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ucc	FINA	NCINC	STA	TEMENT
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FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A NAME & PHONE OF CONTACT AT FILER [optional] Phone: (800) 331-3282 Fax: (818) 6	62-4141
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	15715 BANK FINANCIAL
CT Lien Solutions	19327274
P.O. Box 29071 Glendale, CA 91209-9071	ILIL FIXTURE
File with: CC IL Co	ook+, IL



Doc#: 0919419037 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 07/13/2009 02:33 PM Pg: 1 of 2

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

	BTOR'S EXACT FULL LEGAL TAN E - insert only one debtor name (1a	or 1b) - do not abbreviate or combine name	es		
	1a. ORGANIZATION'S NAME				
Ì	(a) ORGANIZATION O NAME				
)R		FIRST NAME	MIDDLE	NAME	SUFFIX
	1b. INDIVIDUAL'S LAST NAME	SAMIR	M.		
ì	ELGUINDY		STATE	POSTAL CODE	COLINTRY
1c M	0 STONEHURST DRIVE	ROSELLE	\IL	60172	USA
	ADD'L INFO RE 19. TYPE OF ORGANIZATION ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	GANIZATIONAL ID #, if any	NONE
	DEBTOR DDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one and the second secon	bior name (2a or 2b) - do not abbreviate or	combine	names	
	2a. ORGANIZATION'S NAME				
	ZZ. ORGANIZATION O NAME				
OR	25 INDIVIDITAL'S LAST NAME	FIRST JAM	MIDDLE	NAME	SUFFIX
	ELGUINDY	HOD/X	S.		
		CITY	STATE	POSTAL CODE	COUNTRY
2c. N	MAILING ADDRESS 10 STONEHURST DRIVE	ROSELLE	IL_	60172	USA
	THE OF PROMITATION	2f. JURISDICTION OF ORGANIZATION	2g. OR	GANIZATIONAL ID#, if any	
	ORGANIZATION	<u>C</u> /			NONE
3.5	ECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO	DR S/P) - insert only one secured part / nan	ne (3a or 3	3b)	
	39 ORGANIZATION'S NAME BANKFINANCIAL, F.S.B.	4	-/		
OR	3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDL	E NAME	SUFFIX
	_			E SETAL CODE	COUNTRY
3n 15	MAII ING ADDRESS 5W060 NORTH FRONTAGE ROAD	BURR RIDGE	STATE	FUSTAL CODE FUS27	ÜSÄ

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 the real Property located at 4310 W. Park Lane Dr., Alsip, IL 60803. Parcel ID: 24-27-400-065-0000

5. ALTERNATIVE DESIGNATION [if applicable]	LESSEE/LESSOR C	OHOIOHELIOONOIO	BAILEE/BAILOR	SELLER/BUYER		
6. X This FINANCING STATEMENT is to be filed	[for record] (or recorded) in the	ne REAL 7. Check to REQU applicable [ADDITIONAL]	JEST SEARCH REPOR FEE!	RT(S) on Debtor(s)rootional1	All Debtors Debtor 1 De	ebtor 2
8. OPTIONAL FILER REFERENCE DATA 19327274	cv	•	301/8	45/1902003088		
13321214	(FORM UCCA) (DEV. 05/02/02)		(02)	F	Prepared by UCC Direct Services, P.O. I	30x 2907° 31-3282

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FINANCING STATEM FOLLOW INSTRUCTIONS (front and	ENT ADDENDUM back) CAREFULLY				
9. NAME OF FIRST DEBTOR (1a or 1	·	ATÉMENT			
OR					
96 INDIVIDIJAI 'S LAST NAME ELGUINDY	FIRST NAME SAMIR	MIDDLE NAME, SUFFIX M.			
10. MISCELLANEOUS		,			
19327274-IL-31					
15715 BANK FINANCIAL File with: CC IL Cook+, IL 36	1/045/1902003088 C	:v	THE ABOVE SPACE IS FO	OR FILING OFFICE US	SE ONLY
11. ADDITIONAL DEBTOR'S EXACT	FULL LEG^.L NAME - insert only	one name (11a or 11b) - do not al			
11a. ORGANIZATION'S NAME	3	·			
OR 11b. INDIVIDUAL'S LAST NAME	<u> </u>	FIRST NAME	MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
11d. SEE INSTRUCTION ADD'L INF		N 111 JURISDICTION OF ORGA	NIZATION 11g. Of	 RGANIZATIONAL ID #	, if any
ORGANIZ/ DEBTOR	ATION				NONE
12. ADDITIONAL SECURED PA	RTY'S OF ASSIGNOR S/P	's NAME - inse t or ly <u>one</u> name	(12a or 12b)		
12a. ORGANIZATION'S NAME	<u> </u>	4	(121.21.21.4		
OR 12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
		7		• • • • • • • • • • • • • • • • • • • •	
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
			(0,		
13. This FINANCING STATEMENT covers collateral or is filed as a X fixture filed	timber to be cut or as-extra	cted 16. Additional collateral descr	iption:		
			'5		
14. Description of real estate:)_	
Description: LOT 5 IN PARK A SUBDIVISION OF THE SO OF THE SOUTH 1/2 OF THE	UTH 1/2 OF THE NORTH	1/2			
EAST 50 RODS THEREOF; A	AND ALSO EXCEPT THE			CO	
NORTH 60.00 FEET OF THE THEREOF AND ALSO EXCE	PT THE SOUTH 76.00 FE	ET			
OF THE WEST 158.00 FEET SOUTHEAST 1/4 OF SECTION	N 27. TOWNSHIP 37				
NORTH, RANGE 13, EAST OMERIDIAN, IN COOK COUNT	F THE THIRD PRINCIPAL TY/ILLINOIS. Parcel ID				
24-27-400-065-0000					
15. Name and address of a RECORD OWNI					
(if Debtor does not have a record inten- Standard Bank and Trust Cor	npany, an Illinois Corporat				· · · · · · · · · · · · · · · · · · ·
as Trustee Under a Provision December 7, 2001 and Know	s of a Trust Agreement Da	ted 17. Check only if applicable ar	nd check <u>only</u> one box. rustee acting with respect to pro	perty held in trust	or Decedent's Estate
7800 W. 95th St., Hickory Hill		-18. Check only if applicable ar		· ·	:
		Debtor is a TRANSMITTI	NG UTILITY		
			Manufactured-Home Transaction		3
		Filed in connection with a	Public-Finance Transaction e		irect Services, Inc. P.O. Box 2