



Doc#: 1008134094 Fee: \$38.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 03/22/2010 03:35 PM Pg: 1 of 2

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Yevhen: Litot ("without prejudice")  
In care of; 3415 North Oketo Avenue  
Chicago Non-Domestic is in real Illinois land  
Not Federal Regional District or fiction military  
Venue ("IL") zip code exempt (DMM 122.32)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S LAST NAME: LITOT  
FIRST NAME: YEVHEN  
MIDDLE NAME:   
SUFFIX:   
1c. MAILING ADDRESS: 3415 N OKETO AVE  
CITY: CHICAGO  
STATE: IL  
POSTAL CODE: 60634  
COUNTRY: US  
1d. TAX ID #: 350980617  
SSN OR EIN:   
ADD'L INFO RE ORGANIZATION DEBTOR:   
1e. TYPE OF ORGANIZATION:   
1f. JURISDICTION OF ORGANIZATION:   
1g. ORGANIZATIONAL ID #, if any:  NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME: BANK OF AMERICA, NA

OR

2b. INDIVIDUAL'S LAST NAME:   
FIRST NAME:   
MIDDLE NAME:   
SUFFIX:   
2c. MAILING ADDRESS: 100-134 NORTH TRYON STREET  
CITY: CHARLOTTE  
STATE: NC  
POSTAL CODE: 28202  
COUNTRY: US  
2d. TAX ID #:   
SSN OR EIN:   
ADD'L INFO RE ORGANIZATION DEBTOR:   
2e. TYPE OF ORGANIZATION:   
2f. JURISDICTION OF ORGANIZATION:   
2g. ORGANIZATIONAL ID #, if any:  NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME

OR

3b. INDIVIDUAL'S LAST NAME: Litot  
FIRST NAME: Yeven  
MIDDLE NAME:   
SUFFIX:   
3c. MAILING ADDRESS: In care of; 3415 North Oketo Avenue  
CITY: Chicago  
STATE: Ill  
POSTAL CODE: Near [60634]  
COUNTRY: USA

4. This FINANCING STATEMENT covers the following collateral:

CONSTRUCTIVE NOTICE: All of debtor's assets, land, and personal property, and all debtor's interest in said assets, land, and personal property, now owned and hereafter acquired, now existing and arising, and wherever located [CIRCUIT COURT OF COOK COUNTY, ILLINOIS COUNTY DEPARTMENT - CHANCERY DIVISION No. 09 CH 014430], described fully in Security Agreement No. YL-040758-SA dated the Seventh Day of the Fourth Month in the Year of Our Lord One Thousand Nine Hundred Fifty eight. Inquiring parties may consult directly with debtor for ascertaining, in detail, the financial relationship and contractual obligations associated with this commercial transaction, identified in the security agreement referenced above. Adjustment of this filing is in accord with UCC 1-103, 1-104, and House Joint Resolution 192 of June 5, 1933. Secured Party accepts Debtor's signature in accord with UCC 1-201(39), 3-401. the Secured Party (Yevhen: Litot). COOK COUNTY RECORDER OF DEEDS DOCUMENT # 0407204068 (MORTGAGE) RELEASED BY DOCUMENT # 0906503047 (NOTICE OF RECONVEYANCE)

5. ALTERNATIVE DESIGNATION [if applicable]:  LESSEE/LESSOR  CONSIGNEE/CONSIGNOR  BAILEE/BAILOR  SELLER/BUYER  AG. LIEN  NON-UCC FILING

6. This FINANCING STATEMENT is to be filed [for record] [or recorded] in the REAL ESTATE RECORDS. Attach Affidavit  7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [if applicable] (ADDITIONAL FEE) [optional]  All Debtors  Debtor 1  Debtor 2

8. OPTIONAL FILER REFERENCE DATA

*Handwritten initials/signature*

# UNOFFICIAL COPY

## UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

### 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

|                            |            |                     |
|----------------------------|------------|---------------------|
| 9a. ORGANIZATION'S NAME    |            |                     |
| OR                         |            |                     |
| 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME, SUFFIX |
| LITOT                      | YEVHEN     |                     |

### 10. MISCELLANEOUS:

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### 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

|                             |                                   |                           |                              |                                  |                               |
|-----------------------------|-----------------------------------|---------------------------|------------------------------|----------------------------------|-------------------------------|
| 11a. ORGANIZATION'S NAME    |                                   |                           |                              |                                  |                               |
| OR                          |                                   |                           |                              |                                  |                               |
| 11b. INDIVIDUAL'S LAST NAME |                                   | FIRST NAME                | MIDDLE NAME                  | SUFFIX                           |                               |
|                             |                                   |                           |                              |                                  |                               |
| 11c. MAILING ADDRESS        |                                   | CITY                      | STATE                        | POSTAL CODE                      | COUNTRY                       |
|                             |                                   |                           |                              |                                  |                               |
| 11d. TAX ID #: SSN OR EIN   | ADD'L INFO RE ORGANIZATION DEBTOR | 11e. TYPE OF ORGANIZATION | JURISDICTION OF ORGANIZATION | 11g. ORGANIZATIONAL ID #, if any | <input type="checkbox"/> NONE |
|                             |                                   |                           |                              |                                  |                               |

### 12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

|                             |  |            |             |             |         |
|-----------------------------|--|------------|-------------|-------------|---------|
| 12a. ORGANIZATION'S NAME    |  |            |             |             |         |
| OR                          |  |            |             |             |         |
| 12b. INDIVIDUAL'S LAST NAME |  | FIRST NAME | MIDDLE NAME | SUFFIX      |         |
|                             |  |            |             |             |         |
| 12c. MAILING ADDRESS        |  | CITY       | STATE       | POSTAL CODE | COUNTRY |
|                             |  |            |             |             |         |

13. This FINANCING STATEMENT covers  timber to be cut or  as-extracted collateral, or is filed as a  fixture filing.

14. Description of real estate:

THE WEST 20 FEET OF THE SOUTH 1/2 OF THE SOUTH 1/2 OF LOT 71 AND THE SOUTH 1/2 OF LOT 72 IN COLLINS AND GAUNTLETT'S FIRST SUBDIVISION OF THE EAST 1/2 OF FRACTIONAL SECTION 24, TOWNSHIP 40 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS PIN: 1224412042

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

16. Additional collateral description:

17. Check only if applicable and check only one box.

Debtor is a  Trust or  Trustee acting with respect to property held in trust or  Decedent's Estate

18. Check only if applicable and check only one box.

Debtor is a TRANSMITTING UTILITY  
 Filed in connection with a Manufactured-Home Transaction — effective 30 years  
 Filed in connection with a Public-Finance Transaction — effective 30 years