UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Phone:(800) 331-3282 Fax: (818) 6	662-4141
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	15715 BANK FINANCIAL
CT Lien Solutions	21463544
P.O. Box 29071 Glendale, CA 91209-9071	ILIL FIXTURE
Estable CO II Co	

Doc#:	0936434023 Fee: \$40.00)
Eugene	'Gene" Moore RHSP Fee:\$10.0	0

Cook County Recorder of Deeds Date: 12/30/2009 09:10 AM Pg: 1 of 3

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		File with:	CC IL Cook+, IL		THE ABOVE SP	PACE IS FOR FI	LING OFFICE USE ONLY	·
1 D	ERTOR'S EXACT FUL	LIEGAL N'ME -	insert only one debtor name (1a	a or 1b) - do no	abbreviate or combine na	ames		
	1a ORGANIZATION'S N)		,			
)R	1b. INDIVIDUAL'S LAST	NAME	-(-	FIRST NAME		MIDDLE	NAME	SUFFIX
	KRZESINSK			JACK		R.		
1c N	MAII ING ADDRESS 747 MASSAS			OAK F	OREST	STATE	POSTAL CODE 60452	USA
1d. Ş	SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICT	ON OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if an	y NONE
2. A	DDITIONAL DEBTOR	S EXACT FULL L	EGAL NAME - insert only one d	ruta name (2a	or 2b) - do not abbreviate	or combine n	ames	
	2a. ORGANIZATION'S N	AME		C				
OR	KRZESINSK	NAME	A Morror -	PATRI	ZIA	MIDDLE	NAME	SUFFIX
2c. N	MAILING ADDRESS 747 MASSAS	SSOIT AVE		OAK F	OREST	STATE IL	POSTAL CODE 60452	COUNTRY
	SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION		ION OF ORGANIZ (110)		ANIZATIONAL ID #, if an	yNONE
3. S			TOTAL ASSIGNEE of ASSIGNO	OR S/P) - insert	only one secured pa ty	ame (3a or 3b)	
	BANKFINAN		.B.			4		
OR	3b. INDIVIDUAL'S LAST	NAME		FIRST NAME		KM DLE	NAME	SUFFIX
3c A 15	MAIFING ADDRESS W060 NORT	H FRONT	AGE ROAD	BURR	RIDGE	STATE	60527	USA
	11000 110111			1		1		1

4. This FINANCING STATEMENT covers the following collateral:

Parcel ID: 28-17-415-024-0000 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. Address: 5834 Corey Lane, Oak Forest, IL 60452

0.7.2.72		CONSIGNOR BAILEE/BAILOR	SELLER/BUYER	AG. LIEN NON-UCC FILING
6. X This FINANCING STATEMENT is to be filed (for record] (or recorded) in the REAL (if explicable)	 Check to REQUEST SEARCH REPORT INTO THE PROPERTY IN THE PROPERTY	ORT(\$) on Debtor(\$) [optional]	All Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA	····			
21463544	DK - 612	137-	1902043404	

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NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FI	NANCING STATEM	ENT				
90 INDIVIDUAL'S LAST NAME KRZESINSKI JACK		R.				
. MISCELLANEOUS						
1463544-IL-31						
5715 BANK FINANCIAL le with: CC IL Cook+, IL 137-1507.043404	DK - 6	12	THE ABOVE SPA	CE IS FOR	FILING OFFICE USE ON	. Y
ADDITIONAL DEBTOR'S EXACT FULL LEG AL AME	- insert only one กล	ame (11a or 11b) - do not	abbreviate or combine	names		
11a. ORGANIZATION'S NAME		(1.20.11.2)				
	2x					OUEEN/
11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE N	AME	SUFFIX
c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
3. MARLING ADDRESS						
d. SEE INSTRUCTION ADD'L INFO RE ORGANIZATION DEBTOR	ORGANIZATION	11. JURISDICTION OF ORG	GANIZATION	11g. ORG	ANIZATIONAL ID#, if any	☐ non
ADDITIONAL SECURED PARTY'S or AS	SSIGNOD S/D's NA	ME - inselt or //v one name	e (12a or 12h)			
12a. ORGANIZATION'S NAME	JOIOHOIT OF 3 HA	HILL - HISE, CO IIV SHE HAIR	5 (124 01 125)			
		γ_{γ}				
12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLEN	IAME	SUFFIX
				0+1+F	DOOTH CODE	COUNTDY
: MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
			(0)			
This FINANCING STATEMENT covers timber to be cut or	r as-extracted	16. Additional collateral des	cription:			
collateral or is filed as a X fixture filing.				9		
collateral or is filed as a X fixture filing.			(
4. Description of real estate:						
Description of real estate: Pescription: PARCEL 1: LOT 48 IN OAK FOR ERRACE, PHASE II-C, BEING A SUBDIVIS ORTH 750.00 FEET OF THE EAST 1/2 OF OUTHWEST 1/4 OF THE SOUTHEAST 1/4 TOWNSHIP 36 NORTH, RANGE 13, EASTHIRD PRINCIPAL MERIDIAN, IN COOK COLLINOIS. PARCEL 2: EASEMENT APPURT ND FOR THE BENEFIT OF PARCEL 1 AFOR ET FORTH IN DECLARATION RECORDED OCUMENT 23358154 AND AS SUPPLEMENUPLEMENT DECLARATIONS RECORDED OCUMENT 23759116 AND 23838571 AND REATED BY DEED FROM MARQUETTE NEANK TRUST NO. 7493 TO NANCY RODIGING CORDED MARCH 3, 1978 AS DOCUMENT	GION OF THE THE OF SECTION ST OF THE DUNTY, TENANT TO DRESAID AS ENTED BY ED AS IATIONAL HJERO NT 24349673					
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Description of real estate: escription: PARCEL 1: LOT 48 IN OAK FOR ERRACE, PHASE II-C, BEING A SUBDIVIS ORTH 750.00 FEET OF THE EAST 1/2 OF OUTHWEST 1/4 OF THE SOUTHEAST 1/4 7, TOWNSHIP 36 NORTH, RANGE 13, EASHIRD PRINCIPAL MERIDIAN, IN COOK COLINOIS. PARCEL 2: EASEMENT APPURT ND FOR THE BENEFIT OF PARCEL 1 AFOR ET FORTH IN DECLARATION RECORDED OCUMENT 23358154 AND AS SUPPLEME UPPLEMENT DECLARATIONS RECORDED OCUMENT 23759116 AND 23838571 AND REATED BY DEED FROM MARQUETTE NANK TRUST NO. 7493 TO NANCY RODIGING ECORDED MARCH 3, 1978 AS DOCUMENT.	GION OF THE THE OF SECTION ST OF THE DUNTY, TENANT TO DRESAID AS ENTED BY ED AS IATIONAL HJERO NT 24349673	Debtor is a Trust or	Trustee acting with respe			Decedent's Estat
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NANCING STATEM	ENT ADDENDUM back) CAREFULLY				
	b) ON RELATED FINANCING STATE	MENT			
9h INDIVIDIJAL'S LAST NAME KRZESINSKI	FIRST NAME JACK	MIDDLE NAME, SUFFIX R.			
MISCELLANEOUS					
163544-IL-31 715 BANK FINANCIAL	Occasion BK	040			
	7-1(·0/2043404 DK -	·	THE ABOVE SPACE IS F		E ONLY
ADDITIONAL DEBTOR'S EXACT 11a. ORGANIZATION'S NAME	FULL LEG AL AME - insert only one	name (11a or 11b) - do not a	poreviate of compile name	:5	
11b. INDIVIDUAL'S LAST NAME	<u>O</u> x	FIRST NAME	MIDDLI	E NAME	SUFFIX
TID. INDIVIDUAL S LAST HAVE					
MAILING ADDRESS	0,	CITY	STATE	POSTAL CODE	COUNTRY
SEE INSTRUCTION ADD'L INFORGANIZA		H. JURISDICTION OF ORGA	ANIZATION 11g. O	RGANIZATIONAL ID #,	if any NONE
DEBTOR					
ADDITIONAL SECURED PA	RTY'S <u>or</u> ASSIGNOR S/P's N	IAME - inset or ly one name	(12a or 12b)	M. 2. (24)	
12b. INDIVIDUAL'S LAST NAME	-	FIRST NAME	MIDDL	E NAME	SUFFIX
MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
This FINANCING STATEMENT covers colleteral or is filed as a fixture fi	timber to be cut or as-extracted ling.	16. Additional collateral descri	ription:		
Description of real estate: DR INGRESS AND EGRES Parcel ID: 28-17-415-024-	S. PIN #28-17-415-024-0000 0000				
Name and address of a RECORD OWN (if Debtor does not have a record inter		17. Check only if applicable a	and check only one box		
			rustee acting with respect to pr	operty held in trust	or Decedent's Estate
		18. Check only if applicable a	nd check <u>only</u> one box.		
		Debtor is a TRANSMITTI	ING UTILITY a Manufactured-Home Transact	ion - effective 30 veers	