## UNOFFICIAL COPY

	Ø619512063		
OCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (Iront and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]	C,	oc#: 0619512069 Fee: ugene "Gene" Moore RHSP Fook County Recorder of Deeds ate: 07/14/2006 11:18 AM Pg:	ee:\$10.00
B. SEND ACKNOWLEDGMENT TO: (Name and Address)		==== 11110 AIVI Pg;	1 01 5
STEVEN F. GINSBERG, ESQ. LEVENFELD PEARLSTEIN, LLC 2 NORTH LASALLE STREET SUITE 1300 CHICAGO ILLINOIS 60603			
L 06031394/490195	THE ABOVE	SPACE IS FOR FILING OFFICE USE	ONLY
1. DEBTOR'S EXACT FULL L-CAL NAME - insert only one debtor name (1a o		UST NO 19509	
OR STANDARD BANK, AS TRUSTEE U/T/A	FIRST NAME	MIDDLÉ NAME	SUFFIX
1c. MAILING ADDRESS 7450 SOUTH QUINCY STREET	CITY WILLOWBROOK	STATE POSTAL CODE IL 60527	COUNTRY
1d. TAX ID #: SSN OR EIN   ADD L INFO RE   1e. TYPE OF ORGANIZATION   DEBTOR   LAND TRUST	11. JURISDICTION OF ORGANIZATION ILLINOIS	1g. ORGANIZATIONAL ID #, if any	NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one 2a. ORGANIZATION'S NAME	obtor name (2a or 2b) - do not abbreviate or com	bine names	
OR 2b. INDIVIDUAL'S LAST NAME	FIRST JAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
2d. TAX ID #: SSN OR EIN   ADD'_ INFO RE   2e. TYPE OF ORGANIZATION   ORGANIZATION   DEETOR	21. JURISDICTION OF CHGANIZATION	2g. ORGANIZATIONAL ID #, if any	NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	9 S/P) - insert only one secured party num (3a or	3b)	
3a. ORGANIZATION'S NAME NATIONAL CITY BANK OF THE MIDWI	EST	7,	
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	M DDLE NAME	SUFFIX
3c. MAILING ADDRESS	CITY	STA (E I OSTAL CODE	COUNTRY
- 1 NORTH FRANKLIN, SUITE 2150	CHICAGO	IL 00306	USA
4. This FINANCING STATEMENT covers the following collateral:	AND MADE A DADT UE	RECE	

SEE SCHEDULE 1 ATTACHED HERETO AND MADE A PART HEREOF

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. X This FINANCING STATEMENT is to be filled (for records) (or recorded) in the REAL 7, Check to REQUEST SEARCH REPORT(S) on Debtor(s) [if applicable] 7 (ADDITIONAL FEE) [optional]	X All Debtors	Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA		
34814-66294 (COUNTY RECORDERS)		-
		-

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# UNOFFICIAL COPY

OLLOW INSTRUCTIONS (frorit and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
CONTRACT CINCPERC ESO				
STEVEN F. GINSBERG, ESQ.	į			
LEVENFELD PEARLSTEIN, LLC				
2 NORTH LASALLE STREET	i			
SUITE 1300				
CHICAGO LLINOIS 60603	1			
L 'O <sub>A</sub>	THE ABOVE	SPACE IS FOR FIL	ING OFFICE US	E ONLY
1. DEBTOR'S EXACT FULL LECAL MAME - insert only one debtor na	ame (1a or 1b) - do not abbreviate or combine names			
1a OBGANIZATION'S NAME		NICENIA 10	\C00	
STANDARD BANK, AS TRUSTEE U/	T/A DATED 6/26/06 A/K/A TI	MIDDLE NAME	9509	ISUFFIX
OR 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		3011111
<u> </u>	CITY	STATE IPOS	TAL CODE	COUNTRY
10. MAILING ADDRESS	WILLOWBROOK	1.	527	USA
7450 SOUTH QUINCY STREET		1g. ORGANIZA	TIONAL ID #, if any	
ORGANIZATION T A NIT TED I 100	1	i -		□ <sub>NO</sub>
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert or	1 / 4	bine names		
	my Of 2 Captor richita (Ed of Ed)			
2a. ORGANIZATION'S NAME	C			
	FIRST VAN E	MIDDLE NAME		SUFFIX
2a, ORGANIZATION'S NAME	C			
2a, ORGANIZATION'S NAME	C		: STAL CÓDE	SUFFIX
2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  2c. MAILING ADDRESS	FIRST VAV E	STATE POS	STAL CODE	COUNTRY
2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S LAST NAME	FIRST VAV E	STATE POS		COUNTRY
2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  2c. MAILING ADDRESS  2d. TAX ID #: SSN OR EIN ADD'L INFO RE   2e. TYPE OF ORGANIZA ORGANIZATION	FIRST NAV E  CITY  TION 21. JURISDICTION C.T. URGANIZATION	STATE POS	STAL CODE	COUNTRY
2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  2c. MAILING ADDRESS  2d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNEE O	FIRST NAV E  CITY  TION 21. JURISDICTION C.T. URGANIZATION  SSIGNOR S/P) - insert only one secured party name (3) of the control of the contr	STATE POS	STAL CODE	COUNTRY
2a. ORGANIZATION'S NAME  2c. MAILING ADDRESS  2d. TAX ID #: SSN OR EIN   ADD'L INFO RE   2e. TYPE OF ORGANIZATION    3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGN ORGANIZATION'S NAME   NATIONAL CITY BANK OF THE MI	FIRST NAV E  CITY  THON 21. JURISDICTION CF URGANIZATION  SSIGNOR S/P) - insert only one secured party names (3): C  DWEST	STATE POS 2g. ORGANIZA r 3b	STAL CÖDE ATIONAL ID #, il any	COUNTRY
2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  2c. MAILING ADDRESS  2d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNEE O	FIRST NAV E  CITY  TION 21. JURISDICTION C.T. URGANIZATION  SSIGNOR S/P) - insert only one secured party name (3) of the control of the contr	STATE POS	STAL CÖDE ATIONAL ID #, il any	COUNTRY
2a. ORGANIZATION'S NAME  2c. MAILING ADDRESS  2d. TAX ID #: SSN OR EIN   ADD'L INFO RE   2e. TYPE OF ORGANIZATION    3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGN ORGANIZATION'S NAME   NATIONAL CITY BANK OF THE MI	FIRST NAV E  CITY  THON 21. JURISDICTION CF URGANIZATION  SSIGNOR S/P) - insert only one secured party names (3): C  DWEST	STATE POS  2g. ORGANIZA  1 3b	STAL CÖDE ATIONAL ID #, il any	COUNTRY

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR	BAILEE/BAILOR SELLER/BUYER	AG. LIEN NON-UCC FILING
6. XTHIS FINANCING STATEMENT is to be flied (for record) (or recorded) in the REAL [7, Check to REC [ADDITIONAL]	QUEST SEARCH REPORT(S) on Debtor(s)	X All Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA	,	
34814-66294 (COUNTY RECORDERS)	1.	

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## **UNOFFICIAL COPY**

UCC FINANCING STATEMENT ADDENDUM					
FOLLOW INSTRUCTIONS (front and back) CAREFULLY  9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STAT	EMENT				
On ORGANIZATION'S NAME					
STANDARD BANK TRUST NO. 19509 DAT	ΓED 6/26/06				
OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX				
10.MISCELLANEOUS:					
C/X		THE ABOVE S	PACE IS	S FOR FILING OFFI	E USE ONLY
THE STATE OF THE S	(11e ex 11h) de cet abbra		7.02		
11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name of the control of the contr	ame (Tra of Tro) • do not abure	nate of company name			
OR 11b. INDIVIDUAL'S LAST NAME	FIRST NAME	٨	NIDDLE N	NAME	SUFFIX
TID. INCIPIONE S ENGINE					
11c, MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
11d. TAX ID #: SSN OR EIN ADD'L INFO RE 11e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	111 CHISDICTION OF ORGA	NIZATION [1	1g. ORG	ANIZATIONAL ID #, if a	NONE
12. ADDITIONAL SECURED PARTY'S QI ASSIGNOR S/P'S	NAM E - ir sert only one name	e (12a or 12b)			
12a. ORGANIZATION'S NAME	40.				
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
	CITY	$\bigcirc$	STATE	POSTAL CODE	COUNTRY
12c. MAILING ADDRESS	GITT				
13. This SINANCING STATEMENT covers   timber to be cut or   as-extracted	16. Additional collateral desc	eriolion:		<u> </u>	
This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a  timber to be cut or as-extracted as a  timber to be cut or as-extracted as a  timber to be cut or as-extracted as	To. Additional collaterar acce	4			
SEE EXHIBIT "A" ATTACHED				)	
				10	
				0	
				1	
15. Name and address of a RECORD OWNER of above-described real estate					
(if Debtor does not have a record interest):				•	
STANDARD BANK, AS TRUSTEE U/T/A					
DATED 6/26/06 A/K/A TRUST NO. 19509	17. Check only if applicable				.Пр.,,,,,,,,,,,,,,,,,
MARKETED OF MOTOR PROPERTY AND	Debtor is a Trust or			property held in trust o	Decedent's Estate
	18. Check only if applicable		ι.		
	Debtor is a TRANSMITT		Fransactiv	on — effective 30 years	
		a Public-Finance Trans			
	1				

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### **UNOFFICIAL COPY**

# SCHEDULE 1 TO UCC FIXTURE FILING STANDARD BANK, as Trustee under Trust Agreement dated June 26, 2006 and known as Trust No. 19509

The real estate located in the City of Chicago, County of Cook, State of Illinois, 1 described on Exhibit "A" attached hereto, together with the easements, improvements, hereditaments, and appurtenances, now or hereafter belonging thereto, and the rents, income and profits therefrom and all fixtures now or hereafter attached to or used in connection therewith, and all equipment, building materials, machinery, engines, boilers, elevators, and plumbing, electrical, heating, ai conditioning, ventilating and mechanical equipment and all of which equipment and of export Columns Clark's Office personal property of every kind and nature, now or hereafter located thereon and deemed to be fixtures and a part of the realty.

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#### EXHIBIT "A"

#### LEGAL DESCRIPTION

Lots 18, 19, 20 and 21 in Block 31 in Garfield, a Subdivision of the Southeast quarter of Section 34, Township 43 North, Range 13 (except the West 307 feet for the North 631.75 feet and the West 333 feet of the South 1295 feet thereof), East of the Third Principal Meridian, in Cook County, Illinois.

P.I.N.: 13-34-424-039-0000

Commonly known as: 4320 North Avenue, Chicago, IL