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<u></u>		<u> </u>	Mark Services	1 414 91	V.	•	
UCC FINANCIN	NS (front and ba	ck) CAREFULLY	2865 DEC 14	PM			
A. NAME & PHONE OF [optional]	CONTACT AT FI	LER		_	6 61		
B. SEND ACKNOWLED	GMENT TO: (Na	ame and Address)		Doc# Eugen	061	0427106 Fee: \$28	8 50
CHERRO IN-CAR	N MARIE E-OF POS	PHILLIPS EL ST OFFICE BOX	9503	Cook	Caunty 5	0427106 Fee: \$28 ** Moore RHSP Fee:\$* Recorder of Deeds 06 01:17 PM Pg: 1 o	10.00
CHICAG	O, ILLI	NOIS [NEAR 606	80-8503]				
			. مد ا				
4 DEDTODIO			т	HE ABOVE SPA	CE IS FO	OR FILING OFFICE USE (ONLY
1. DEBTOR'S EXACT STATE TO THE TRANSPORT OF THE TRANSPORT	L'EGAL NAME	- insert only <u>one</u> debtor name (1a or 1b	r) - do not abbreviate or combine name	es			
OR 16. INDIVIDUAL'S LAST N	IAME		I SIDOT WALE				
PHILLIPS	EL-DES1	OR	CHERRON		MAR		SUFFIX
P.O. BOX	8503		CHICAGO	<u>.</u>	STATE IL	POSTAL CODE 60680-8503	COUNTR
	ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIA		1g. ORGA	NIZATIONAL ID#, if any	П
2. ADDITIONAL DEBTOR 2a. ORGANIZATION'S NA	'S EXACT FULL L ME	EGAL NAME - insertion have debto	or name (2a or 2b) - do not abbreviate	or combine names			
)R		' (<i>*</i> .			
2b. INDIVIDUAL'S LAST N	AME		FIF ST NAME		MIDDLE	VAME .	SUFFIX
c. MAILING ADDRESS			CITY	<u> </u>			
			CITA		STATE	POSTAL CODE	COUNTR
d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF CREANIZ	ATION	2g. ORGA	NIZATIONAL ID#, if any	
SECURED PARTY'S	NAME (or NAME of 1	OTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party ran.	3a or 3b)	<u> </u>		N
3a. ORGANIZATION'S NA	ME			74,			
R 3b. INDIVIDUAL'S LAST NA	AME		FIRST NAME		MIDDLE N	ANG	
PHILLIPS EL-SECURED PARTY			CHERRON		MIDDLE NAME SUFFIX		
MAILING ADDRESS - O			CHICAGO		aī vĒ	[NEAR 0680]	COUNTRY
This FINANCING STATEMEN	Toovers the followin	g collateral:					
	MT111 17 1311 F	GETS, LAND AND INTERPOLATION OF THE PROPERTY O	PERMIT NOT AND ADDRESS	777 3 XTT 71	7474		
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COTOTAL WITH	i Or Tur	FOLLOWING PRO 31333& 20-3731	DERTY IS ACCT	אם תפידיםי	O (73)	CTITE BUTTE TO THE	
ALTERNATIVE DESIGNATIO			· · · · · · · · · · · · · · · · · · ·				
TELEVISION DESIGNATIO	n [ii applicable]:	LESSEE/LESSOR CONSIG	NEE/CONSIGNOR BAILEE/	BAILOR SEI	LER/BLIVE	P DAGLIEN DAG	tuco c

0610427106 Page: 2 of 3

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LOTS 1 AND 2 IN BLOCK 11 IN FRANK N. GAGE'S ADDITION TO ENGLEWOOD HEIGHTS, A SUBDIVISION OF THE SOUTH ½ OF THE SOUTH EAST ¼ (EXCEPT THE WEST 20 ACRES THEREOF) OF SECTION 31, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS PIN# 20-31-427-046-0000

LOTS 1 AND 2 IN BLOCK 11 IN FRANK N. GAGE'S ADDITION TO ENGLEWOOD HEIGHTS, A SUBDIVISION OF THE SOUTH ½ OF THE SOUTH EAST ¼ (EXCEPT THE WEST 20 ACRES THEREOF) OF SECTION 31, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS PIN# 20-31-427-046-0000

LOT 5 IN BLOCK 7 IN ENGLEWOOD HEIGHTS, BEING A RESUBDIVISION OF WRIGHTS SUBDIVISION OF THE NORTH 1/2 OF THAT PART OF THE EAST 1/2 OF SECTION 6, TOWNSHIP 37 NORTH, RANCE 14, & AST OF THE THIRD PRINCIPAL MERIDIAN, LYING EAST OF PITTSBURG, CINCINNATI AND ST. LOUIS RAILROAD, IN COOK COUNTY, ILLINOIS.

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9. NAME OF FIRST DEBTOR (1a or 1	ck) CAREFULLY b) ON RELATED FINANCING STA	ATEMENT	UCU112/15/05:05:8840:					
9a. ORGANIZATION'S NAME			QNQ 1:	20.00 CKO1 SOSIL 13:54 10466679 FS				
OR 96. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX	. الله قريد البياطية	L BUSUT 1UT	DOGIO LA			
PHILLIPS-EL	CHERRON	MARIE						
0. MISCELLANEOUS:	Capition	PHALE						
•								
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ADDITIONAL DEPTODIO SVIOLE		THE	ABOVE SPACE	S FOR FILING OFFIC	CE USE ONLY			
. ADDITIONAL DEBTOR'S EXAC / F	JU LEGAL NAME - insert only one r	name (11a or 11b) - do not abbreviate or comb	ine names		·			
	Ox		,					
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE I	NAME "	SUFFIX			
: MAILING ADDRESS	01	CITY	STATE	POSTAL CODE	COUNTRY			
d. TAX ID #: SSN OR EIN ADD'L INFO R	E 11e. TYPE OF ORGANIZ/ TION	11f. JURISDICTION OF ORGANIZATION	44 /000					
ORGANIZATIO DEBTOR		I SUNSBICTION OF ORGANIZATION	Jing. ORG	ANIZATIONAL ID #, if an				
ADDITIONAL SECURED PART	Y'S or ASSIGNOR S/P'S	N/ME - insert only <u>one</u> name (12a or 12b)			No			
12a. ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · · ·	L - II SOL ORIY DI O HAITE (122 OF 120)						
{								
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	IAME	SUFFIX			
: MAILING ADDRESS		CITY	STATE	POSTAL CODE				
			SIAIE	FOSTAL CODE	COUNTRY			
This FINANCING STATEMENT covers	timber to be cut or as-extracted	16. Additional collateral description:						
collateral, or is filed as a fixture filing.		CERTIFICATE: 112-706034517 & 112-90-6017						
Description of real estate:		SOCIAL SECURITY #320-76-2707 & 321-86-5						
		USA PASSPORT #3	04449543	& 2103376	567;			
		"COPYRIGHT NOTICE" CLPTIFICATE OF PUBLICATION OF PU						
		(AFFIDAVIT); HOLD-HAPMLESS AND INDEMNITY AGREEMENT; PRIVATE AGREEMENT; SOCIAL						
•		SECURITY TRUST, INDENTURE; COMMERCIAL						
		SECURITY AGREEMENT INDEMNITY BOND THE						
		APOSTILLE TRAVEL BRIEF: EXTRATERRITORIAL						
		TREASURY DIRECT ACCOUNT #320762707; BILI						
		EXCHANGE #7000 0520 0013 5885 5401 VALUE						
		AT \$2,000,000.00.TAX ID #36-4198156 & 61						
		1455295; ILLINOIS LICENSE #320762707,						
Name and address of a DECODD OVALUA		ILLINOIS LICENSE #076.0415219 & INDIANA						
Name and address of a RECORD OWNER (if Debtor does not have a record interest):	of above-described real estate	LICENSE #2957961 FIREARM OWNER #1	N: NOTAR	Y COMMISSI	ON #445			
		Cartestante Orthograph P	10077130					
		17. Check only if applicable and check only	one hox					
		Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Esta						
		18. Check only if applicable and check only		,				
		Debtor is a TRANSMITTING UTILITY						
		I f .						
	:	Filed in connection with a Manufactured	Home Transaction -	– effective 30 years				