1/2	1

4. This FINANCING STATEMENT covers the following collateral:

All Fixtures which are located at the real property commonly known as 2536 W Augusta Blvd, Chicago, Illinois, Couk 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 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 of the realty described hereon.

PIN 16-01-414-027.

ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR CONSIG	NEE/CONSIGNOR BAILEE/B	AILOR SELLER/BUYER	AG. LIEN NON-UCC FILING
This FINANCING STATEMENT is to be file ESTATE RECORDS. Attach Addendum	d [for record] (or recorded) in the REAL (if applicab		CH REPORT(S) on Debtor(s) [optional]	All Debtors Debtor 1 Debtor 2
3. OPTIONAL FILER REFERENCE DATA				

0600655106 Page: 2 of 2

## **UNOFFICIAL COPY**

UCC FINANCING STATEMEN	<del>_</del>					
9. NAME OF FIRST DEBTOR (1a or 1b) ON		EMENT				
9a. ORGANIZATION'S NAME	TREETED I INANGING STAT	CIVILIA				
LASALLE BANK NATIO	DNAL ASSOCATION	ON, AS TRU				
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
10. MISCELLANEOUS:	<del></del>	· · · · · · · · · · · · · · · · · · ·				
<b>'</b> O.						
70-			THE 400/E 00			
11. ADDITIONAL DEBTOR'S EXACT FULL	CGAL NAME insert only one of	ame (11e er 11h) - de net ehbrev		ACER	S FOR FILING OFFIC	CE USE ONLY
11a. ORGANIZATION'S NAME	2E SAL TANVIL - Insert only one h	ame (Tra or Trb) - do not apprev	iate or combine names			
11b. INDIVIDUAL'S LAST NAME	Ox	FIRST NAME	MI	DDLE N	NAME	SUFFIX
11c. MAILING ADDRESS		CITY	ST	ATE	POSTAL CODE	COUNTRY
	0					
11d. SEE INSTRUCTIONS   ADD'L INFO RE   1 ORGANIZATION	1e. TYPE OF ORGANIZATION	if. JURISDICTION OF ORGAN	IZATION 11	g. ORG	ANIZATIONAL ID#, if ar	ту
DEBTOR						NONE
12. ADDITIONAL SECURED PARTY'S	or ☐ ASSIGNOR S/P'S	NA VIE - insert only one name	(12a or 12b)			
12a. ORGANIZATION'S NAME		0,				
OR 12b. INDIVIDUAL'S LAST NAME		FIRST NAME		55151		Table
120. INDIVIDUAL & LAST NAIME		FIRST NAME	MII	DDLE N	IAME	SUFFIX
12c. MAILING ADDRESS		CITY	ST ST	ATE	POSTAL CODE	COUNTRY
				,,,,	7 OOTNE OODE	COONTRY
13. This FINANCING STATEMENT covers timber	er to be cut or as-extracted	16. Additional collateral descrip	otion:			
collateral, or is filed as a fixture filing.						
14. Description of real estate:			1/			
LOT 2 IN LEO KUKLIN'S SUBDIVIS FEET OF LOT 30 AND ALL OF LOTS			`\S	) _		
WEST HALF OF LOT 35 IN LEHMI						
THE SOUTH HALF OF THE SOUTH HALF OF THE NORTHEAST QUARTE					Kc.	
QUARTER OF SECTION 1, TOWNSH						
14 EAST OF THE THIRD PRINCIPAL	MERIDIAN, IN COOK				Cio	
COUNTY, ILLINOIS.					C	
<ol> <li>Name and address of a RECORD OWNER of about (if Debtor does not have a record interest);</li> </ol>	ove-described real estate					
,						
		17.0				
		17. Check only if applicable and				<del></del>
		Debtor is a Trust or Trust  18. Check only if applicable and		to prop	erty held in trust or	Decedent's Estate
		Debtor is a TRANSMITTING				
		Filed in connection with a Ma		action	effective 30 ve	
		Filed in connection with a Pu			· ·	
			manor nansaction	., - enec	are for ou years	