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UCC FINANCING STATEMENT

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

FIRST BANK OF HIGHLAND PARK
633 SKOKIE BLVD
NORTHBROOK, IL 60062

Doc#: 0828940154 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds

Date: 10/15/2008 12:16 PM Pg: 1 of 3

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. [DEBTOR'S EXACT FU	JLL LEGA. N'M	- insert only one debtor name (1a	or 1b) - do not abbreviate or combine names				
- 1	1a ORGANIZATION'S NA)_					
1	DEMING II.	L.L.C., A	N PLLINOIS LIMIT	FED LIABILITY COMPA	ANY			
OR	16 INDIVIDUAL'S LAST I	IAME		IFIRST NAME	MIDDLE	NAME	SUFFIX	
	TO MIDITION CO LINE	<u>.</u>						
				077	GTATE	POSTAL CODE	COUNTRY	
	MAILING ADDRESS		\cdot $()_{\infty}$	CITY DID CE	STATE			
32	24 W. TOUHY	AVENUE		PARK RIDGE	IL	60068	USA	
1d.	SEE INSTRUCTIONS		1e TYPE OF ORGANIZATION	11. JURISDICTION OF ORGANIZATION		ANIZATIONAL ID #, if any		
		ORGANIZATION DEBTOR	LLC	IL .	, 0033	38591	NONE	
2 A	ODITIONAL DERTOR		LEGAL NAME - insert coly one	debt ir na ne (3a or 2b) - do not abbreviate or c	ombine names		1 11010	
	2a ORGANIZATION'S NA		LEGAL HAVIL - Indentising Siles	Jacob Ji Ha Ha Yaa di Zaj - da Hat Babiavida di d	DITIONIO TIGINOS			
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OR	26. INDIVIDUAL'S LAST N	IAMF		TFIRST NAM	MIDDLE	IMIDDLE NAME		
- 1	20. IIIDIVIDONEO DIO							
						100070005		
2c. N	MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY	
				1/2		l		
2d <u>\$</u>	SEE INSTRUCTIONS		2e TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZ (TIC.)	2g ORG	ANIZATIONAL ID #, if any		
		ORGANIZATION	ı				NONE	
3 6	ECUPED DARTY'S	NAME (or NAME)	TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert only one secured party name (3a	or 3b)		1110112	
	3a. ORGANIZATION'S NA		OF TOTAL ASSISTED OF ASSISTANCE	Car / - made, drily dife abouted party frame (Sa	, 301			
			ILAND PARK		, CA			
orl.	36 INDIVIDUAL'S LAST N			FIRST NAME	MIDP	705	ISUFFIX	
-	3B INDIVIDUAL 5 LAST N	AME		FIRST WAILE	W.D. II	NOIS -	SCITIA	
						<u> </u>		
3c. N	MAILING ADDRESS			CITY	STATE	PUSTAL COLF	COUNTRY	
63	3 SKOKIE BL	VD		NORTHBROOK	IL	60062	USA	

4. This FINANCING STATEMENT covers the following collateral:

All Fixtures which are located at the real property commonly known as 629 W. Deming Place, Chicago, Illinois, Cook County, in iluding 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; 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 reality described hereon. PIN 14-28-314-006-0000.

5. ALTERNATIVE DESIGNATION (if applicable):	LESSEE/LESSOR CONSIGNEE	CONSIGNOR BAILEE/BAILC	R SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed [I	for record] (or recorded) in the REAL [if applicable]	7. Check to REQUEST SEARCH RE (AODITIONAL FEE)	PORT(S) on Debtor(s) joptional]	All Debtors [Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA

0828940154 Page: 2 of 3

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			IT ADDENDUM			- 1				
_	LOW INSTRUCTIONS			TEATENT		-				
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STAT				A I EMENT						
ı			ILLINOIS LIMIT	ED LIA	BILIT	1				
OR	9b INDIVIDUAL'S LAST N		FIRST NAME		LE NAME, SUI	IFFIX				
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0 1	MISCELLANEOUS:		<u> </u>			-				
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		CV,				T	HE ABOVE	SPACE	S FOR FILING	OFFICE USE ONLY
_			ÉCAL NAME - insert only one	name (11a or 1	1b) - do not at	bbreviate or	combine nam	es		
ľ	11a. ORGANIZATION'S NA	ME								
R -			<u> </u>	1				1		
ľ	11b INDIVIDUAL'S LAST I	NAME		FIRST NAME	:			MIDDLE	NAME	SUFFIX
	MAILING ADDRESS			CITY				STATE	POSTAL CODE	COUNTRY
IÇ, i	MAILING ADDRESS		0,	City				SIAIE	POSTAL CODE	COUNTRY
ld :	SEE INSTRUCTIONS	ADD'L INFO RE 111	e TYPE OF ORGANIZATION	T.: JURISD	CTION OF OF	RGANIZATIO	N.	11a ORC	ANIZATIONAL ID)# if any
:	OLL IIIOIIIO	ORGANIZATION DEBTOR						1g. C 1	MILITATION NE ID	
	ADDITIONAL SECT		□ ASSIGNOR S/P'S	NAME and	ust anly one of		1263			NC
	128 CRGANIZATION'S NA		U L MSSIGNOR SIF S	INPANIE 15	Thiy Olle ha	arrie (12a or	120)			
				Ì	1/2					
ᅡ	20 INDIVIDUAL'S LAST N	IAME		FIRST NAME		X		MIDDLE I	NAME	SUFFIX
c A	MAILING ADDRESS			спу				STATE	POSTAL CODE	COUNTRY
							-/			
i. Ti	IS FINANCING STATEME	NT covers timper	to be cut or as-extracted	16. Additions	al collateral de	escription:	70			
		fixture filing.	_					Ζ.		
	escription of real estate.	ACT 10 OF 1	OT 47 IN BEHINGIO					T_{6}	\	
			OT 47 IN DEMING'S N WRIGHTWOOD, A	Ì				O.		
			1/4 OF SECTION 28,	ļ					Office	
	WNSHIP 40 NORTI NCIPAL MERIDIAN		EAST OF THE THIRD						1/20	
		•	EST 1/2 OF LOT 47							
	••		N FROM A POINT IN							·\(\triangle\)
THE	NORTH LINE OF	SAID LOT 47 TH	IAT IS 50 FEET EAST							C
			SAID LOT 47 TO A LOT 47 THAT IS 50							
			PRINER OF SAID LOT							
7	IN DEMING'S OF	OUT LOT "C" I	N WRIGHTWOOD, A							
	BDIVISION IN THE VNSHIP 40 NORTH		1/4 OF SECTION 28,							
٠,	40 1101111	, , , , , , , , , , , , , , , , , , , ,								
Na	me and address of a REC	ORD OWNER of above	e-described real estate							
(if	Debtor does not have a rec	cora interest)								
				17. Check onl	y if applicable	and check of	опіу опе рох.			
			İ		_			ect to prop	erty neld in trust	or Decedent's Estate
				18. Chack only						
				_			_			
			ļ	Debtor is a	TRANSMITTI	ING UTILITY				
				—			red-Home Tra	insaction -	effective 30 years	5

0828940154 Page: 3 of 3

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		NT ADDENDUM					
	ICTIONS (front and back) C		ATCHENT				
9a. ORGANIZA		N RELATED FINANCING ST					
DEMIN	GII. L.L.C., AN	ILLINOIS LIMIT	CED LIABILIT]			
[]K L	L'S LAST NAME	FIRST NAME	MIDOLE NAME, SUFFIX				
			INDOLL WARE, OUT IN	1			
10. MISCELLANE	OHS:			ł			
IV. MISOCCEPARE	O O 3.			ŀ			
	D			THE ABOVE	SPACE	S FOR FILING OFFI	CE USE ONLY
11. ADDITIONAL	DEBTOR'S EXACT FULL	I GAL NAME - insert only one	name (11a or 11b) - do not abbre				
11a ORGANIZA	TION'S NAME						
OB		0.					
OR 11b. INDIVIDUA	L'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
11c. MAILING ADDR	SS		СІТУ		STATE	POSTAL CODE	COUNTRY
11d. SEE INSTRUCT	ORGANIZATION	1e. TYPE OF ORGANIZATION	11.1 JURISDICTION OF ORGAN	NIZATION	11g. ORG	ANIZATIONAL ID #, if a	
12 APPLICAL	DEBTOR			· · · · · · · · · · · · · · · · · · ·			NONE
12. ADDITIONA 12a ORGANIZA	L SECURED PARTY'S	△ ASSIGNOR S/P'S	NAML - insert only one name	(12a or 12b)			
OR 126 INDIVIDUAL	'S LAST NAME		FIRST NAME		Iwon s i	IANA	Tourse
120 11010100	S ENOT MARIE		FIRST NAIVIE		MIDDLE	IAME	SUFFIX
12c. MAILING ADDRE	SS	-	CITY		STATE	POSTAL CODE	COUNTRY
					OIAIL	POSTAL CODE	COUNTRY
13. This FINANCING	STATEMENT covers Tumbe	r to be cut or as-extracted	16. Additional collateral descrip	otion:			
collateral, or is file			<u>'</u>	(0)	7,5		
14. Description of rea	estate				4		
PRINCIPAL ME	RIDIAN, IN COOK COL	JNTY, ILLINOIS.		·	1.0		
					O	Office)
	of a RECORD OWNER of abor nave a record interest):		17. Check only if applicable and Debtor is a Trust or Trust 18. Check only if applicable and in	stee acting with respo	act to prope	erty held in trust or	Decedent's Estate