Cook County Recorder of Deeds

Date: 11/21/2007 08:20 AM Pg: 1 of 2

## **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Phone:(800) 331-3282 Fax: (8	318) 662-4141
B. SEND ACKNOWLEDGEMENT TO: (Name and Addre	ss) 15715 BANK FINANCIAL
	,
UCC Direct Services	12697611
P.O. Box 29071	
Glendale, CA 91209-9071	
	FIX TO MARY

File with: CC IL Cook+, IL

1. DE	EBTOR'S EXACT FULL	LEGAL NAME -	insert only one debtor name (1a	or 1b) - do not abbreviate or combine na	mes		
	1a. ORGANIZATION'S NA	ME	9,	<del></del>			
R	1b. INDIVIDUAL'S LAST N	JAME	-/ X.	FIRST NAME	MIDDLE	NAME	SUFFIX
- 1	NEIGEBAUE		9	MICHAEL	J		
10 M	22 W CATAL	PA	0,5	CHICAGO	STATE	60625	USA
1d. <u>S</u>	EE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGAN! ATIO I	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if an	yNONE
2. A	DDITIONAL DEBTOR'S	EXACT FULL L	EGAL NAME - insert only one d	e itor name (2a or 2b) - do not abbreviate	or combine na	mes	
	2a. ORGANIZATION'S N	AME		$\tau_{\circ}$			
OTR	NEIGEBAUE	NAME R	V	MARY	MIDDLE	NAME	SUFFIX
20 h	AAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
	22 W CATAL	PA		CHICAGO	IL	60625	USA
-	SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF OR 34%, ZATION		SANIZATIONAL ID #, if an	NONE
3. S	ECURED PARTY'S NA	ME (or NAME of	TOTAL ASSIGNEE of ASSIGNO	PR S/P) - insert only one_secured party r	name (3a or 3b	)	
	3ª ORGANIZATION'S N		.B.		1/4.		
OR	3b. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
3c 1 15	MAILING ADDRESS W060 NORT	H FRONT	AGE ROAD	BURR RIDGE	STATE	POSTAL CODE SUS27	COLINTRY

4. This FINANCING STATEMENT covers the following collaterat:

Parcel ID: 14-29-201-020-0000 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 Property located at 3138-40 N SEMINARY, CHICAGO IL 60657

LTERNATIVE DESIGNATION [if applicable] LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING TO THE FINANCING STATEMENT IS to be filed (for recorded) in the REAL 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) All Debtors Debtor 1 Debtor 2	有
This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL of the REQUEST SEARCH REPORT(S) on Debtor(s) All Debtors Debtor 1 Debtor 2 FINANCING STATEMENT is to be filed (for recorded) in the REAL of the REQUEST SEARCH REPORT(S) on Debtor(s) All Debtors Debtor 1 Debtor 2 PTIONAL FILER REFERENCE DATA	

8.

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## **UNOFFICIAL COPY**

NAME OF FIRST DEBTOR (1a or 1b	o) ON RELATED FINANCING STATI	EMENT		,	er.
9a. ORGANIZATION'S NAME					
9h INDIVIDITAL'S LAST NAME NEIGEBAUER	FIRST NAME MICHAEL	MIDDLE NAME, SUFFIX			
. MISCELLANEOUS					
2697611-IL-31					
715 BANK FINANCIAL		İ			
42					
000013225/842					
e with: CC IL Cook+, IL	0		THE ABOVE SPACE IS FO	R FILING OFFICE USE	ONLY
	FULL LEGAL NAME - insert only one	e_name (11a or 11b) - do not al	obreviate or combine names		
11a. ORGANIZATION'S NAME	<i>y</i>				
11b. INDIVIDUAL'S LAST NAME	Ox	FIRST NAME	MIDDLE	NAME	SUFFIX
IC. MAILING ADDRESS	- · C	CITY	STATE	POSTAL CODE	COUNTRY
Id. <u>SEE INSTRUCTION</u> ADD'L INF ORGANIZ DEBTOR	ATION	1. JURISDICTION OF ORG	ANIZATION 11g. OF	RGANIZATIONAL ID #, if	any NON
ADDITIONAL SECURED PA	RTY'S or ASSIGNOR S/P's	s NAME - incert only one name	(12a or 12b)		
12a. ORGANIZATION'S NAME		-0/,			
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
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			CTATE	IDOCTAL CODE	COUNTRY
2c. MAILING ADDRESS		ĊſŢŶ	STATE	POSTAL CODE	COUNTRY
			<u>C</u> /	POSTAL CODE	COUNTRY
2c. MAILING ADDRESS  3. This FINANCING STATEMENT covers collateral or is filed as a X fixture in the state of the state o			<u>C</u> /	PÓSTAL CODE	COUNTRY
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