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UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address) JH2 For JH2 | Corporation Service Company SUITE 2320 33 North LaSalle Street Chicago, IL 60602



Doc#: 0608318093 Fee: \$32.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds

Date: 03/24/2006 03:33 PM Pg: 1 of 5

	/ <u>/</u>		THE ABOV	E SPACE IS F	OR FILING OFFICE (JSE ONLY	
1. DEBTOR'S EXACTE	ULLLEG ALT AME	-insertonly <u>one</u> debtorname (1a or 1	b) -do not abbreviate or combine names				
1a. ORGANIZATION'S N	IAME	· · · · · · · · · · · · · · · · · · ·					
NAROF, LL	C	0					
OR NAROF, LL 16. INDIVIDUAL'S LAST	NAME	-/ / ₂	FIRST NAME	IMIDDI	E NAME		
				IVIIDEL	E NAME	SUFFIX	
c. MAILING ADDRESS			CITY				
13725 OUAIL	RUN COU	RT Ox		STATE	1	COUNTRY	
d. SEEINSTRUCTIONS	13725 QUAIL RUN COURT SEEINSTRUCTIONS ADDIT INFO RE 18. TYPE OF ORGAN LATIC N		HOMER GLEN	IL	60491	USA	
- OLLING HOUS	ORGANIZATION		1f. JURISDICTION OF ORGANIZATION	1g. OR	GANIZATIONAL ID#, if an	y	
	DEBTOR	LLL	IL	₁ 017	₁ 01771108		
ADDITIONAL DEBTO	R'S EXACT FULI	LEGAL NAME - insert only on :	det jor name (2a or 2b) - do not abbreviate or com	thine names		NOP	
2a. ORGANIZATION'S N	AME		7	ibilite Hallites		· · · · · · · · · · · · · · · · · · ·	
R 2b. INDIVIDUAL'S LAST	NAME		FIRS NAME MIDDLE NAME SUF				
				IVIIDOLE	MIDDLE NAIVIE		
: MAILING ADDRESS							
			СПУ	STATE	POSTAL CODE	COUNTRY	
			//,				
SEEINSTRUCTIONS	ADD'L INFO RE ORGANIZATION	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORG ANIZATION	2g. OR(2g. ORGANIZATIONAL ID #, if any		
	DEBTOR	1		·	,	<u></u>	
SECURED PARTY'S	NAME (or NAME of	TOTAL ASSIGNEE ALASSIGNOD OF	P) - insert only <u>one</u> secured party name (3a or 50)			NON	
3a. ORGANIZATION'S NA	AME	THE PROPERTY OF THE PROPERTY O	-)-insertonity one secured party name (3a or 7.0)	<u> </u>			
STANDARD	BANK & T	RUST COMPANY	,				
3b. INDIVIDUAL'S LAST I	NAME	RUST COMPANY	FIRST NAME	17/			
			FIRST NAME	MI 701.E	NAME	SUFFIX	
MAILING ADDRESS							
7800 W. 95TH STREET			CITY	STATE	PO',TAL CODE	COUNTRY	
			HICKORY HILLS	$ I\Gamma $	63437	USA	
This FINANCING STATEME	NT covers the follow	ing collateral;					
ll Inventory,	chattel Pa	per, Accounts, Dog	cuments, Equipment, Gener	. ۱ .			
+ oo+ any or	CITC TOTEGO	THA TR OMITED DOM (n acquired latar, all .		1 4 1 2		
eplacements, a	nd substi	tutions relating t	o any of the foregoing;	ccessior	ns, additions,		
-1		= 0=00111g (-c and or one foregoind;	all reco	ords of any ki	nd	

relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and other accounts proceeds)

5 ALTERNATIVE STATE OF THE STAT			
5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR 6. This FINANCING STATEMENT is to be filed (for record) (or record)	BAILEE/BAILOR		NON-UCC FILING
8. OPTIONAL FILER REFERENCE DATA	ad) in the REAL 7. Check to REQUEST SEARCH REPO	ORT(S) on Debtor(s) [optional] All Debtors	Debtor 1 Debtor 2
		RAV	21/
IL-Cook County		DOV	. 314

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	TEMENT ADDENDUM	4	I				
9. NAME OF FIRST DEBTOR (1	ind back) CAREFULLY a or 1b) ON RELATED FINANCING ST	ATEMENT					
9a. ORGANIZATION'S NAME	a of 10) OF TREET ED THOUGHT OF	AT CIVICIVI					
OR NAROF, LLC							
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE N.	AME,SUFFIX				
10. MISCELLANEOUS:							
IL-Cook County							
	0						
11 ADDITIONAL DEPTOR'S EVI	ACT FULL DE SA MANAE		i			IS FOR FILING OFF	ICE USE ONLY
11a. ORGANIZATION'S NAME	ACT FULL LEGAL NAME - insert only one	name (11a or 11b) -	do not abbrevia	te or combine nam	nes		
OR 11b. INDIVIDUAL'S LAST NAME		FIRST NAME			LUBBUE	Alexander and a second a second and a second a second and	<u> </u>
	(0	FIRST NAME			MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS	0	СІТУ		· · · · ·	STATE	POSTAL CODE	COUNTRY
	NFO RE 11e. TYPE OF ORGANIZATION	THE JURISDICTIO	N OF ORGANI	ZATION	11g. OR	J SANIZATIONAL ID#, if	
12. ADDITIONAL SECURED		S AIAN :					NONE
12a. ORGANIZATION'S NAME	TAKTTO OF TASSIGNOR S/F	5 NAIVIE - Ise for	ily <u>one</u> name (1	2a or 12b)			
		Ç	A				
OR 12b. INDIVIDUAL'S LAST NAME		FIRST NAME	77	-	MIDDLE	NAME	SUFFIX
12c MAILING ADDRESS		CITY			STATE	POSTAL CODE	COUNTRY
				٧/		1 COME CODE	CODIVIN
13. This FINANCING STATEMENT cove		16. Additional col	lateral descripti	on:	>		- 1
collateral, or is filed as a fixture 14. Description of real estate:	filing.			1			
'				•	S		
PARCEL 1: LOTS 22 AND 23 (EXC	EPT THE STREET) AND						
	SE PARTS TAKEN FOR					Psc.	
HIGHWAY PURPOSES) I							
STICKNEY LAND SYND BLOCKS 7 AND 8 OF H	CATE SUBDIVISION OF ATMAN'S					Disting.	
(See Attached Adden	dum)						
15. Name and address of a RECORD O	NNER of above-described real estate						
(if Debtor does not have a record inte	rest);						
		17. Charles 11.	- Neckle	hank - 1			
		17. Check <u>only</u> if a				operty held in trust or	Пр
		18. Check only if a				operty neig in trust of	Decedent's Estate
			ANSMITTING U		••		
					Transaction	— effective 30 years	
				olic-Finance Trans		•	
·						****	

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		NT ADDENDU	VI					
9 NAME OF FIRST DEF		RELATED FINANCING S	TATEMENT					
9a. ORGANIZATION'S N		TRELATED FINANCING 5	TAIEMENT		4			
OR NAROF, LLO	~							
OR INAKUF, LLC		FIRST NAME	MIDI	DLE NAME SUFFI	_			
			, wild	DEL INNIE, SUFFI,	^			
10.MISCELLANEOUS:		<u> </u>			4			
IL-Cook Count	cy 🔨							
•	1900	^			THE ABOV	E SPACE	IS FOR FILING OF	FICE USE ONLY
11. ADDITIONAL DEBTO	R'S EXACT FULL	LF JAL NAME - insert only on	<u>e</u> name (11a or 1	11b) - do not abbre	viate or combine nan	nes		
11a ORGANIZATION'S N	IAME					·		
OR								
11b. INDIVIDUAL'S LAST	NAME		FIRST NAM	E	-	MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS		0,	CITY			STATE	POSTAL CODE	COUNTRY
11d. SEE INSTRUCTIONS	ADD'L INFO RE 1 ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	ii. JURISE	DICTION OF ORGA	NIZATION	11g. ORG	 GANIZATIONAL ID#, if	
12. ADDITIONAL SEC		ACCIONOD O/DI						NONE
12a. ORGANIZATION'S N	AME	or ASSIGNOR S/P	S NAME - r.	ser. only <u>one</u> name	e (12a or 12b)			
				0/2				
OR 12b. INDIVIDUAL'S LAST	NAME		FIRST NAM	- 10		T		
	.,,,,,,,		FIRST NAIVI			MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS			CITY					
			Cit		し	STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEM	ENT agrees At-t-				<u> </u>			
collateral, or is filed as a 14. Description of real estate:	1 3	er to be cut or as-extracted	16. Addition	al collateral descri	iption:			
STICKNEY SUBDI	UICION OF T	WE MEGE 1/0 on				S		
THE WEST 1/2 O	VISION OF I	HE WEST 1/2 OF HWEST 1/4 OF					Diffico	
		NORTH, RANGE					150	
12, EAST OF TH	E THIRD PR	INCIPAL						
MERIDIAN, IN C	OOK COUNTY	, ILLINOIS.					10-	
PARCEL 2:							O	
THAT PART OF T	HE SOUTH 1/2	2						
(See Attached	Addendum)							
45								
 Name and address of a RE (if Debtor does not have a re 	CORD OWNER of abore	ve-described real estate						
	5,55 y.							
			17. Check or	lly if applicable and	d check <u>only</u> one box			
			I				perty held in trust - ~	Decedent's Estate
			18. Check on	ly if applicable and	d check <u>only</u> one box		,, nore in must of	Decedent's Estate
			·—	a TRANSMITTING				
					forming fanufactured-Home T	Francostic -	— offorting 20 ···	
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			T ned III C		www-minance fransa	uuun — effe	cuve 30 years	

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UCC FINANCING								
FOLLOW INSTRUCTIONS (· · · · · · · · · · · · · · · · · · ·	RELATED FINANCING STA	ATEMENT					
9a. ORGANIZATION'S NAM		TREENTED HINARICING 317						
NAROF, LLC								
OR NAKUF, LLU 96. INDIVIDUAL'S LAST NA	ME	FIRST NAME	MIDDLE N	IAME,SUFFIX				
10.MISCELLANEOUS: IL-Cook County			··· : - · · · · · · · · · · · · · · · ·					
	000	6.			THE ABOVE	E SPACE	IS FOR FILING O	FFICE USE ONLY
11. ADDITIONAL DEBTOR	'S EXACT FULL	LG AL NAME - insert only one	name (11a or 11b) -	do not abbrevi	ate or combine nam	es		
11a. ORGANIZATION'S NAI	ME			·				
OR		Ox						
11b. INDIVIDUAL'S LAST N.	AME		FIRST NAME			MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS		0	CITY			STATE	POSTAL CODE	COUNTRY
11d. SEE INSTRUCTIONS	ADD'L INFO RE 1 ORGANIZATION	1e. TYPE OF ORGANIZATION	r if. JURISDICTI	ON OF ORGAN	IZATION	11g. OR0	I. GANIZATIONAL ID #.	if any
	DEBTOR					1		NONE
12. ADDITIONAL SECU		or ☐ ASSIGNOR S/P'S	NAN⊫ - inse to	only <u>one</u> name (12a or 12b)			
OR	VIE		4	6				
12b. INDIVIDUAL'S LAST N.	AME		FIRST NAME	777		MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS			CITY			CTATE	IDOOTAL CODE	COUNTRY
126. MAILING ADDRESS			CITY		し	STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEME	NT covers timbe	er to be cut or as-extracted	16. Additional co	allatoral deserie	tion:			
collateral, or is filed as a	🏻	as-extracted	TO. Additional Co	niatelai describ	dor.			
14. Description of real estate:	.				1	Ô		
OF THE HERETOFO	RE VACATED	16 FOOT WIDE				0.		
PUBLIC ALLEY, A)_	
							/);;	
							0	
15. Name and address of a REC	OPD OWNED AS AL	ave described real estate						
(if Debtor does not have a re-		ove-described real estate						
			17 Chook only 2	annicoble and	check only one box	,		
							onartu hald in tour	or Decedent's Estate
					check <u>only</u> one box		openy neia in trust	or Decedent's Estate
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						Transpotion	— effective 30 years	
					ublic-Finance Trans		•	
				were returned to	manes mans		years	

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PARCEL #1:

LOTS 22 AND 23 (EXCEPT THE STREET) AND LOT 24 (EXCEPT THOSE PARTS TAKEN FOR HIGHWAY PURPOSES) IN BLOCK 7, IN STICKNEY LAND SYNDICATE SUBDIVISION OF BLOCKS 7 AND 8 OF HATMAN'S STICKNEY SUBDIVISION, OF THE WEST ½ OF THE WEST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 25, TOWNSHIP 38 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. PARCEL #2:

THAT PART OF THE SOUTH ½ OF THE HERETOFORE VACATED 16 FOOT WIDE PUBLIC ALLEY, AS HERETOFORE DEDICATED IN SAID BLOCK 7, LYING EAST OF THE NORTHERLY PROLONGATION OF THE WEST LINE OF LOT 24 IN BLOCK 7, THE AFORE-DESCRIBED SUBDIVISION, ALL IN COOK COUNTY, ILLINOIS.

25-308
-041-0-042-00.

COOK COUNTY CLERK'S OFFICE PIN #: 13-25-308-040-0000