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	FINANCING				Fugene "Gei	02531035 02531035 Fee ne" Moore RHSP Recorder of Dee	Fee:\$10.00			
A. NA	ME & PHONE OF CO 2) 732-2000				Date: 01/25/	2008 11:29 AM P	g: 1 of 3			
B. SEN	ND ACKNOWLEDGM -	ENT TO: (Name ar	d Address)	\neg						
	Cullen and Dykr 44 Wall Street - New York, New	19 th Floor		THE ABO	VE SPACE IS F	OR FILING OFFICE U	SE ONLY			
1. DEE	BTOR'S EXACT FUL	L LECAL NAME -	insert only one debtor name (1a	a or 1b) - do not abbreviate or combine	names					
OR	1a. ORGANIZATION'S									
	1b. INDIVIDUAL'S LAS	ST NAME		FIRST NAME	MIDDLE N	MIDDLE NAME SUF				
1ç. MA	ILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY			
) ANTHEUS N. DEAN STR			ENGLEWOOD	NJ	07631	USA			
1d. SE	E INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZA 10N LIM. LIAB, CO.	11. JURISDICTION OF ORGANIZATION INDIANA	1g. ORGA	1g. ORGANIZATIONAL ID #, if any ⊠ NON				
2. ADD	ITIONAL DEBTOR	'S EXACT FULL LE	GAL NAME - insert only one o	debt r nam e (2a or 2b) - do not abbrevi	ate or combine n	ames				
	2a. ORGANIZATION'S	NAME		-0/,						
OR	2b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE N	MIDDLE NAME				
2c. MA	ILING ADDRESS		 -	CITY	STATE	COUNTRY				
	E INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANI∠^T:ON		2g. ORGANIZATIONAL ID #, if any				
3. SE	CURED PARTY'S	NAME (or NAME of	of TOTAL ASSIGNEE of ASSIG	NOR S/P) - insert only one secured pa	rty n ma (3a or :	3b)				
3a. ORGANIZATION'S NAME FANNIE MAE										
J.	3b. INDIVIDUAL'S LAS		· · ·	FIRST NAME	MIDDLE	SUFFIX				
3c. MA	AILING ADDRESS			СПҮ	STATE	COUNTRY				
	00 WISCONS	IN AVENUI	ENW	WASHINGTON	DC	DC O				

4. This FINANCING STATEMENT covers the following collateral:

All articles of personal property attached to or used in any way in connection with the operation or renting of the premises described on the attached Addendum ("Premises"), including, but not limiting the generality of the foregoing to, all partitions, elevators, engines, motors, dynamos, boilers, furnaces, fuel oil, coal; heating, refrigerating, air conditioning, plumbing, gas and electric light equipment; vacuum cleaning systems; sprinkler system or other fire preventing or extinguishing equipment and materials; stoves, ranges, refrigerators, washing machines, clothes dryers, dishwashers, refuse compactors, saunas, awnings, screens, window shades; furniture and furnishings for the common halls and lobbies; furnishings and equipment of any hotel, motel, resort, health spa, restaurant, recreation facility, hospital, nursing home, adult residence or other health care related facility, theater, place of public or private assemblage, club and lodge, constituting all or part of the Premises; also all other articles constituting a part of or used in connection with the operation of the buildings and other structures situated upon and constituting part of the Premises, and all buildings, structures, improvements, fixtures and articles of personal property at any time, now or hereafter, constructed, affixed to or placed upon said Premises or used in connection with the operation thereof.

5. ALTERNATIVE DESIGNATIONS (if applicable): LESSEE/LESSOR		cc	CONSIGNEE/CONSIGNOR		BAIL EE/BAILÓR	\prod	SELLER/BUYER		AG.	LIEN	NON	-UCC FILING	
6.	Х	This FINANCING STATEMENT is to be filed (for record) in the REAL ESTATE RECORDS Attach Addendum (if applicable)		7. Check to REQUEST SEARCH REPORTS ON Deblors [ADDITIONAL FEE] [aption al]			ALL DEBTORS			DEBTOR *	1	DEBTOR 2	
		FILER REFERENCE DATA GJL/jw 01/16/08 Chicago Tille Insura	nce Ca	mpany						F	ile in C	ook	County

0802531035 Page: 2 of 3

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UCC FINANCING STATEMENT ADDENDUM									
FOLLOW INSTRUCTIONS (front and back) CAREFULLY									
9. N	AME OF FIRST [DEBTOR (1a or 1b) ON	RELATED FINANCING STATE	MENT					
	9a. ORGANIZAT	ION'S NAME	· ·		ļ				
ÓR	1440 E.	. 52ND STREET		Ì					
	9b. INDIVIDUAL'	S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX					
10. M	ISCELLANEOUS:				:				
		D			THE ABOV	/= SDACE (S FOR FILING OFFICE I	ISF ONLY	
	DEI	TOP'S EVACE FULL	ECAL NAME - insert only one of	lehtor name (11a or 11h) - do	<u> </u>	***			
11. AI	11a. ORGANIZA		ECAL NAME - Insert only one of	ebtorname (Tra of Trb) - oc	not abblevia	ite or combi	ne names		
OR	11b. INDIVIDUA	L'S LAST NAME	<u> </u>	FIRST NAME		MIDDLE N	AME	SUFFIX	
11c.	MAILING ADDRESS	3	0	CITY		STATE	POSTAL CODE	COUNTRY	
11d.	SEE INSTRUCTION	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGA	GANIZATION 11g. ORGANIZATIONAL ID#, if and			□ NONE	
12	ADDITIO	NAL SECURED PART	TY'S or ASSIG	GNOWS/FCNAME - insert	only one nam	ie (12a or 12	²b)		
12	12a. ORGANIZA		7.00	-0/,	<u> </u>	`			
OR			<u> </u>						
	12b, INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLÉN	SUFFIX		
12c.	MAILING ADDRESS	S		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: PREM: 1440-1450 East 52nd Street				16. Additional collateral descrip	otion:	不分			
	WN:	Chicago, Illino							
	OUNTY:	Cook					Ö		
BL	OCK:	20-11-404-004	-0000				<u> </u>		
Name and address of 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 Estate.					
				18. 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					

0802531035 Page: 3 of 3

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STREET ADDRESS: 1440 E. 52ND ST

CITY: CHICAGO

COUNTY: COOK

TAX NUMBER: 20-11-404-004-0000

LEGAL DESCRIPTION:

LOT 10 AND THE SOUTH 15 FEET OF LOT 11 IN BLOCK 14 IN HYDE PARK IN SECTIONS 11, 12 AND 14, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clark's Office