

UNOFFICIAL COPY



Doc#: 0826634062 Fee: \$38.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 09/22/2008 10:49 AM Pg: 1 of 2

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)
Phone: (800) 331-3282 Fax: (818) 662-4141
B. SEND ACKNOWLEDGEMENT TO: (Name and Address) 5028 SUBURBAN BANK &
UCC Direct Services
P.O. Box 29071
Glendale, CA 91209-9071
File with: CC IL Cook+, IL

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME
OR
1b. INDIVIDUAL'S LAST NAME: TABRON
FIRST NAME: ALFRED
MIDDLE NAME:
SUFFIX:
1c. MAILING ADDRESS: 1800 CARRINGTON COURT
CITY: NEW LENOX
STATE: IL POSTAL CODE: 60451 COUNTRY: USA
1d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any [] NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME
OR
2b. INDIVIDUAL'S LAST NAME
FIRST NAME
MIDDLE NAME
SUFFIX
2c. MAILING ADDRESS
CITY
STATE
POSTAL CODE
COUNTRY
2d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any [] NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME: SUBURBAN BANK & TRUST
OR
3b. INDIVIDUAL'S LAST NAME
FIRST NAME
MIDDLE NAME
SUFFIX
3c. MAILING ADDRESS: 150 BUTTERFIELD ROAD
CITY: ELMHURST
STATE: IL POSTAL CODE: 60126 COUNTRY: USA

4. This FINANCING STATEMENT covers the following collateral:

Parcel ID: 27-32-101-013-0000. 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). PARCEL 1: LOT 3 IN STONERIDGE CENTRE OF ORLAND FIRST ADDITION, BEING A RESUBDIVISION OF THE SOUTH 180 FEET OF LOT 1 IN EAGLE RIDGE ESTATES BEING A SUBDIVISION OF PART OF THE NORTHWEST QUARTER OF SECTION 32, TOWNSHIP 36 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. PARCEL 2: PERPETUAL, NON-EXCLUSIVE EASEMENT FOR THE BENEFIT OF PARCEL 1A FOR VEHICULAR AND PEDESTRIAN INGRESS AND EGRESS AS SET FORTH AND DEFINED IN DECLARATION OF EASEMENTS AND RESTRICTIONS RECORDED MARCH 25, 1998 AS DOCUMENT NUMBER 98230772. Real Property located at 11120-11140 W. 179TH ST, ORLAND PARK, IL 60467 Real Property Tax Identification Number: 27-32-101-013-0000

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 filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable] 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [] All Debtors [] Debtor 1 [] Debtor 2 [] ADDITIONAL FEE [] (optional)
8. OPTIONAL FILER REFERENCE DATA

UNOFFICIAL COPY

FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME		
OR 9b. INDIVIDUAL'S LAST NAME TABRON	FIRST NAME ALFRED	MIDDLE NAME, SUFFIX

10. MISCELLANEOUS

15732847-IL-31

5028 SUBURBAN BANK &

File with: CC IL Cook+, IL MLC/MIR

14494

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME			
OR 11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY
11d. SEE INSTRUCTION	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION
			11g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P's NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME			
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
12c. MAILING ADDRESS		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:

Description: PARCEL 1: LOT 3 IN STONERIDGE CENTRE OF ORLAND FIRST ADDITION, BEING A RESUBDIVISION OF THE SOUTH 180 FEET OF LOT 1 IN EAGLE RIDGE ESTATES BEING A SUBDIVISION OF PART OF THE NORTHWEST QUARTER OF SECTION 32, TOWNSHIP 36 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. PARCEL 2: PERPETUAL, NON-EXCLUSIVE EASEMENT FOR THE BENEFIT OF PARCEL 1A FOR VEHICULAR AND PEDESTRIAN INGRESS AND EGRESS AS SET FORTH AND DEFINED IN DECLARATION OF EASEMENTS AND RESTRICTIONS RECORDED MARCH 25, 1998 AS DOCUMENT NUMBER 98230772. Real Property located at 11120-11140 W. 179TH ST. ORLAND PARK, IL 60467. Parcel ID: 27-32-101-013-0000

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

16. Additional collateral description:

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