## UNOFFICIAL COPY

Doc#: 0622817060 Fee: \$28.50 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds
Date: 08/16/2006 11:39 AM Pg: 1 of 3

## **UCC FINANCING STATEMENT**

A. NAME & PHONE OF CONTACT AT FILER [optional]
Diligenz, Inc. 1-800-858-5294

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

21102442
Prepared by:
Diligenz, Inc. 6500 Harbour Heights Pkwy, Suite 400
Mukilteo, V.A. 98275
Filed In: Illinois Cook

_ `O_				THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY						
1. E	EBTOR'S EXACT FU	LL LECAL NAME	- insert only one debtor name (1a or	1b) - do not abbreviate	or combine names					
	18. ORGANIZATION'S NAME									
OR	1b. INDIVIDUAL'S LAST N.	S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX		
	Saranzak			Donald		R.				
1c. N	L MAILING ADDRESS			СПУ		STATE	POSTAL CODE	COUNTRY		
21	6 West Rand Ro	ad		Mt. Prospect		IL	60056	USA		
1d.	FAX ID #: SSN OR EIN	ADD'L INFO RE	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF	ORGANIZATION	1g. ORGANIZATIONAL ID #, if any				
		ORGANIZATION DEBTOR	Individual	IL .				NONE		
2. A	DDITIONAL DEBTOR	'S EXACT FULL	LEGAL NAME - insert only one dr	. 'cr name (2a or 2b) - d	o not abbreviate or combine nar	nes				
	2a. ORGANIZATION'S NA	ME								
OR	2b. INDIVIDUAL'S LAST N	AME		FIRST NA ME		MIDDLE N	AME	SUFFIX		
	Saranzak			Robert		R.				
2c. MAILING ADDRESS				CITY	) -	STATE	POSTAL CODE	COUNTRY		
323 N. Pleasant Road				Lake Zurich		IL	60047			
Za. I/O(ID #. CON ON EM				2f. JURISDICTION OF	CRUANIZATION	2g. ORGANIZATIONAL ID #, if any				
		ORGANIZATION DEBTOR	Individual	lL				X NONE		
3.5	SECURED PARTY'S	NAME (or NAME of	of TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert only <u>one</u> se	cured party name (*_ or 3b)					
3a. ORGANIZATION'S NAME										
	Citibank, F.S.B									
OR 3b. INDIVIDUAL'S LAST NAME		FIRST NAME M.(		M OLLE I	NAME	SUFFIX				
							<u> </u>			
3c. MAILING ADDRESS				CITY		STATE	PO ITAL CODE	COUNTRY		
210 West Lexington Drive				Glendale		CA	9 1233	USA		

4. This FINANCING STATEMENT covers the following collateral:

All Fixtures.

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCCFILING
6. This Financing Statement is to be filed [for record] (or recorded) in the REAL [if applicable] [if applicable] 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [optional] All Debtors Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA

21102442

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## **UNOFFICIAL COPY**

CC FINANCING STATE DLLOW INSTRUCTIONS (front and b.	MENT ADDENDUM ack) CAREFULLY					
NAME OF FIRST DEBTOR (1a or 1	b) ON RELATED FINANCING STAT	EMENT				
9a. ORGANIZATION'S NAME						
R 95. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
Saranzak	Donald	R.				
). MISCELLANEOUS:	· · · · · · · · · · · · · · · · · · ·					
1 ADDITIONAL DERTOR'S EXACT			THE ABOVE	SPACE	IS FOR FILING OFFICE	USE ONLY
1. ADDITIONAL DEBTOR'S EXACT	FULL LF CAL NAME - insert only one na	ame (11a or 11b) - do not abbrev	viate or combine name	s		·
11a. ORGANIZATION'S NAME	Ox					
R 11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
Saranzak		Robert		R.		
Ic. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
323 North Pleasant Ro		Lake Zurich	NIZATION	IL 11c OB	60047 GANIZATIONAL ID #, if any	
d. TAX ID #. SSN OR EIN ADD'L INFO ORGANIZA' DEBTOR		I II. JURISDICTION OF CRUA	MEANON	l ig. Oiv	OWNER HOUSE ID #1 II dill	Non
ADDITIONAL SECURED PA		NAME - I sert only one name	(12a or 12b)	<u>.                                    </u>		
12s. ORGANIZATION'S NAME	<u> </u>	7				
R 12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
		9				
Cc. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
B. This FINANCING STATEMENT covers colleteral, or is filed as a kitching fill d. Description of real estate: 015 East Palatine Road lington Heights, IL 60004	ng.	16. Additional collateral descr	ription:	Ťó		
chibit "A"					Office .	
<ol> <li>Name and address of a RECORD OWN (if Debtor does not have a record interes)</li> </ol>						
		17. Check only if applicable a	and check <u>only</u> one bo	x.		
		Debtor is a Trust or			property held in trust or	Decedent's Esta
		18. Check <u>only</u> if applicable a		X.		
		Debtor is a TRANSMITTIN		Transaction	n affactiva 30 vaces	
		Filed in connection with a				

**21002** 

## EXHIBIT A

Lot 41 in C.A. Goelz's Arlington Heights Gardens, being a subdivision in the Northeast Quarter of Section 20, Township 42 North, Range 11, East of the Third Principal Meridian, (excepting from said lot 41 that part thereof lying North of the following described line: Beginning in the East line of Lot 40 aforesaid, 70 feet South of the North line of said Northeast Quarter; thence Westerly parallel to the North line of said Nor heast Quarter to the West line of Lot 40 aforesaid; thence Southwesterly to a point on the West line of Lot 41 in said subdivision, 78 () set South of the North line of said Northesst Quarter) in Cook County, Illinois. County Clarks

Permanent Index No. 703-20-201-002