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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional) (212) 732-2000

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Cullen and Dykman LLP 44 Wall Street -19th Floor New York, New York 10005 Doc#: 0812845111 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 05/07/2008 01:05 PM Pg: 1 of 3

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

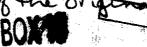
ı. DE	BTOR'S EXACT FU	LL LEGAL NAME .	insert only one debtor name (1	a or 1b) - do not abbreviate or combine	names		
	1a. ORGANIZATION	S NAME					****
OR	1608 West Sherwin, LLC 16. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NAME		SUFFIX
10. N	AILING ADDRESS O INFINITY 08 WEST SI			CHICAGO	STATE IL	POSTAL CODE 60626	COUNTRY
1d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR ADD'L INFO RE ORGANIZATION DEBTOR			11. JURISDICTION OF ORGANIZATION ILLINOIS	1g, ORGANIZATIONAL ID #, If any			
OR	26. INDIVIDUAL'S LA	26. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLEN	MIDDLE NAME	
2c. MAILING ADDRESS			cn	STATE POSTAL CODE		COUNTR	
2d. SEE INSTRUCTIONS - ADD'L INFO RE ORGANIZATION DEBTOR			21, JURISDIC 101 OF ORGANIZATION	2g. ORGANIZATIONAL ID #, If any			
3. SE			of TOTAL ASSIGNEE of ASSIG	NOR S/P) - insert only rine secured part	y name (3a or	3b)	· · · · · · · · · · · · · · · · · · ·
OR	38. ORGANIZATION'S NAME FANNIE MAE						
	3b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NAME SUFFIX		
3c. MAILING ADDRESS 3900 WISCONSIN AVENUE N W			CITY	\$1.\Ti	POSTAL CODE	COUNTR	

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):	LESSEEAESSOR	CONSIGNEE/CONSIGNOR BAILEE/BAILOR	SELLERBUYER	AG. LIEN	NON-UCC FILING
This FINANCING STATEMENT is to be fix ESTATE RECORDS Attach Addendum	ed (for record) in the REAL (if applicable)	7. Check to REQUEST SEARCH REPORTS ON Debtors (ADDITIONAL FEE)	ALL DEBTORS	DESTOR	1 DEBTOR 2
		`\````````````````````````````````````		***************************************	

 OPTIONAL FILER REFERENCE DATA WK/tp 03/31/08 Ticor Title Insurance Compar File Number D08-0378 Loan Number 7210896

File in Cook County



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UCC FINANCING STATEMENT ADDENDUM								
FOLLOW INSTRUCTIONS (front and back) CAREFULLY								
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT				ENT				
	9a. ORGANIZATION'S N							
OR	1608 Wes	t Sherwin, L	LC					
	9b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME, SUFFIX	!			
10. M	ISCELLANEOUS:							
		•						
		0						
		6						
		70		THE ABOVE SPACE IS FOI			OR FILING OFFICE USE ONLY	
11. Al	DITIONAL DEBTOR	'S EXACT FULL ! =0	AL NAME - insert only one deb	tor name (11a or 11b) - do	not abbreviate or o	combine nan	nes	
	11a. ORGANIZATION'S	NAME						
OR	11b. INDIVIDUAL'S LA	ST NAME	0x	FIRST NAME		MIDDLE NAME		SUFFIX
	L CONTROL DE CONTROL D			CITY		STATE	POSTAL CODE	COUNTRY
11c.	MAILING ADDRESS		0	0.11			<u> </u>	
11d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 11e. TYPE OF ORGAN ZATION OF ORGANIZATION DEBTOR				11f. JURISDICTION OF ORGANIZATION 11g. ORGANIZATIONAL ID #, if any			☐ NONE	
12	ADDITIONAL	SECURED PART	Y'S or ASS	SNOR S/P'S NAME - ins	sert only <u>one</u> name	(12a or 12b)		
	12a. ORGANIZATION'S	NAME	0,					
OR	12b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME		SUFFIX
120. INDIVIDUAL S CAST NAME					CTATE BOSTALCOOF		COLINTERV	
12c.	MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers timber to be cut or as-extracted				16. Additional collateral de	escription.	<u>.</u>		
	collaterat, or is filed as a fixture filing				escrip. on.			
14	Description of Real Estate:		S	`				
				O_{x}				
Prem: 1608 West Sherwin Avenue Town: Chicago, Illinois 60626								
County: Cook							CO	
Tax ID #: 11-30-416-021-0000								
15. 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 applicab		box.			
			☐ Filed in connection w	□ Debtor is a TRANSMITTING UTILITY □ Filed in connection with a Manufactured - Home transaction effective 30 years				
			☐ Filed in connection w	ith a Public - Finance 1	ransaction	effective 30 years		

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TICOR TITLE INSURANCE COMPANY

ORDER NUMBER: 2000 004006292 SC STREET ADDRESS: 1608 W. SHERWIN

COUNTY: COOK COUNTY CITY: CHICAGO

TAX NUMBER: 11-30-416-021-0000

LEGAL DESCRIPTION:

LOT 19 AND THE WEST 16 1/2 FEET OF LOT 20 IN BLOCK 3 IN F.H. DOLAND'S SUBDIVISION OF THE EAST 414.5 FEET OF SECTION 30, TOWNSHIP 41 NORTH, RANGE 14, AND THE WEST 175 FEET OF SECTION 29, TOWNSHIP 41 NORTH, RANGE 14, SOUTH OF THE COMMONWEALTH ELLYON COMPANY AND L.S. RAILROAD AND THE INDIAN BOUNDARY LINE, IN MI CONTROL CLORES OFFICE COOK COUNTY, ILLINOIS.

AGENT:

BARRY E. MORGEN 7101 NORTH CICERO SUITE 101

LINCOLNWOOD, ILLINOIS 60646