NOFFICIAL COP

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 ST HIGHLAND PARK, IL 60035

Doc#: 0706539103 Fee: \$26.50 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 03/06/2007 10:23 AM Pg: 1 of 2

IS EOD BUING OFFICE USE ONLY

		THE ABOVE	SPACE IS FO	K FILING OF TICE OF	L OIL
1 DEBTOR'S EXACT	FULL LECAL NAME - insert only one debtor name (1a	or 1b) - do not abbreviate or combine names			
	TANA T		7.11.6.10.7	TRUCT #110	120
CHICAGO '	TITLE LAND TRUST CO AS	TRUSTEE U/T/A DATED	//10/9/,	TRUST #110	420
OR 16 INDIVIDUAL'S LAS	TNAME	FIRST NAME	MIDDLE NAME		SUFFIX
			1		
1c MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
181 W MADIS	ON 17TH FLOOR	CHICAGO	IL	60602	USA
1g. SEE INSTRUCTIONS	ADD'L INFO RE 1e. TYPE OF ORGAN'_ATICN	1f. JURISDICTION OF ORGANIZATION	SANIZATIONAL ID#, if any	,	
In SEE MATROCHOMS	ORGANIZATION TRUST	IL		X NONE	
2 ADDITIONAL DERT	OR'S EXACT FULL LEGAL NAME - insertions, un	ue btor name (2a or 2b) - do not abbreviate or com	bine names		
2a. ORGANIZATION'S					
		\mathcal{T}_{α}			
OR 26 INDIVIDUAL'S LAS	T NAME	FIRE I NAM E	MIDDLE	NAME	SUFFIX
LD INDIVIDURE DELIC					ĺ
		CITY	STATE	POSTAL CODE	COUNTRY
2c MAILING ADDRESS		9/2"			1
	ADD'L INFO RE 2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF CREANIZATION	2g. OR	У	
2d. SEE INSTRUCTIONS	ORGANIZATION DEBTOR		i		NON
		S S(D) insert only one secured party name (*a 0	r 3b)		
3. SECURED PARTY (3a. ORGANIZATION'S	"S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO	K 3/F) Financially one separed party one			
EIDCT RAN	NK OF HIGHLAND PARK		61		
OR 3b. INDIVIDUAL'S LAS		FIRST NAME	MIDDLE	NAME	SUFFIX
-1135. INDIVIDUAL'S LAS	DI IANIAE		10		ļ
		CITY	STÄTF	IF OSTAL CODE	COUNTRY
3c MAILING ADDRESS		= ·	Ш	60035	USA
1835 FIRST ST		HIGHLAND PARK	112	1 0000	0071

4 This F:NANCING STATEMENT covers the following collateral:

All Fixtures which are located at the real property commonly known as 426 W. BELMONT AVENUE, CHICAGO, ILLINOIS, COOK 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 records of any 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; all proceeds relating to any of the foregoing; all proceeds 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 14-21-314-038-0000.

5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR	CONSIGNEE/CONSIGNOR		R/BUYER AG. LIEN	NON-UCC FILING
5 ALLERNATIVE DESIGNATION III applicable).		JEST SEARCH REPORT(S) on Del	btor(s) All Debtors	Debtor 1 Debtor 2
This FINANCING STATEMENT is to be filed [for record] (or recorded ESTATE RECORDS. Attach Addendum	[if applicable] [ADDITIONAL F	EE] [optional]	7 til Debtolb	

8. OPTIONAL FILER REFERENCE DATA

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	CC FINANCING STATEM							
FOL	LOW INSTRUCTIONS (front and back) NAME OF FIRST DEBTOR (1a or 1b)	ON RELATED FINANCING STATI	EMENT					
•	9a ORGANIZATION'S NAME CHICAGO TITLE LAN							
OR	96 INDIVIDUAL'S LAST NAME	FIRST NAME	N	IIDOLE NAME, SUFFIX				
10.	MISCELLANEOUS:							
	000							
		0			THE ABOVE	SPACE I	S FOR FILING OFFI	CE USE ONLY
11.	ADDITIONAL DEBTOR'S EXACT FU	JL!_LE!_AL NAME - insert only one n	ame (11	a or 11b) - do not abbrevi	ate or combine name)S		
Ω Γ								lourery
OF	11b INDIVIDUAL'S LAST NAME		FIRST	NAME		MIDDLE		SUFFIX
11:	MAILING ADDRESS	0	CITY			STATE	POSTAL CODE	COUNTRY
11	d SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATIO DEBTOR	N .	L_{\prime}	URISDICTION OF ORGAN		11g. ORG	SANIZATIONAL ID#, if a	ny NONE
12	ADDITIONAL SECURED PART 12a ORGANIZATION'S NAME	Y'S or ASSIGNOR S/P'S	NA 1	E - insert only <u>one</u> name	(12a or 12b)	· · · · · · · · · · · · · · · · · · ·		
Of	12b. INDIVIDUAL'S LAST NAME		FIRST	NAME		MIDDLE	NAME	SUFFIX
12	c MAILING ADDRESS		CITY		C,	STATE	POSTAL CODE	COUNTRY
14	3. This FINANCING STATEMENT covers collateral or is filed as a fixture filing. 4. Description of real estate: THE WEST 50 FEET OF THE E. LYING WEST OF THE WEST LIN IN PINE GROVE A SUBDIVISION 21, TOWNSHIP 40 NORTH, RANG	OF LAKE VIEW ACKES OF FRACTIONAL SECTION GE 14 EAST OF THE THIRD	16. #	dditional collateral descri	ption.	Ś		
	 Name and address of a RECORD OWNER (if Debtor does not have a record interest): 		Deb	Check only if applicable a tor is a Trust or Check only if applicable a Debtor is a TRANSMITTIN Filed in connection with a	Trustee acting with re and check <u>only</u> one build IG UTILITY Manufactured-Home	ox. espect to p ox Transacti	property held in trust on - effective 30 years	or Decedent's Estate