UNOFFICIAL COPY

| DLLOW INSTRUCTIONS (front and back) CAREFULLY N. NAME & PHONE OF CONTACT AT FILER [optional] | | 2 8 2 584 2 141 | |
|---|---|--|--------------------------|
| Belmont Bank & Trust Company 8250 West Belmont Avenue Chicago, IL 60634 | | Doc#: 0805840141 Eugene "Gene" Moore F Cook County Recorder of Date: 02/27/2008 12:39 | RHSP Fee:\$1 of Deeds |
| L A | | ABOVE SPACE IS FOR FILING OFFICE US | SE ONLY |
| DEBTOR'S EXACT FULL LECAL NAME - insert only one debtor 1a. ORGANIZATION'S NAME | - | nes | |
| R DIAMOND PROPERTIES GROUP, 16. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| : MAILING ADDRESS 1544 N. ASHLAND AVE | CHICAGO | STATE POSTAL CODE 60622 | COUNTR |
| d. SEE INSTRUCTIONS ADD'L INFO RE 1e. TYPE OF ORGAN ORGANIZATION LLC | ZATIC N 1f. JURISDICTION OF ORGANIZATIO | DN 1g. ORGANIZATIONAL ID #, if any | X |
| ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - inser 2a. ORGANIZATION'S NAME | t only or a de tor name (2a or 2b) - do not abbreviate | e or combine names | |
| R 2b. INDIVIDUAL'S LAST NAME | FIRS NAME | MIDDLE NAME | SUFFIX |
| : MAILING ADDRESS | CITY | STATE POSTAL CODE | COUNTR |
| ADD'L INFO RE 2e. TYPE OF ORGANIZ ORGANIZATION DEBTOR | ZATION 2f. JURISDICTION OF GRC AMIZATIO | ON 2g. ORGANIZATIONAL ID #, if any | П |
| SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of A 3a. ORGANIZATION'S NAME BELMONT BANK & TRUST COMP | | e_(32 or 3b) | <u> </u> |
| R 3b. INDIVIDUAL'S LAST NAME | FIRST NAME | M'DDLE NAME | SUFFIX |
| : MAILING ADDRESS 8250 WEST BELMONT AVENUE | CHICAGO | STATE POSTAL CODE | COUNTR |
| This FINANCING STATEMENT covers the following collateral: All Inventory, Chattel Paper, Accounts, Equipment, G later; all accessions, additions, replacements, and sul foregoing; all proceeds relating to any of the foregoin | bstitutions relating to any of the foreg ig (including insurance, general intang | oing; all records of any kind relating | to any of th |

8. OPTIONAL FILER REFERENCE DATA

0805840141 Page: 2 of 11

| UCC FINANCING ST | | | | 1 | | | | |
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| 9. NAME OF FIRST DEBTO | | | MENT | | | | | |
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| OR 9b. INDIVIDUAL'S LAST NAM | | | MIDDLE NA | ME SHÉEIÝ | | | | |
| S. INSIVISORE SERVI WAIN | L JAKSTAA | W.L | WIIDDEE IVA | WE, SUPPIX | | | | |
| 10. MISCELLANEOUS: | | | | | | | | |
| | 000 | | | : | THE ABOVE | SPACE I | S FOR FILING OF | FICE USE ONLY |
| 11. ADDITIONAL DEBTOR'S | S EXACT FULL LEGAL NA | ME - insert only one name | ne (11a or 11b) - | do not abbrevi | | | | |
| 11a. ORGANIZATION'S NAME | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| OR 11b. INDIVIDUAL'S LAST NAM | ME | F | FIRST NAME | | * | MIDDLE | NAME | SUFFIX |
| 11c. MAILING ADDRESS | | | OUTO/ | | | OTATE. | Incorn cons | COUNTRY |
| TIC. MAILING ADDRESS | | | CITY | | | STATE | POSTAL CODE | COUNTRY |
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| 12. ADDITIONAL SECUR 12a. ORGANIZATION'S NAME | | SSIGNOR S/P'S | NAME - in service | nly <u>one</u> name (| (12a or 12b) | • | | |
| 12a. ORGANIZATION'S NAME | = | | | | | | | |
| OR 12b. INDIVIDUAL'S LAST NAM | ME | F | FIRST NAME | | > | MIDDLE | NAME | SUFFIX |
| 12c. MAILING ADDRESS | , | | CITY | | () | STATE | POSTAL CODE | COUNTRY |
| 13. This FINANCING STATEMENT collateral, or is filed as a 14. Description of real estate: | 1 1 | or as-extracted | 16 . Additional co | llateral descrip | tion: | Ś | 2 | |
| | | | | | | | OFFICE | |
| | | | | | | | | |
| 15. Name and address of a RECO (if Debtor does not have a reco | | ed real estate | | | | | | |
| | | | 17 Ch1 | amalic-bl | lahadifi | | | |
| | | | 1 / . Check <u>only</u> if Debtor is a ☐ Tr | | check <u>only</u> one box ustee acting with res | | perty held in trust | or Decedent's Estate |
| | | <u></u> | | | check only one box | | really more in audi | - Localetta Latate |
| | | | Debtor is a TR | | | | | |
| | | | - | | | | - effective 30 years | |
| | | i | Filed in conne | ction with a Pi | ublic-Finance Transa | | ective for 30 years | |

0805840141 Page: 3 of 11

| SEND ACKNOWLEDGMENT TO: (Name and Address) | | | | |
|--|--|---------------|-----------------------|----------|
| Belmont Bank & Trust Company 8250 West Belmont Avenue Chicago, IL 60634 | | | | |
| L A | | E SPACE IS FO | R FILING OFFICE L | JSE ONLY |
| DEBTOR'S EXACT FULL LE JAL NAME - insert only one of the conference of the conferenc | debtor name (1a or 1b) - do not abbreviate or combine names | | | |
| DIAMOND PROPER TES GROU | P, LLC | | | |
| 1b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE | NAME | SUFFIX |
| MAILING ADDRESS 544 N. ASHLAND AVE | CHICAGO | STATE IL | POSTAL CODE 60622 | COUNTRY |
| ADD'L INFO RE 16. TYPE OF ORGANIZATION DEBTOR LLC | GA', IZATI)N 1f. JURISDICTION OF ORGANIZATION | 1g. ORG. | ANIZATIONAL ID#, if a | ny X |
| ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - | insert only c ie di bto name (2a or 2b) - do not abbreviate or com | nbine names | | |
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| | | 0. | | |
| MAILING ADDRESS 250 WEST BELMONT AVENUE | CHICAGO | STATE | Pr STAL CODE | COUNTRY |
| This FINANCING STATEMENT covers the following collateral: | Cincilo | II. | 10,034 | 100/1 |

0805840141 Page: 4 of 11

| UCC FINANCING STATEMENT A | | | | | | |
|--|-------------------------------------|---|--|----------|------------------------------|-------------------|
| 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELA | | MENT | | | | |
| 9a. ORGANIZATION'S NAME DIAMOND PROPERTIES G | | | | | | |
| OR 9b. INDIVIDUAL'S LAST NAME FIRS | NAME | MIDDLE NAME, SUFFIX | | | | |
| 10. MISCELLANEOUS: | | | | | | |
| | | | | | S FOR FILING OFFI | CE USE ONLY |
| 11. ADDITIONAL DEBTOR'S EXACT FULL LECA | . NAME - insert only <u>one</u> nam | ne (11a or 11b) - do not abbre | viate or combine names | 5 | ··· | |
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| 11c. MAILING ADDRESS | 000 | ITY | | STATE | POSTAL CODE | COUNTRY |
| 11d. SEE INSTRUCTIONS ADD'L INFO RE 11e, TYI ORGANIZATION DEBTOR | PE OF ORGANIZATION | JURISDICTION OF ORGA | NIZATION 1 | I1g. ORG | I SANIZATIONAL ID #, if a | ny NONE |
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| OR | | 45. | | | | |
| 12b. INDIVIDUAL'S LAST NAME | FI | RST NAME | | MIDDLE | NAME | SUFFIX |
| 12c. MAILING ADDRESS | c | ITΥ | C | STATE | POSTAL CODE | COUNTRY |
| 13. This FINANCING STATEMENT covers timber to be collateral, or is filed as a fixture filing. 14. Description of real estate: | cut or as-extracted | 6. Additional collateral descr | iption: | Ś | | |
| 15. Name and address of a RECORD OWNER of above-des (if Debtor does not have a record interest): | 11 D | 7. Check <u>only</u> if applicable ar ebtor is a Trust or T 3. Check <u>only</u> if applicable ar Debtor is a TRANSMITTING Filed in connection with a Filed in connection with a F | rustee acting with respond check only one box. G UTILITY Manufactured-Home Tra | nsaction | - effective 30 years | Decedent's Estate |

0805840141 Page: 5 of 11

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| UCC FINANCING FOLLOW INSTRUCTIONS | | AT ADDENDUM | | | | | |
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| | | RELATED FINANCING STAT | EMENT | | | | |
| 9a. ORGANIZATION'S NA | ME | | | | | | |
| OR L | | S GROUP, LLC | | | | | |
| 9b. INDIVIDUAL'S LAST | NAME | FIRST NAME | MIDDLE NAME, SUFFIX | | | | |
| 10. MISCELLANEOUS: | | | | | | | |
| | D _C O _O | | | THE ADOVE SE | NACE IS E | EOR EILING OF | FFICE USE ONLY |
| 11 ADDITIONAL DERTO | R'S EYACT FULL | LECAL NAME - insert only one | name (11a or 11h) - do not abbro | | ACE IS | OR FILING OF | FICE USE ONLY |
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| OR 11b. INDIVIDUAL'S LAST | NAME | <u> </u> | FIRST NAME | MI | IDDLE NAI | ME | SUFFIX |
| 11c. MAILING ADDRESS | | 0 | СПУ | នា | TATE P | OSTAL CODE | COUNTRY |
| 11d. SEE INSTRUCTIONS | ADD'L INFO RE ORGANIZATION DEBTOR | 11e. TYPE OF ORGANIZATION | JURISDICTION OF ORGA | NIZATION 11 | g. ORGAN | NIZATIONAL ID#, | if any |
| 12. ADDITIONAL SEC | | og ASSIGNOR S/P'S | NAME ir set only one name | e (12a or 12b) | | | ****** |
| OR | | | | | | | |
| 12b. INDIVIDUAL'S LAS | Γ NAME | | FIRST NAME | Mi | DDLE NA | ME | SUFFIX |
| 12c. MAILING ADDRESS | | | CITY | ST | TATE P | OSTAL CODE | COUNTRY |
| This FINANCING STATEM collateral, or is filed as a Description of real estate: | | per to be cut or as-extracted | 16. Additional collateral descr | 7 | , C |),c. | |
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| 15. Name and address of a R (if Debtor does not have a | | bove-described real estate | | | | | |
| | | | 17. Check only if applicable a | | | | |
| | | | Debtor is a Trust or | | ct to prope | rty held in trust | or Decedent's Estate |
| | | | 18. Check only if applicable at Debtor is a TRANSMITTING | | | | |
| | | | Filed in connection with a | | nsaction - o | effective 30 vears | |
| | | | Filed in connection with a | | | • | |
| | | · · · · · · · · · · · · · · · · · · · | | | | inancial Soluti | |

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| FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] | | | | |
|---|--|---------------|------------------------------|--------------------------------|
| B. SEND ACKNOWLEDGMENT TO: (Name and Address) | | | | |
| Belmont Bank & Trust Company 8250 West Belmont Avenue Chicago, IL 60634 | | | | |
| 1. DEBTOR'S EXACT FULL LE AL NAME - insert only one debtor name (1a | | SPACE IS FO | PR FILING OFFICE US | SE ONLY |
| 1a. ORGANIZATION'S NAME | , | | | ···· |
| OR Th. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE | NAME | SUFFIX |
| 1c. MAILING ADDRESS 1544 N. ASHLAND AVE | CHICAGO | STATE IL | POSTAL CODE 60622 | COUNTRY |
| 1d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION LLC | 1f. JURISDICTION OF ORGANIZATION | 1g. ORG | ANIZATIONAL ID#, if any | NONE |
| ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only o'.e 2a. ORGANIZATION'S NAME | o btor name (2a or 2b) - do not abbreviate or com | bine names | | |
| OR 2b. INDIVIDUAL'S LAST NAME | FIR T NAME | MIDDLE | NAME | SUFFIX |
| 2c. MAILING ADDRESS | СПУ | STATE | POSTAL CODE | COUNTRY |
| 2d. SEE INSTRUCTIONS ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 1 | 2f. JURISDICTION OF DRY, ANIZATION | 2g. ORG | I ANIZATIONAL ID #, if an | y None |
| 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE OF ASSIGNO) 3a. ORGANIZATION'S NAME BELMONT BANK & TRUST COMPANY | (7) | 3b) | | |
| OR 3b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE | NAME | SUFFIX |
| 3c. MAILING ADDRESS | СІТУ | STAT . | P(STAL CODE | COUNTRY |
| 8250 WEST BELMONT AVENUE | CHICAGO | IL | 50634 | USA |
| 4. This FINANCING STATEMENT covers the following collateral: All Inventory, Chattel Paper, Accounts, Equipment, General later; all accessions, additions, replacements, and substitution foregoing; all proceeds relating to any of the foregoing (including the foregoing). | ons relating to any of the foregoing; | all records o | of any kina colating | |
| 5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CON 6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the RE [if applicable]. 8. OPTIONAL FILER REFERENCE DATA | SIGNEE/CONSIGNOR BAILEE/BAILOR EAL 7, Check to REQUEST SEARCH REPORT (able) [ADDITIONAL FEE] | SELLER/BI | | NON-UCC FILING Debtor 1 Debtor |

⁻0805840141 Page: 8 of 11

| | | IT ADDENDUM | | | | | |
|---------------------------------|---------------------|--------------------------------|---------------------------------|------------------------|-----------|----------------------|----------------------|
| FOLLOW INSTRUCTIONS | | | C) 450 17 | | | | |
| 9. NAME OF FIRST DEB | | RELATED FINANCING STAT | EMENI | | | | |
| | | S GROUP, LLC | | | | | |
| OR 9b. INDIVIDUAL'S LAST N | | FIRST NAME | MIDDLE NAME, SUFFIX | | | | |
| | - · · · · · - | | | | | | |
| 10. MISCELLANEOUS: | | | | | | | |
| TO, MISCELLANEOUS, | | | | | | | |
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| | |) . | | THE ABOVE SP | ACE IS | S FOR FILING OF | FICE USE ONLY |
| 11. ADDITIONAL DEBTO | R'S EXACT FULL | LECAL NAME - insert only one n | ame (11a or 11b) - do not abbre | | | | |
| 11a. ORGANIZATION'S N | | | | | | | |
| | | | | | | | |
| 11b. INDIVIDUAL'S LAST | NAME | | FIRST NAME | MI | DDLE N | IAME | SUFFIX |
| | | | | | | | |
| 11c. MAILING ADDRESS | | | CITY | SI | TATE | POSTAL CODE | COUNTRY |
| | | | | ĺ | | | |
| 11d. SEE INSTRUCTIONS | ADD'L INFO RE | 11e. TYPE OF ORGANIZATION | JURISDICTION OF ORGA | ANIZATION 11 | g. ORG | ANIZATIONAL ID#, | f any |
| | ORGANIZATION DEBTOR | · · | | · | | | □ NONE |
| 12. ADDITIONAL SEC | | or ☐ ASSIGNOR S/P'S | NAMIL ir so, only one nam | e (12a or 12h) | | _ | INONE |
| 12a. ORGANIZATION'S N | | <u>= []//colonolton of c</u> | | (120 07 125) | | | |
| | | | 46 | | | | |
| OR 12b. INDIVIDUAL'S LAST | NAME | | FIRST NAME | MI | IDDLE N | IAME | SUFFIX |
| | | | 52 | | | | |
| 12c. MAILING ADDRESS | | · <u>··</u> · | CITY | SI | TATE | POSTAL CODE | COUNTRY |
| | | | | | | | |
| 13. This FINANCING STATEM | ENT covers timb | er to be cut or as-extracted | 16. Additional collateral desc | ription: | | | |
| collateral, or is filed as a | fixture filing. | ш | | 4 | | | |
| 14. Description of real estate: | - | | | | 0 | | |
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| 15. Name and address of a RE | | ove-described real estate | | | | | |
| (if Debtor does not have a | record interest): | | | | | | |
| | | | | | | | |
| | | | 17. Check only if applicable a | nd check only one box. | | | |
| | | | Debtor is a Trust or | | ct to pro | perty held in trust | or Decedent's Estate |
| | | | 18. Check only if applicable a | | | - | |
| | | | Debtor is a TRANSMITTIN | | | | |
| | | | Filed in connection with a | | saction | - effective 30 years | |
| | | | Filed in connection with a | | | - | |
| | | | I bed | | | Financial Solution | |

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| UCC FINANCING | | | | |
|--------------------------|---|--|--|-------------------|
| | S (front and back) CAREFULLY CONTACT AT FILER [optional] | | | |
| L | | | | |
| B. SEND ACKNOWLED | GMENT TO: (Name and Address) | | | |
| I | | | | |
| | Bank & Trust Company st Belmont Avenue | 1 | | |
| | IL 60634 | | | |
| | | | | |
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| 1 1 | | i | | |
| <u> </u> | ~ | THE A | BOVE SPACE IS FOR FILING OFFICE U | ISE ONLY |
| 1. DEBTOR'S EXACT | FULL LECAL NAME - insert only one debtor name | | | |
| 1a. ORGANIZATION'S N | | ^ | | |
| OR 1b. INDIVIDUAL'S LAST | PROPERTIES GROUP, LLO | | | |
| IB. INDIVIDUAL'S LASI | NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| 1c. MAILING ADDRESS | | CITY | STATE POSTAL CODE | COUNTRY |
| 1544 N. ASHL | AND AVE | CHICAGO | IL 60622 | USA |
| 1d. SEE INSTRUCTIONS | ADD'L INFO RE 1e. TYPE OF ORGAN' ATIO | | | |
| | ORGANIZATION LLC | | 1 | NONE |
| 2. ADDITIONAL DEBTO | OR'S EXACT FULL LEGAL NAME - insert only | on , del tor name (2a or 2b) - do not abbreviate | or combine names | MINONE |
| 2a. ORGANIZATION'S | NAME | 7 | | |
| OR 2b. INDIVIDUAL'S LAST | ANALOT | Ising Huns | Times a susse | 1 |
| 26. INDIVIDUAL S LASI | NAME | FIRS' NAME | MIDDLE NAME | SUFFIX |
| 2c. MAILING ADDRESS | | CITY | STATE POSTAL CODE | COUNTRY |
| ES. IMMERICA ADDITEOS | | Jan 40 x | STATE POSTAL CODE | COUNTRY |
| 2d. SEE INSTRUCTIONS | ADD'L INFO RE 2e. TYPE OF ORGANIZATION | N 2f. JURISDICTION OF ORGANIZATION | N 2g. ORGANIZATIONAL ID#, if a | <u> </u> |
| | ORGANIZATION DEBTOR | | | NONE |
| 3. SECURED PARTY | NAME (or NAME of TOTAL ASSIGNEE of ASSIG | NOR S/P) - insert only one secured party name | e (Ja or 3b) | INONE |
| 3a. ORGANIZATION'S 1 | NAME | | 7 | |
| OR 3b. INDIVIDUAL'S LAST | BANK & TRUST COMPAN | | <u> </u> | |
| 36. INDIVIDUAL'S LAST | NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| 3c. MAILING ADDRESS | | CITY | STATE POUTAL CODE | COUNTRY |
| | ELMONT AVENUE | CHICAGO | IL 60634 | USA |
| | ENT covers the following collateral: | ешелоо | IL 50554 | USA |
| later; all accessions | el Paper, Accounts, Equipment, Genera, additions, replacements, and substitueds relating to any of the foregoing (inc | itions relating to any of the forego | ping; all records of any kind relating | to any of the |
| 5. ALTERNATIVE DESIGNA | TION [if applicable]: LESSEE/LESSOR C | ONSIGNEE/CONSIGNOR BAILEE/BAIL | OR SELLER/BUYER AG. LIEN | NON-UCC FILING |
| | EMENT is to be filed [for record] (or recorded) in the Attach Addendum [if ar | | REPORT(S) on Debtor(s) All Debtors | Debtor 1 Debtor 2 |

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| UCC FINANCING ST | | | | | | | |
|---|--|---------------------------|---|--------------------------|-----------|------------------------|-------------------------|
| FOLLOW INSTRUCTIONS (from 9. NAME OF FIRST DEBTOR | | | MENT | | | | |
| 9a. ORGANIZATION'S NAME | | | | | | | |
| DIAMOND PRO | | | | | | | |
| 9b. INDIVIDUAL'S LAST NAME | FIRST N | AME | MIDDLE NAME, SUFFIX | | | | |
| 10. MISCELLANEOUS: | | | | | | | |
| | 000 | | | THE ABOVE S | PACE I | S FOR FILING OF | FICE USE ONLY |
| 11. ADDITIONAL DEBTOR'S | EXACT FULL LECAL N | IAME - insert only one na | ıme (11a or 11b) - do not abbre | viate or combine names | | | |
| 11a. ORGANIZATION'S NAME | | | | | | | |
| OR 11b. INDIVIDUAL'S LAST NAM | AE . | 0,0 | FIRST NAME | N | MIDDLE I | NAME | SUFFIX |
| 11c. MAILING ADDRESS | | 0 | CITY | | STATE | POSTAL CODE | COUNTRY |
| OI | DD'L INFO RE 11e. TYPE RGANIZATION EBTOR | OF ORGANIZATION | JURISDICTION OF ORGA | ANIZATION 1 | 1g. ORG | SANIZATIONAL ID#, | if any |
| 12. ADDITIONAL SECUR 12a. ORGANIZATION'S NAME | | ASSIGNOR S/P'S | NAME insert only one name | e (12a or 12b) | | | |
| OR | | | EIDOT MAIS | | AIDDLE" | MAME | SUFFIX |
| 12b. INDIVIDUAL'S LAST NAM | ИЕ | | FIRST NAME | | MIDDLE | | |
| 12c. MAILING ADDRESS | | | СПҮ | <u>C</u> / | STATE | POSTAL CODE | COUNTRY |
| 13. This FINANCING STATEMENT collateral, or is filed as a14. Description of real estate: | covers timber to be cu | as-extracted | 16. Additional collateral desc | ription: | Ś | | |
| 15. Name and address of a RECC (if Debtor does not have a recc | | ribed real estate | 17. Check only if applicable a Debtor is a Trust or 18. Check only if applicable | Trustee acting with resp | ect to pr | operty held in trust | or □ Decedent's Estate |
| | | | 18. Check only if applicable a Debtor is a TRANSMITTIN Filed in connection with a | IG UTILITY | ansactio | n - effective 30 vears | |
| | | | Filed in connection with a | | | | |
| | | | I lied in connection with a | | | d Financial Soluti | ione |

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UNOFFICIAL COPY

TICOR TITLE INSURANCE COMPANY

Commitment Number: 138843-CILC

SCHEDULE C PROPERTY DESCRIPTION

The land referred to in this Commitment is described as follows:

PARCEL 1:

LOTS 1, 2 AND 3 (EXCEPTING THEREFROM THE WEST 11 FEET OF SAID LOT 3) IN BLOCK 3 IN GRAND AVENUE ESTATES, BEING A SUBDIVISION OF THE EAST QUARTER OF THE NORTHWEST QUARTER OF SECTION 32, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT THE SOUTH 468 FEET THEREOF) ACCORDING TO THE PLAT FILED IN THE REGISTRARS OFFICE AS DOCUMENT NUMBER 40221, IN COOK COUNTY, ILLINOIS.

PARCEL 4:

| To In Blo | Section 6, Tov. | Dunty, Illinois. |
| In(s): | 'ARCEL 1: 13-32-123-066-0000 | PARCEL 4: 17-06-213-024-0000 |
| CKA: | PARCEL 1: 6001-6005 W. GRAND AVENUE, CHICAGO, IL | PARCEL 4: 1713 N. JULIAN, CHICAGO, IL | LOT 10 IN BLOCK 7 IN MCP'E' NOLD'S SUBDIVISION OF PART OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 6, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK