UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Phone: (800) 331-3282 Fax: (818) 6	62-4141
B, SEND ACKNOWLEDGEMENT TO: (Name and Address)	15715 BANK FINANCIAL
UCC Direct Services P.O. Box 29071	12158649
Glendale, CA 91209-9071	(INL FIXTURE
File with: CC IL Co	ock+, INW

Doc#: 0726310234 Fee: \$26.50 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds
Date: 09/20/2007 04:08 PM Pg: 1 of 2

		He with.	CO IL CORT, ID TY	/ THE ABOVE S	SPACE IS FUR F	ILING OFFICE USE ONE	
1. D	EBTOR'S EXACT FU	LL LECAL NAME -	insert only o <u>ne</u> debtor name (a or 1b) - do not abbreviate or combine n	ames		
	1a. ORGANIZATION'S I	NAME	۸.				
OR	1b. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE NAME		SUFFIX
	GONZALEZ			VICTOR			
10: MAII ING ADDRESS 1338 S. AUSTIN BLVD.			CICERO	STATE			
1d. <u>S</u>	SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF OR ANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. OR	SANIZATIONAL ID#, if an	y NONE
2. A	DDITIONAL DEBTOR	R'S EXACT FULL LE	GAL NAME - insert only one_/	abtor name (2a or 2b) - do not abbreviate	e or combine na	ames	
	2a. ORGANIZATION'S						
OR	GONZALEZ			MARIA	MIDDLE	NAME	SUFFIX
	MAILING ADDRESS 38 S. AUST	IN BLVD.		CICERO	STATE	POSTAL CODE 60804	USA
2d. <u>\$</u>	SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION C. ORGANIZATION	2g. OR	GANIZATIONAL ID#, if an	y NONE
3. S			TOTAL ASSIGNEE of ASSIGN	OR S/P) - insert only one_secured party	name (3a or 3b)	
	BANKFINA		.В.		7,		
OR	3b. INDIVIDUAL'S LAS	TNAME		FIRST NAME	MIDDLE	NAME	SUFFIX
	MAII ING ADDRESS SW060 NORT	ΓΗ FRONT	AGE ROAD	BURR RIDGE	S ATE	POSTAL CODE 60527	COLINTRY

4. This FINANCING STATEMENT covers the following collateral:

All 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 kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds) for real Property located at 1336-1338 S. Austin Blvd., Cicero, IL 60804. Parcel ID: 16-20-114-028-0000

5. ALTERNATIVE DESIGNATION [if applicable]	LESSEE/LESSOR CONSIGNEE/		SELLER/BUYER	AG. LIEN NON-UCC FILING
6. X This FINANCING STATEMENT is to be file ESTATE RECORDS. Attach Addendum	d [for record] (or recorded) in the REAL (if apolicable)	 Check to REQUEST SEARCH REPO IADDITIONAL FEE! 	DRT(S) on Debtor(s) [optional]	All Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA				
12158649	DK	137/	612/1902027389	

0726310234 Page: 2 of 2

UNOFFICIAL COPY

NAME OF FIRST 9a. ORGANIZATIO		RELATED FINANCING STATEM	ENT				
96 INDIVIDUAL'S		FIRST NAME VICTOR	MIDDLE NAME, SUFFIX				
). MISCELLANEO							
21 58649-IL -31							
5715 BANK F	INANCIAL						
K							
37/612/19020:	27389						
ile with: CC IL (Cook+, IL			THE ABOVE SPA	CE IS FO	R FILING OFFICE US	E ONLY
		ECAL NAME - insert only one n	ame (11a or 11b) - do not a	abbreviate or combine	names		
11a. ORGANIZA	TION'S NAME	4					
11b. INDIVIDUAL	'S LAST NAME	$-0_{\mathcal{F}}$	FIRST NAME		MIDDLE	NAME	SUFFIX
ic. MAILING ADDRE	SS	0	CITY		STATE	POSTAL CODE	COUNTRY
d. SEE INSTRUCTION	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORG	SANIZATION	11g. OR	L GANIZATIONAL ID #,	f any
. ADDITION	· ·			(10 10)			
12a. ORGANIZA	AL SECURED PARTY'S TION'S NAME	or ASSIGNOR S/P's NA	AMI insort only one name	e (12a or 12b)			
,		-	4				
12b. INDIVIDUAL	.'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
12b. INDIVIDUAL			FIRST NAME		MIDDLE I	NAME	SUFFIX
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