UNOFFICIAL COPY

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)

CT Lien Solutions
P.O. Box 29071
Glendale, CA 91209-9071

FIXTURE



Doc#: 0900819010 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds Date: 01/08/2009 08:58 AM Pg: 1 of 2

Fille with: CC IL Cook+, IL			THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY					
1. DI	EBTOR'S EXACT FULL LEGAL NAI IE - insert only one debtor name	(1a or 1b) - do not	abbreviate or combine na	ames				
	1a. ORGANIZATION'S NAME 4309-4317 S. INDIANE, LLC							
OR	15. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	IAME	SUFFIX		
10 M 27	90 BIRCHWOOD LANE	DEERF	IELD	STATE	60015	USA		
1d. §	ADD'L INFO RE ORGANIZATION DEBTOR	1f. JURISDICTI	ON OF ORGANIZATION		ANIZATIONAL ID#, if an	NONE		
2. A	DDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one	de itor name (2a	or 2b) - do not abbreviate	e or combine na	nes			
	2a. ORGANIZATION'S NAME	4						
OR	2b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME			
2c. 1	MAILING ADDRESS	СПҮ	1/2×	STATE	POSTAL CODE	COUNTRY		
	SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR		ION OF OP SANIZATION		2g. ORGANIZATIONAL ID #, if any			
3. 8	SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIG	GNOR S/P) - insert (only o <u>ne</u> secured party	name (3a or 3b)				
	BANKFINANCIAL, F.S.B.		. 0	14.				
OR	3b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX		
3c 15	MAILING ADDRESS 5W060 NORTH FRONTAGE ROAD	BURR	RIDGE	STATE	POSTAL CODE SC527	USA		

4. This FINANCING STATEMENT covers the following collateral:

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 4352-4358 S. Indiana Ave., Chicago, IL 60653. Parcel ID: 20-03-302-022-0000.

							1
5. ALTERNATIVE DESIGNATION [if applicable]	LESSEE/LESSOR CONS	SIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UC	C FILING
6. X This FINANCING STATEMENT is to be filed	[for record] (or recorded) in the RE		JEST SEARCH REPOF	RT(S) on Debtor(s) (ootional)	All Debtors	Debtor 1	Debtor 2
8. OPTIONAL FILER REFERENCE DATA							/
17072647	BR		303-1	902011974	11 OT 11 D		D 20074

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02)

Prepared by CT Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

0900819010 Page: 2 of 2

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INANCING STATEMEDILLOW INSTRUCTIONS (front and ba	INT ADDENDUM CK) CAREFULLY					
NAME OF FIRST DEBTOR (1a or 1b)	ON RELATED FINANCING STATEM	ENT				
9a. ORGANIZATION'S NAME						
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
MISCELLANEOUS						
7072647-IL-31						
5715 BANK FINANCIAL le with: CC IL Cook+, IL 303	; ; (9)2011974 BR					;
					FILING OFFICE US	ONLY
. ADDITIONAL DEBTOR'S EXACT FI 11a. ORGANIZATION'S NAME	ULL LTGAL NAME - insert only one	name (11a or 11b) - do not al	bbreviate or combine	names	··- <u></u> -	
115, INDIVIDUAL'S LAST NAME	0.5	FIRST NAME	· .	MIDDLE N	AME	SUFFIX
7.10. 11107 11007 11 0 0 10 1 14 1110	9/0					
c. MAILING ADDRESS	C	СІТҮ		STATE	POSTAL CODE	COUNTRY
d. <u>SEE INSTRUCTION</u> ADD'L INFO ORGANIZA DEBTOR		115, JURISDICTION OF ORGA	ANIZATION	11g. ORG	ANIZATIONAL ID #,	if any NONE
ADDITIONAL SECURED PAR	TY'S <u>or</u> ASSIGNOR S/P's N	IAME - nsert only <u>one</u> name	(12a or 12b)			
12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE N	AME	SUFFIX
2c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
3. This FINANCING STATEMENT covers collateral or is filed as a X fixture fili	timber to be cut or as-extracted	16. Additional collateral desc	ription:			
4. Description of real estate:				5		
Description: LOTS 1, 2, 3 AN DF THE SOUTH 5 FEET OF L 21 AND 24 IN BLOCK 1 IN L.\ DF THE EAST 20 ACRES OF	OT 20 AND ALL OF LOTS W. STONE'S SUBDIVISION			C		:
THE WEST 1/2 OF THE SOU B, TOWNSHIP 38 NORTH, RA THIRD PRINCIPAL MERIDIA LLINOIS. Parcel ID: 20-03	THWEST 1/4 OF SECTION ANGE 14, EAST OF THE N, IN COOK COUNTY,		· .		6	i .
						•
	•	Ì				÷
5. Name and address of a RECORD OWNE (if Debtor does not have a record interest						
		17. Check only if applicable : Debtor is a Trust or	and check <u>only</u> one box. Trustee acting with resp		erty held in trust	or Decedent's Estate
		18. Check only if applicable	and check only one box.		·	· · · · · · · · · · · · · · · · · · ·
		Debtor is a TRANSMIT		_	. :	
		I Filed in connection with	a Manufactured-Home 1	Fransaction	effective 30 years	
	•		a Public-Finance Transa		ti	