NOFFICIAL COPY

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Doc#: 0716933052 Fee: \$26.00 B. SEND ACKNOWLEDGMENT TO: (Name and Address) Eugene "Gene" Moore Cook County Recorder of Deeds BANK LEUMI USA Date: 06/18/2007 08:08 AM Pg: 1 of 2 100 North LaSaile Street Chicago, IL 60602 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S EXACT FULL LEGF L N ME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names 1a. ORGANIZATION'S NAME 4007 W TOUHY LLC OR 1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 1c. MAILING ADDRESS STATE POSTAL CODE COUNTRY CITY C/O SINGLE SITE SOLUTIONS CORP. 745 WILLOWBROOK IL 60527 USA ADD'L INFO RE 1e. TYPE OF ORGANIZ TION 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any 1d. SEE INSTRUCTIONS **ORGANIZATION** 02210185 LLC IL DEBTOR NONE 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one Lebt v name (2a or 2b) - do not abbreviate or combine names 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME FIRST JAME MIDDLE NAME SUFFIX 2c. MAILING ADDRESS POSTAL CODE COUNTRY STATE 2g. ORGANIZATIONAL ID #, if any ADD'L INFO RE 2e. TYPE OF ORGANIZATION 2f JURISDICTION OF OF GA JIZATION 2d. SEE INSTRUCTIONS ORGANIZATION **DEBTOR** NONE 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3', or 3b) 3a. ORGANIZATION'S NAME BANK LEUMI USA OR 3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDI E NAME 3c. MAILING ADDRESS COUNTRY POS AL CODE 69692 **CHICAGO** IL **USA** 100 NORTH LASALLE STREET 4. This FINANCING STATEMENT covers the following collateral: **All Fixtures** LEGAL DESCRIPTION: LOT 18 IN BLOCK 1 IN WHITTBOLD'S SECOND ADDITION TO KENILWORTH HIGHLANDS, A SUBDIVISION OF THE NORTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 34, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Box 400-CTCC

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

Harland Financial Solutions 400 S.W. 6th Avenue, Portland, Oregon 97204

REAL PROPERTY LOCATED AT: 4007 W. TOUHY AVENUE, LINCOLNWOOD, IL

PIN # 10-34-205-020-0000.

0716933052 Page: 2 of 2

UNOFFICIAL COPY

UCC FINANCING STATEMENT ADDENDUM					
FOLLOW INSTRUCTIONS (front and back) CAREFULLY					
 NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATE 9a. ORGANIZATION'S NAME 	EMENT				
4007 W TOUHY LLC					
OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME OUTER				
SU. INDIVIDUALS LAST NAIVIE	MIDDLE NAME, SUFFIX				
10. MISCELLANEOUS:					
		200		S FOR FILING OFFIC	CE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LaGY NAME - insert only one r	name (11a or 11b) - do not abbrev	riate or combine names			
11a. ORGANIZATION'S NAME					
OR					
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	M	IIDDLE I	NAME	SUFFIX
					ľ
11c. MAILING ADDRESS	CITY	s	TATE	POSTAL CODE	COUNTRY
	D /				
11d. SEE INSTRUCTIONS ADD'L INFO RE 11e. TYPE OF ORGANIZATION DEBTOR	URISDICTION OF ORGAI	NIZATION 1	1g. ORG	ANIZATIONAL ID #, if a	NONE
12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S 12a. ORGANIZATION'S NAME	NAME inscripnly one name	(12a or 12b)		-	INONE
	4				
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	- IM	IIDDLE N	JAME	SUFFIX
				<u>-</u>	
12c. MAILING ADDRESS	CITY	S	TATE	POSTAL CODE	COUNTRY
		C /			
13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing.	16. Additional collateral descri	ption;			
14. Description of real estate:			0		
LOT 18 IN BLOCK 1 IN WHITTBOLD'S SECOND ADDITION TO KENILWORTH HIGHLANDS, A SUBDIVISION OF THE NORTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 34, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.			(Office	
REAL PROPERTY LOCATED AT; 4007 W. TOUHY AVENUE, LINCOLNWOOD, IL				6	
PIN # 10-34-205-020-0000					
AF					
15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):					
	17. Check only if applicable and				
		ustee acting with respe	ct to prop	perty held in trust or	Decedent's Estate
	18. Check only if applicable and	and check <u>only</u> one box.			
	Debtor is a TRANSMITTING				
	Filed in connection with a M	anufactured-Home Trar	nsaction	- effective 30 years	
	Filed in connection with a P	ublic-Finance Transacti	on - effe	ctive for 30 years	