UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

| A NAME & PHONE OF CONTACT AT FILER [optional] Phone: (800) 331-3282 Fax: (818) 6 | 662-4141 |
|----------------------------------------------------------------------------------|----------------------|
| B. SEND ACKNOWLEDGEMENT TO: (Name and Address) | 5028 SUBURBAN BANK & |
| UCC Direct Services | 14921001 |
| P.O. Box 29071 | |
| Glendale, CA 91209-9071 | (INF OT |
| | PIX WHE |
| File with: CC IL Co | ok+, iL |

Doc#: 0819215021 Fee: \$44.25 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 07/10/2008 09:09 AM Pg: 1 of 4

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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|--------------|------------------------------------------------------|--------------------------------------|--------------------------------------------|--------------|--------------------------|---------|
| 1. DI | EBTOR'S EXACT FULL LEGAL NA | ME - insert only one debtor name (1a | a or 1b) - do not abbreviate or combine na | mes | | |
| OR | 1a. ORGANIZATION'S NAME | | | | | |
| | 1b. INDIVIDUAL'S LAST NAME | 77 | FIRST NAME | MIDDLE | NAME | SUFFIX |
| | воотн | | THOMAS | V. | | |
| | AILING ADDRESS 14 BRIARWOOD LAI | NE O | ORLAND PARK | STATE | POSTAL CODE 60462 | USA |
| 1d. <u>S</u> | EE INSTRUCTIONS ADD'L INFO I ORGANIZATI DEBTOR | | 1f. JURISDICTION OF ORGANIZATION | 1g. ORG | ANIZATIONAL ID #, if any | NONE |
| 2. A[| DDITIONAL DEBTOR'S EXACT FUI | L LEGAL NAME - insert only one de | e' to: name (2a or 2b) - do not abbreviate | or combine n | ames | |
| | 2a. ORGANIZATION'S NAME | | τ_{\bigcirc} | | | |
| OR | 2b. INDIVIDUAL'S LAST NAME | | FIRST Y ME | MIDDLE | MIDDLE NAME | |
| 2c. M | AILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |
| 2d. <u>S</u> | EE INSTRUCTIONS ADD'L INFO I ORGANIZATI DEBTOR | | 2f. JURISDICTION OF OR ANIZATION | 2g. ORG | ANIZATIONAL ID#, if any | NONE |
| 3. S | ECURED PARTY'S NAME (or NAMI | E of TOTAL ASSIGNEE of ASSIGNO | OR S/P) - insert only one secured prate na | me (3a or 3b |) | |
| | 39 ORGANIZATION'S NAME SUBURBAN BANK (| & TRUST | (4) | 4, | | |
| OR | 3b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIPD).E | NAME | SUFFIX |
| 30 M | AND ADDRESS OF BUTTERFIELD RO | AD | ELMHURST | STATE | PO TAL CODE | USA |

4. This FINANCING STATEMENT covers the following collateral:

Parcel ID: 19-03-400-081-0000. 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)

Real Property located at 4337 S. KILDARE, CHICAGO, IL 60632. REAL PROPERTY TAX IDENTIFICATION NUMBER IS 19-03-400-081-0000.

| | | | <u> </u> |
|-----------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------|
| 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 file ESTATE RECORDS. Attach Addendum | d [for record] (or recorded) in the REAL (if applicable) | 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] [optional] | All Debtors Debtor 1 Debtor 2 |
| 8. OPTIONAL FILER REFERENCE DATA | | | |
| 14921001 | 14342 | BOOTH/DIXON | , |
| | | Pr | epared by UCC Direct Services, P.O. Box 29071. |

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| FINANCING STA | ATEMENT | ADDEND | UM | | | | | |
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| 9. NAME OF FIRST DEBTO | | | NG STATEN | MENT | 1 | | | |
| 9a. ORGANIZATION'S NAM | E | | | | 1. | | | |
| OR 96 INDIVIDUAL'S LAST NA | ME | FIRST NAME | | MIDDLE NAME, SUFFIX | | | | |
| BOOTH | MAIC | THOMAS | | V. | | | | |
| 10. MISCELLANEOUS | | | | | 1 | | | |
| 14921001-IL-31 | | | | | | | | |
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| 5028 SUBURBAN BA | ANK 8. | | | | | | | |
| File with: CC IL Cook+, | IL BOOTI | I/DIXON | 14342 | 2 | THE ABOVE SP | ACE IS FO | R FILING OFFICE USE | E ONLY |
| 11, ADDITIONAL DEBTOR | S EXACT FULL | LECAL *JAME - inser | t only one n | ame (11a or 11b) - do no | | | | |
| 11a. ORGANIZATION'S N | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| OR 11b. INDIVIDUAL'S LAST | NAME. | 0.5 | | FIRST NAME | | MIDDLE | NAME | SUFFIX |
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| 11d. SEE INSTRUCTION | ADD'L INFO RE ORGANIZATION | 11e, TYPE OF ORGANI | ZATION | 11. JURISDICTION OF OR | GANIZATION | 111g. UK | ganizational ID#, i | |
| | DEBTOR | | | | | | | NONE |
| 12. ADDITIONAL SEC | | or ASSIGNO | R S/P's N/ | AME - incort only <u>one</u> nan | ne (12a or 12b) | | | |
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| OR 12b. INDIVIDUAL'S LAST | NAME | - | | FIRST NAME | \$ | MIDDLE | NAME | SUFFIX |
| 12c. MAILING ADDRESS | | | | CITY | | STATE | POSTAL CODE | COUNTRY |
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| 13. This FINANCING STATEME | NT covers tin | nber to be cut or a | s-extracted | 16. Additional collateral de | scription: | <u> </u> | | _ |
| collateral or is filed as a | fixture filing. | | | | 14 | -/ | | |
| 14. Description of real estate: | | | | | • | S | | |
| Description: THAT P. | ART OF LOT | "R" IN THE CIRC | CLUT | | | | Price | |
| COURT PARTITION | OF THE SOU | TH 1/2 AND TH | Α Τ | | | | 175. | |
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| SECTION 3, TOWNS OF THE THIRD PRIN | | | | | | | -(1) | |
| COOK COUNTY, ILL | INOIS, ACCO | RDING TO THE | PLAT | | | | | |
| OF SAID CIRCUIT CO | RECORDER | R OF COOK CO | JNTY, | | | | | |
| ILLINOIS, ON APRIL PAGE 44, AS DOCUI | | | | | | | | |
| AND DESCRIBED AS | FOLLOWS: | BEGINNING A | | : | | | | |
| INTERSECTION OF KILDARE BOULEVAI | | | ID EAST | | | | | |
| STREET LINE BEING | | | | | | | | |
| Name and address of a REC (if Debtor does not have a | | oove-described real estat | e | | | | | |
| | | | | 17. Check only if applicable | and check only one box | | | |
| | | | | Debtor is a Trust or | Trustee acting with res | | erty held in trust or | Decedent's Estate |
| | | | | 18. Check only if applicable | and check only one box | ί. | | |
| | | | | Debtor is a TRANSMIT | | _ | | |
| | | | | Filed in connection wit | h a Manufactured-Home | Transaction | effective 30 years | |

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| 9a. ORGANIZATION'S NAME | 1b) ON RELATED FINAL | NCING STATEM | ENT | | | | |
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| SE. UNGARIZATION S NAME | | | | : | | | |
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| . MISCELLANEOUS | | | | | | | |
| 1921001-IL-31 | | | | | | | |
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| ile with: CC IL Cook+, IL E | NOXID/k(TC OB | 14342 | | THE AROVE SPA | CE IS FOR FILING | OFFICE USE ONLY | |
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| 110 INDIVIDUALS LAST NAME | | | | | | | |
| 1c. MAILING ADDRESS | | | CITY | | STATE POSTA | CODE | COUNTRY |
| td. SEE INSTRUCTION ADD'L II | NFO RE 11e. TYPE OF OR | GANIZATION | 1.f. JURISDICTION OF OF | GANIZATION | 11g. ORGANIZAT | IONAL ID #, if any | |
| | IZATION | OAMERITON | | | , * | | NON |
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| 3 | | | I FIRST NAME | | MIDDLE NAME | | SUFFIX |
| 12b. INDIVIDUAL'S LAST NAME | | | FIRST NAME | | WIDDEL HAWE | | |
| 2c. MAILING ADDRESS | | | CITY | | STATE POSTA | L CODE | COUNTRY |
| | | | | | | | |
| 3. This FINANCING STATEMENT cover | s timber to be cut or | as-extracted | 16. Additional collateral de | escription: | | | |
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| collateral or is filed as a | | | | | * * | | |
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| NAME OF FIRST DEBT 9a. ORGANIZATION'S NA | | RELATED FINAN | ICING STATEM | IENT | | | | | |
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| | | 2 | | | | | <u> </u> | R FILING OFFICE USE | ONLY |
| 1. ADDITIONAL DEBTO | | LECAL NAME - ir | isert only one na | ame (11a or 11b) | - do not al | obreviate or cor | nbine names | | |
| | NAME | | | | | | | | |
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| c. MAILING ADDRESS | ÷ | · · · · · · · · · · · · · · · · · · · | C | CITY | | | STATE | POSTAL CODE | COUNTRY |
| ld. <u>SEE INSTRUCTION</u> | ADD'L INFO RE ORGANIZATION DEBTOR | 11e. TYPE OF ORG | IANIZATION | 1% JURISDICTIO | N OF ORGA | NIZATION | 11g. ORG | GANIZATIONAL ID #, if | any Nor |
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