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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [opti	-
Phone:(800) 331-3282 Fa	ax: (818) 662-4141
B. SEND ACKNOWLEDGEMENT TO: (Name and	Address) 15715 BANK FINANCIAL
	. *.»
CT Lien Solutions	A 105286114
P.O. Box 29071	en l'oi
Glendale, CA 91209-9071	LIMAN
	EIXTURE



Doc#: 0832619018 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 11/21/2008 01:31 PM Pg: 1 of 2

				PACE IS FOR FILING OFFICE USE ONLY			
1. D			insert only one_debtor name (1	a or 1b) - do not abbreviate or con	nbine names		
OR	1a. ORGANIZATION'S 4309-4317		, LLC	·			
UK .	1b. INDIVIDUAL'S LAS	T NAME	7	FIRST NAME	MIDDLE	NAME	SUFFIX
	MAII ING ADDRESS 349 WAUKE(GAN RD. #1	109 0,	BANNOCKBURN	STATE IL	POSTAL CODE 60015	USA
1d. §	SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGAN ZATIC N	1f. JURISDICTION OF ORGANIZAT		GANIZATIONAL ID #, if any 175165	NONE
2. A	DDITIONAL DEBTOR	R'S EXACT FULL LE	EGAL NAME - insert only one	i∈btor name (2a or 2b) - do not abb	previate or combine n	ames	
OR	2a. ORGANIZATION'S			7			
O.C	2b. INDIVIDUAL'S LAS	T NAME		FIR. T NAME	MIDDLE	NAME	SUFFIX
2c. M	AILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
2d. <u>S</u>	SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF OF 30. IZAT	TION 2g. ORG	GANIZATIONAL ID#, if any	NONE
3. S	ECURED PARTY'S N		TOTAL ASSIGNEE of ASSIGNO	OR S/P) - insert only one secured)2 (v name (3a or 3b	<u> </u>	NONE
	39 ORGANIZATION'S BANKFINAI	NAME			9/2	,	
OR	3b. INDIVIDUAL'S LAST	NAME	**************************************	FIRST NAME	MIDDLE	NAME	SUFFIX
	W060 NORT	TH FRONTA	AGE ROAD	BURR RIDGE	STATE	POSTAL CODE GOS 27	COLINTRY

4. This FINANCING STATEMENT covers the following collateral:

Parcel ID: 14-33-125-026-0000. 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) for Property located at 2040 N. Burling St., Chicago, IL 60614

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5. ALTERNATIVE DESIGNATION (if applicable)		IEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING	יי ווי יי	N
6. X This FINANCING STATEMENT is to be file ESTATE RECORDS. Attach Addendum			QUEST SEARCH REPO AL FEE!	RT(S) on Debtor(s) [optional]	All Debtors	Debtor 1 Debtor 2	1/	()
8. OPTIONAL FILER REFERENCE DATA 16528644	BR		303-1	1902034237			Ve	ارا
ILING OFFICE COPY - NATIONAL UCC FIN	NANCING STATEMENT (FORM U	CC1) (REV. 05/2			repared by CT Lien S	Solutions, P.O. Box 2907	Naj:	ħ

· 0832619018 Page: 2 of 2

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ON RELATED FINANCING S	TATEMENT				
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FIRST NAME	MIDDLE NAME, SUFFI	X			
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Ox	FIRST NAME		MIDDLE	NAME	SUFFIX
	CITY		STATE	POSTAL CODE	COUNTRY
O RE 11e. TYPE OF ORGANIZAT	10f. JURISDICTION OF	ORGANIZATION	11g. OR	GANIZATIONAL ID#, if	any NO
RTY'S or ASSIGNOR	S/P's NAME insert only one r	name (12a or 12b)			
	FIRST NAME	×,	MIDDLE	NAME	SUFFIX
	CITY	C	STATE	POSTAL CODE	COUNTRY
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JOHN M. AND S. M. THE EAST 1/2 OF BLC DIVISION AND LOTS 1 IRA SCOTTS SUBDIVIS K 26 IN CANAL TRUST 33. TOWNSHIP 40 NOI	DCK 26 TO 29 SION FEES' RTH,				•
IER of above-described real estate rest):					
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	Debtoris al Trust d	or Trustee acting with re	spect to pre	operty held in trust o	r Decedent's Es
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	18. Check only if applic	cable and check <u>only</u> one books			
	FIRST NAME P-13/02034237 ULL LECAL NAME - insert only ORE Type of Organization RTY'S Or ASSIGNOR WILSONS RESUBDIVI JOHN M. AND S. M. THE EAST 1/2 OF BLC DIVISION AND LOTS 1 IRA SCOTTS SUBDIVI SK 26 IN CANAL TRUS 33, TOWNSHIP 40 NO HIRD PRINCIPAL MERIS. Parcel ID:	FIRST NAME PARE ASSIGNOR S/P'S NAME insert only one of timber to be cut or as-extracted ing. WILSONS RESUBDIVISION JOHN M. AND S. M. THE EAST 1/2 OF BLOCK 26 DIVISION AND LOTS 1 TO 29 IN CONTROL OF SUBDIVISION IN CANAL TRUSTEES' 33. TOWNSHIP 40 NORTH. HIRD PRINCIPAL MERIDIAN, S. Parcel ID: BER of above-described real estate rest):	FIRST NAME THE ABOVE SP ULL CECAL NAME - insert only one_ name (11a or 11b) - do not abbreviate or combin FIRST NAME CITY O'RE 11e. TYPE OF ORGANIZATION 11f. JURISDICTION OF ORGANIZATION RTY'S or ASSIGNOR S/P's NAME - insert only one_ name (12a or 12b) FIRST NAME CITY Implement to be cut or assextracted 15. Additional collateral description: WILSONS RESUBDIVISION JOHN M. AND S. M. THE EAST 1/2 OF BLOCK 26 DIVISION AND LOTS 1 TO 29 IRA SCOTTS SUBDIVISION K. 26 IN CANAL TRUSTEES' 33. TOWNSHIP 40 NORTH, HIRD PRINCIPAL MERIDIAN, S. Parcel ID: IER of above-described real estate rest):	P-1902034237 BR THE ABOVE SPACE IS FO ULL TECAL NAME - insert only one_ name (11a or 11b) - do not abbreviate or combine names FIRST NAME MIDDLE CITY STATE O'RE 11e, TYPE OF ORGANIZATION 11f, JURISDICTION OF ORGANIZATION 11g, O'R TITON ASSIGNOR S/P'S NAME insert only one_ name (12a or 12b) FIRST NAME MIDDLE CITY STATE WILSON'S RESUBDIVISION JOHN M. AND S. M. THE EAST 1/2 OF BLOCK 26 JURISDIVISION AND LOTS 1 TO 29 JURISDI	PIRST NAME MIDDLE NAME_SUFFIX