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THE ABOVE SPACE IS FOR FILING OFFICE USE ON 0432 122240 1b. This FINANCING STATEMENT AIL to be filed (for record) of the delign record) of the delign record) of the delign record of REAL ESTATE RECORDS. 2. TERMINATION: Effectiveness of the Financing (latement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement of the additional period provided by applicable law. 4. ASSIGNMENT (full or partial): Give name of assignee in term 7 or 7b and address of assignee in item 7c, and also give name of assignor in item 9. 5. AMENDMENT (PARTY INFORMATION): This Amendment affects □ Debtor or □ Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. □ CHANGE name and/or address. Please refer to the detailed instructions □ DELETE name. Give record name last complete items 7e-7g (fragolicable in items 6a or 6b.) 6b. INDIVIDUAL'S LAST NAME □ FIRST NAME □ MIDDLE NAME 7c. CHANGED (NEW), OR ADDED INFORMATION: 7s. ORGANIZATION'S NAME □ FIRST NAME □ MIDDLE NAME 7c. MAILING ADDRESS □ CITY □ STATE □ POSTAL CODE □ CITY □ STATE □ POSTAL CODE □ CITY □ STATE □ POSTAL CODE □ CITY □ STATE □ CODE □ CITY □ STATE □ CODE □ CITY □	ANCING STATEMENT AMENDMENT RUCTIONS (front and back) CAREFULLY ONE OF CONTACT AT FILER [optional] NOWLEDGMENT TO: (Name and Address) AST BANK OF HIGHLAND PARK SKOKIE BLVD STE 320 RTHBROOK IL 60062		Doc#: 0917519026 Fee Eugene "Gene" Moore RHSP Cook County Recorder of Dec Date: 06/24/2009 09:07 AM F	Fee:\$10.00 eds
1a. INITIAL FINANCING STATEMENT FILE. 043212240 TERMINATION: Effectiveness of the Financing of the Secured Party authorizing this Termination Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Identified above interest(s) of the Secured Party authorizing this Continuation Statement Identified above interest(s) of the Secured Party authorizing this Continuation Statement Identified above interest(s) of the Secured Party authorizing this Continuation Statement Identified above interest(s) of the Secured Party authorizing this Continuation Statement Identified above interest(s) of the Secured Party authorizing this Continuation Statement Identified above interest(s) of the Secured Party authorizing				
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3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statem continued for the additional period provided by applicable law. 4. ASSIGNMENT (full or partial): Give name of assignee in item 7, or 7b and address of assignee in item 7c, and also give name of assignor in item 9. 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate inforr ation in items 6 and/or 7. Also check one of the following three boxes and provide appropriate inforr ation in items 6 and/or 7. CHANGE name and/or address. Please refer to the detailed instructions in general to be deleted in item 6a or 6b. CHANGE name and/or address of a party. 6. CURRENT RECORD INFORMATION. 6a. ORGANIZATION'S NAME GOLF-DEE LAND COMPANY, AN ILLINOIS CCRP ORATION 6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME 7c. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME 7c. MAILING ADDRESS CITY STATE POSTAL CODE 7d. SEEINSTRUCTIONS ADD'L INFORE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. JURISDICTION OF ORGANIZATION	ATION: Effectiveness of the Figure 3 St. ement identified above is termi	nated with respect to security interest		
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DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.	to changing the name/address of a party. RECORD INFORMATION: IZATION'S NAME -DEE LAND COMPANY, AN ILLINOIS UAL'S LAST NAME FIR NEW) OR ADDED INFORMATION: IZATION'S NAME UAL'S LAST NAME FIR CTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f.	ST NAME	MIDDLE NAME MIDDLE NAME STATE POSTAL CODE 79. URG ANIZATIONAL ID #, If	SUFFIX COUNTRY any

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME OR SINDIVIDUAL'S LAST NAME SUFFIX MIDDLE NAME FIRST NAME 10.OPTIONAL FILER REFERENCE DATA LOAN 1334 FILING OFFICE COPY -- UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

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UCC FINANCING STATEMENT ADDENDUM					
FOLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATE	MENT				
O- OFCANIZATION'S NAME					
GOLF-DEE LAND COMPANY, AN ILLING	MIDDLE NAME, SUFFIX				
9b. INDIVIDUAL'S LAST NAME FIRST NAME	WILDEL TO OIL, SOIT W				
10. MISCELLANEOUS:					
		L		S FOR FILING OF	FICE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LEGA . NAME - insert only one d	ebtor name (11a or 11b) - do no	t abbreviate or combin	nenames		
11a. ORGANIZATION'S NAME					
DR 11b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
	CITY		STATE	POSTAL CODE	COUNTRY
11c. MAILING ADDRESS					
11d. TAX ID #: SSN OR EIN ADD'L INFO RE 11e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	1 f. JURISPICTION OF ORGA	NIZATION	11g. ORG	SANIZATIONAL ID#, if	any
	ME - insert inly ne name (12a	a or 12b)			
12a. ORGANIZATION'S NAME	45				
DR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE I	NAME	SUFFIX
12b. INDIVIDUAL S DICTAINE				<u> </u>	
12c. MAILING ADDRESS	CITY	C/2	STATE	POSTAL CODE	COUNTRY
	48 4100 1-00-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	intion		<u></u>	
 This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing. 	16. Additional collateral descr	iption.	_/		
14. Description of real estate:			0,		
PARCEL 1: THE EAST 308 FEET OF THE NORTH 325.12 FEET OF THE EAST 1/2 OF THE NORTHEAST 1/2 OF THE NORTHWEST 1/4 OF SECTION 15, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.			. (
EXCEPT FOR THE FOLLOWING DESCRIBED PROPERTY;				CV	
BEGINNING AT THE SOUTHEAST CORNER OF SAID PREMISES; THENCE NORTH ALONG THE EAST LINE OF SAID PREMISES 135.08 FEET TO A POINT 140.00 FEET SOUTH OF THE SOUTH LINE OF GOLF ROAD; THENCE WEST ALONG A LINE PARALLEL WITH THE SOUTH LINE OF GOLF ROAD 158.00 FEET; THENCE NORTH ALONG A LINE PARALLEL WITH THE EAST LINE OF SAID PREMISES					
15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):					·
	17. Check only if applicable a	and check only one bo	X.		
	Debtor is a Trust or Tr	ustee acting with resp	ect to prop	perty held in trust or	Decedent's Estate
	18. Check only if applicable a		X.		
	Debtor is a TRANSMITTIN		Fransaction	1 — effective 30 years	
	Filed in connection with a				
			Harland	Financial Solution	s land, Oregon 9720

0917519026 Page: 3 of 5

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AME OF FIRST DEBTOR (1a or 1b	k) CAREFULLY	MENT				
- CROANIZATIONES NAME	O) ON RELATED FINANCING STATE					
9a. ORGANIZATION'S NAME GOLF-DEE LAND CO	OMPANY, AN ILLING	OIS CORPO				
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
MISCELLANEOUS:						
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	O/X				S FOR FILING OFFIC	E USE ONLY
ADDITIONAL DEBTOR'S EXACT	FULL LEG/I NAME - insert only one of	ebtor name (11a or 11b) - do not abbrevi	ate or combine	names		
11a. ORGANIZATION'S NAME	Ox					
11b. INDIVIDUAL'S LAST NAME	C	FIRST NAME	N	MIDDLE N		SUFFIX
MAILING ADDRESS		СПУ	S	STATE	POSTAL CODE	COUNTRY
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12b. INDIVIDUAL'S LAST NAME		FIRST NAME	1	MIDDLE 1	NAME	SUFFIX
		CITY	-	STATE	POSTAL CODE	COUNTRY
c. MAILING ADDRESS				<u></u>		<u> </u>
i. This FINANCING STATEMENT covers collateral, or is filed as a fixture filing	timber to be cut or as-extracted	16. Additional collateral description:	4	/		
o window of real actate:			(۷٠ ؍		
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TO THE POINT OF BEGINNING ALSO EXCEPTING THAT FALLING WITHIN EITHER GOL	3. PART OF THE PROPERTY					
	OF THE FAST 1/2 OF THE	=				
PARCEL 2: THAT PART C NORTHEAST 1/4 OF THE NOF TOWNSHIP 41 NORTH, RAN PRINCIPAL MERIDIAN, LYING	GE 12. EAST OF THE THIRD	, ,				
PARCEL 2: THAT PART ON NORTHEAST 1/4 OF THE NORTH BAN	GE 12, EAST OF THE THIRI NORTH OF A LINE NER of above-described real estate	, ,				
PARCEL 2: THAT PART OF NORTHEAST 1/4 OF THE NORTH TOWNSHIP 41 NORTH, RAN PRINCIPAL MERIDIAN, LYING	GE 12, EAST OF THE THIRI NORTH OF A LINE NER of above-described real estate		eck <u>only</u> one bo	X.	operty held in trust or	Decedent's Estate
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0917519026 Page: 4 of 5

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OLLOW INSTRUCTIONS (front and back) CAREFULLY NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATE	MENT				
9a. ORGANIZATION'S NAME GOLF-DEE LAND COMPANY, AN ILLING					
	MIDDLE NAME, SUFFIX	•			
P 9b. INDIVIDUAL'S LAST NAME FIRST NAME					
D. MISCELLANEOUS:					
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11a ORGANIZATION'S NAME					CHEEN
R 11b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE 1	NAME	SUFFIX
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1c. MAILING ADDRESS	ON	_			
14 TAX ID # SSN OR EIN TADD LINEO RE THE THE	1f. JURISDICTION OF ORGA	ANIZATION	11g. ORG	SANIZATIONAL ID#, if ar	_
ORGANIZATION DEBTOR I		401)	<u> </u>		NON
2. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NA	ME - inser only one name (12	a or 12b)	<u> </u>		<u> </u>
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DR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
	CITY	<u> </u>	STATE	POSTAL CODE	COUNTRY
12c. MAILING ADDRESS					
13. This FINANCING STATEMENT covers timber to be cut or as-extracted	16. Additional collateral desc	cription:	>		
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14. Description of real estate: 325.12 FEET SOUTH OF (MEASURED ALONG THE WEST			0.		
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THENCE NORTH ALONG THE EAST LINE OF SAID LAND				C	
TABLE OF COLD BOAD. THENCE MEST ALONG A					
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THE EACT LINE OF SAID LAND 140 FEET 19 1116	1				
SOUTH LINE OF GOLF ROAD; THENCE WEST ALONG THE	` \				
ALONG A LINE PARALLEL WITH THE EAST LINE OF SAID					
15. Name and address of a RECORD OWNER of above-described real estate					
 Name and address of a RECORD DWNER of above described value (if Debtor does not have a record interest): 					
	17. Check only if applicable	and check only one l	OOX.		
	17. Check only if applicable Debtor is a Trust or	Trustee acting with re	spect to pro	operty held in trust or	Decedent's Estate
	18. Check only if applicable	and check only one l	oox.		
	Debtor is a TRANSMITT	ING UTILITY		offentive 30 years	
	Filed in connection with	a Manufactured-Home a Dublic-Einance Tran	e i ransacti isaction	effective for 30 years	
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Harland Financial Solutions

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0917519026 Page: 5 of 5

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