## **UNOFFICIAL COPY**

		2831719247			
JCC FINANCING OLLOW INSTRUCTIONS (	STATEMENT AMENS front and back) CAREFULLY NTACT AT FILER [optional]	DMENT CONTRACTOR	r E	Doc#: 08317190 Sugene "Gene" Moor Book County Recorde Pate: 11/12/2008 10:0	e RHSP Fee:\$10.00 er of Deeds
FIRST ABN 633 SKOKI	ENT TO: (Name and Address)  NK OF HIGHLAND PA E BLVD STE 320  OOK, IL 60062	ARK			09 AW Fg. 1012
NORTHBA	Ó		THE ABOVE SP	OSUA  ACE IS FOR FILING OFF	ICE USE ONLY
1a. INITIAL FINANCING STATE 0411933240  2. TERMINATION: Effet	2 Octobro di don	ntified above is terminated with respect to sidentified above with respect to security in	ecurity interest(s) of the	to be filed [for record REAL ESTATE REC	d] (or recorded) in the CORDS.  5 Termination Statement.
4. ASSIGNMENT (full or	partial): Give name of assignt e in lem	Ta or 7b and address of assignee in item 7	c, and also give name o		
Also check one of the follow	ing three boxes <u>and</u> provide appropriate in Idress: Please refer to the detailed instruction name/address of a party. ORMATION:	ormatiun in items 6 and/or 7.	record name a or 6b.	ADD name: Complete items 7e	tem7a or7b, and also item7c; -7g (ifapplicable).
	JY TRAIL LLC	FIRS NAME		MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR AI			) X,		
OR 7b. INDIVIDUAL'S LAST	NAME	FIRST NAME		MIDDLE NAME	SUFFIX
76. MAILING ADDRESS		CITY	0	STATE POSTAL CO	
7d. SEE INSTRUCTIONS	ADD'L INFO RE 7e. TYPE OF ORGA ORGANIZATION DEBTOR		ORGANIZATION	$T_{\lambda}$	□NONE
AMENDMENT (COLLA     Describe collateral	TERAL CHANGE): check only one billeted or added, or give entire re	ox. estated collateral description, or describe	collateral assigne	od. Office	20

9a. ORGANIZATION'S NAME FIRST BANK OF HIGHLA 9b. INDIVIDUAL'S LAST NAME	ND PARK FIRST NAME	MIDDLE NAME	SUFFIX
---	--------------------	-------------	--------

0831719042 Page: 2 of 2

## **UNOFFICIAL COPY**

C FINANCING STATEMENT ADDENDUM				
LOW INSTRUCTIONS (front and back) CAREFULLY IAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STAT	EMENT			
ORGANIZATION'S NAME				
400 ANTHONY TRAIL, LLC				
9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX			
MISCELLANEOUS:				
700		THE ABOVE SPACE	IS FOR FILING OFFI	CE USE ONLY
. ADDITIONAL DEBTOR'S EXACT FULL LE JAI, NAME - insert only one	debtor name (11a or 11b) - do not abbre	eviate or combine names		
ADDITIONAL DEBTOR'S EXACT FULL LEGAL, NAME - INSERTION S NAME				
Tra. ORGANIZATIONS TO THE				SUFFIX
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
d. TAX ID #. SSN OR EIN   ADD'L INFO RE   11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZA	TION 11g. OR	GANIZATIONAL ID#, if a	_
ORGANIZATION				NC
2. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S	NAME insuranty one name (12a or 12	2b)		
12a. ORGANIZATION'S NAME	46			
R 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
2c. MAILING ADDRESS	СІТУ	STATE	POSTAL CODE	COUNTRY
3. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing.  4. Description of real estate:  THE NORTH 141.76 FEET OF THE EAST 360.00 FEET (EXCEPT THEREFROM THE EAST 10.00 FEET) OF THE WEST 1/2 OF THE SOUTH EAST 1/4 OF SECTION 5 TOWNSHIP 42 NORTH, RANGE 12 EAST OF THE THIR PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.  PIN OH - 05 - HOO - OAA - OOX.	5, D	Tie		
15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):	17. Check <u>only</u> if applicable and	check <u>anly</u> one box.		7
	Debtor is a Trust or Trust  18. Check only if applicable and	check only one box.	property held in trust or	Decedent's Estate
	Debtor is a TRANSMITTING Filed in connection with a Ma	nufactured-Home Transac		