

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address) First Bank of Highland Park Attn: Loan Operations 633 Skokle Blvd, Suite 320 Northbrook, IL 60062



THE AB

Doc#: 0817256038 Fee: \$38.50 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds Date: 06/20/2008 11:27 AM Pg: 1 of 2

1.	DEBTOR'S EXACT F	ULL LECAL NAMI	E - insert only one debtor name (1a	or 1b) - do not abbreviate or combine names					
	1a. ORGANIZATION'S N		* ****			•			
	THE BORIS	BERNS TO	<b>UST ESTABLIHSE</b>	ED SEPTEMBER 28, 2001	1				
OR 1b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME				
	MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY		
1	616 CANTER	BURY	O <sub>x</sub>	GLENVIEW	IL	60025	USA		
1d. SEE INSTRUCTIONS   ADD'L INFO RE   1e. TYPE OF OF				1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any				
		ORGANIZATION DEBTOR	TRUST		l		NONE		
2. /	ADDITIONAL DEBTO	R'S EXACT FULL	LEGAL NAME - insert only or	de tor name (2a or 2b) - do not abbreviate or co	mbine names				
	2a. ORGANIZATION'S NAME								
	THE LEANA BERNS TRUST ESTABLISHED SEPTEMBER 28, 2001								
OR	2b. INDIVIDUAL'S LAST NAME		FIRS NAME	MIDDLE NAME		SUFFIX			
				0,					
2c.	2c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY		
1616 CANTERBURY			GLENVIEW	IL	60025	USA			
2d.	I. SEE INSTRUCTIONS   ADD'L INFO RE   2e. TYPE OF ORGANIZATION		21. JURISDICTION OF CREANIZATION	2g. ORG	2g. ORGANIZATIONAL ID#, if any				
		ORGANIZATION DEBTOR	TRUST	IL	' 		NONE		
3. §	SECURED PARTY'S	NAME (or NAME	of TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert only one secured party name //a c	or 3b)		Mond		
	3a. ORGANIZATION'S N								
			ILAND PARK						
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MINDLE	SUFFIX				
					9,				
3c. MAILING ADDRESS			СПҮ	STATE	STATE IPO TAL CODE				

4. This FINANCING STATEMENT covers the following collateral:

All Fixtures which are located at the real property commonly known as 4534 1/2 - 38 N WOLCOTT, CHICAGO, Lincols, Cook County, including but not limited to hot water heaters, cooling and heating equipment, sinks, plumbing 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) and all accessions thereto, and replacements thereof including all proceeds therefrom, all of which are attached and made apart of the realty described hereon.

**NORTHBROOK** 

Pin 14-18-213-011-0000.

633 SKOKIE BLVD

_									
5	ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNE	CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG, LII	EN N	ION-UCC FILING
6	This FINANCING STATEMENT is to be file ESTATE RECORDS. Attach Addendum	d (for record) (or recorded) in	n the REAL [if applicable]	7. Check to REC [ADDITIONAL	UEST SEARCH REPO	RT(S) on Debtor(s) [optional]	All Debtor	s Debto	or 1 Debtor 2
7	COTIONAL EN ED DEEEDENCE DATA								

PO TAL CODE

EUP62

IL

COUNTRY

**USA** 

0817256038 Page: 2 of 2

## **UNOFFICIAL COPY**

0	CC FINANCING STATEMENT LLOW INSTRUCTIONS (front and back) Co NAME OF FIRST DEBTOR (1a or 1b) Of	AREFULLY	EMENT			
•	9a. ORGANIZATION'S NAME THE BORIS BERNS TRU					
R		FIRST NAME	MIDDLE NAME, SUFFIX			
0.	MISCELLANEOUS:			•		
	600					
	70			THE ABOVE SPAC	E IS FOR FILING (	OFFICE USE ONLY
1.	ADDITIONAL DEBTOR'S EXACT FULL	LECAL NAME - insert only one n	ame (11a or 11b) - do not abbre			
R						
•	11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDD	LE NAME	SUFFIX
10	: MAILING ADDRESS	0-	СІТУ	STAT	E POSTAL CODE	COUNTRY
10	I. SEE INSTRUCTIONS   ADD'L INFO RE   ORGANIZATION	11e. TYPE OF ORGANIZATION	11 JURISDICTION OF ORGA	NIZATION 11g. (	DRGANIZATIONAL ID	#, if any
2.	DEBTOR	or ASSIGNOR S/P'S	NAM insert only one name	(12a at 12b)		No
	12a. ORGANIZATION'S NAME	or ∏ASSIGNOR S/P'S	NAIV Insert only one name	: (12a or 12b)		,,
R	12b. INDIVIDUAL'S LAST NAME		FIRST NAME	IMIDD	LE NAME	SUFFIX
			2			
20	MAILING ADDRESS		CITY	STAT	E POSTAL CODE	COUNTRY
3.	This FINANCING STATEMENT covers timb	er to be cut or as-extracted	16. Additional collateral descr	iption:		
	Description of real estate:			1		
T	OT 5 IN BLOCK 14 OF RAVENS\ HE NORTHEAST 1/4 OF SECTK	ON 18, TOWNSHIP 40		0.		
N	IORTH, RANGE 14 EAST OF T IERIDIAN IN COOK COUNTY, ILLING	HE THIRD PRINCIPAL DIS.			Office	
					(C-	
					-0	
5.	Name and address of a RECORD OWNER of ab (if Debtor does not have a record interest):	ove-described real estate				
	·					
			17. Check only if applicable ar	nd check only one box.		
			l			<b>.</b>
			Debtoris a Trust or T		property held in trust	or Decedent's Esta
			18. Check only if applicable ar	nd check <u>only</u> one box.	property held in trust	or Decedent's Esta
			18. Check only if applicable ar	nd check <u>only</u> one box.		