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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

Doc#: 0801617036 Fee: \$28.50
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 01/16/2008 11:32 AM Pg: 1 of 3

A. NAME & PHONE OF CONTACT AT FILER (optional)
Phone:(800) 331-3282 Fax: (818) 662-4141
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)
5028 SUBURBAN BANK &
UCC Direct Services
P.O. Box 29071
Glendale, CA 91209-9071
13034912
File with: CC IL Cook

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME
OR
1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX
GOFIS SPIROS A.
1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
9138 WINDSOR DRIVE PALOS HILLS IL 60465 USA
1d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any
NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME
OR
2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX
GOFIS ANDREW K.
2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
10029 S. PARKE AVENUE OAK LAWN IL 60453 USA
2d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any
NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME
SUBURBAN BANK & TRUST
OR
3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX
3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
150 BUTTERFIELD ROAD ELMHURST IL 60126 USA

4. This FINANCING STATEMENT covers the following collateral:

24-15-107-001-0000, 24-15-107-002-0000, 24-15-107-003-0000, 24-15-107-004-0000, 24-15-107-005-0000, 24-15-107-006-0000, 24-15-107-007-0000, 24-15-107-008-0000, 24-15-107-009-0000, 24-15-107-010-0000, 24-15-107-011-0000 and 24-15-107-012-0000, 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)

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

13034912 12322 GOFIS

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FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME		
OR		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
GOFIS	SPIROS	A.

10. MISCELLANEOUS

13034912-IL-31

5028 SUBURBAN BANK &

12322

GOFIS

File with: CC IL Cook+, IL

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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME			
OR			
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
GOFIS	DEMETRI	T.	
11c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY
152 N. WILSON COURT		PALATINE	IL 60067
11d. SEE INSTRUCTION	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION
			11g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P's NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME			
OR			
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
12c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY

13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral or is filed as a fixture filing.

16. Additional collateral description:

14. Description of real estate:

Description: LOTS 1 TO 12 INCLUSIVE IN BLOCK 5 IN CICERO GARDENS, A SUBDIVISION OF THE NORTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 15, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS Real Property located at 10401 - 10415 S. CICERO AVENUE, OAK LAWN, IL 60453 REAL PROPERTY TAX IDENTIFICATION NUMBERS ARE 24-15-107-001-0000, 24-15-107-002-0000, 24-15-107-003-0000, 24-15-107-004-0000, 24-15-107-005-0000, 24-15-107-006-0000, 24-15-107-007-0000, 24-15-107-008-0000, 24-15-107-009-0000, 24-15-107-010-0000, 24-15-107-011-0000 and 24-15-107-012-0000. Parcel ID: 24-15-107-001-0000, 24-15-107-002-0000,

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 check only one box.Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate18. Check only if applicable and check only one box.

- Debtor is a TRANSMITTING UTILITY
- Filed in connection with a Manufactured-Home Transaction -- effective 30 years
- Filed in connection with a Public-Finance Transaction -- effective 30 years

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FINANCING STATEMENT ADDENDUM

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9a. ORGANIZATION'S NAME		
OR		
9b. INDIVIDUAL'S LAST NAME GOFIS	FIRST NAME SPIROS	MIDDLE NAME, SUFFIX A.

10. MISCELLANEOUS

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11a. ORGANIZATION'S NAME				
OR				
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
11d. <u>SEE INSTRUCTION</u>		11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	
ADD'L INFO RE ORGANIZATION DEBTOR				11g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P's NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME				
OR				
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY

13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral or is filed as a fixture filing.

14. Description of real estate:

24-15-107-003-0000, 24-15-107-004-0000,
24-15-107-005-0000, 24-15-107-006-0000,
24-15-107-007-0000, 24-15-107-008-0000,
24-15-107-009-0000, 24-15-107-010-0000,
24-15-107-011-0000 and 24-15-107-012-0000

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

16. Additional collateral description:

17. Check only if applicable and check only one box.

Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate

18. Check only if applicable and check only one box.

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 Filed in connection with a Manufactured-Home Transaction -- effective 30 years
 Filed in connection with a Public-Finance Transaction -- effective 30 years

