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6					LULDUR 1994 BANK BERN HARA AND E	1914 18 141 181 54 (
(B)	UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY				1000 C 420076					
(3)	A. NAME & PHONE OF C				Doc#: 10085	540026	S Fee: \$40.00 RHSP Fee:\$10.00			
	B. SEND ACKNOWLEDG	MENT TO: (Nam	ne and Address)		Eugene "Gene"	Woole i	of Deeds			
.1	The	brald	Appleis	\neg	Cook County Re Date: 03/26/201	0 09:57	AM Pg: 1 of 3			
1/2	300	N La	Hopkins Salle 2100							
\sim		Suite	2100							
0,		Chyo "	Del 60654							
∞					THE ABOVE SPA	CE IS FO	R FILING OFFICE US	! ONLY		
COC,	1. DEBTOR'S EXACT FULL LEGAL : Insertonly gas debtor name (1s or 1b) - do not abbreviate or combine names									
8888888 (S)	18. ORGANIZATION'S NAME									
~	OR LSC Illinois	Corp.		FIRST NAME		IMIDDLE	MANE	SUFFIX		
7	IV. INDIVIDUAL SCASTIN	K. I. I. I.		FIRST NAME		MILLLE	NAME	SOFFIX		
,	1c. MAILING ADDRESS		0×	CITY		STATE	POSTAL CODE	COUNTRY		
7	2036 W. 79th St	treet		Chicago		IL	60620	USA		
1/2	1d. SEE INSTRUCTIONS		1e. TYPE OF ORGANIZATION	17. JURISDICTION C	FORGANIZATION		ANIZATIONAL ID #, if any			
90		DEBTOR	corporation	Delaware		DE2	657214	NONE		
,		2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one del for purp. (2s or 2b) - do not abbreviate or combine names								
	2s. ORGANIZATION'S NA	AME		τ_{\sim}						
	OR 2b. INDIVIOUAL'S LAST I	NAME		FIRST NAME		IMIDDLE	NAME	ISUFFIX		
),					
	2c. MAILING ADDRESS			CITY	92	STATE	POSTAL CODE	COUNTRY		
					1//					
•	2d. SEEINSTRUCTIONS	ADD'L INFO RE ORGANIZATION	26. TYPE OF ORGANIZATION	21. JURISDICTION C	FORGANIZATION	2g. ORG/	ANIZATIONAL ID#, if any			
		DEBTOR	<u> </u>					NONE		
	3. SECURED PARTY'S	. SECURED PARTY'S NAME (or NAME of YOTAL ASSIGNEE of ASSIGNOR SIP) - insert only one secured party name (3e or 3b)								
		Se. ORGANIZATION'S NAME								
	OR 35 INDIVIDUAL'S LAST	NAME DRITIK	·	FIRST NAME	· •·· · · · · · · · · · · · · · · · · ·	TMIÔT LET	NAME	SUFFIX		
						(2			
	3c, MAILING ADDRESS			cmy		STATE	POS ALCO DE	COUNTRY		
_	222 S. Riverside	e Plaza, 30t	h Floor	Chicago		IL	60606	USA		
'	4. This FINANCING STATEME	NT covers the follow	ing colleteral:			-	1/0			
	All fixtures now or	hereafter ow	ned by debtor and atta	ched to or con	tained in and used i	n conn	ection with the	al property		
	described in Exhib	it A hereto, i	ncluding, without limita	ition, all appai	ratus, machinery, eq	luipme	nt, motors, elevac	ors, fittings,		
	radiators, furnaces	ı, stoves, micr	owave ovens, awnings,	shades, screen	s, blinds, office equ	ipment	, trash and garba	ge removal		
	equipment, carpeti	ing and other	furnishings, and all plu	ımbing, heatin	g, lighting, cooking	, laund	ry, ventilating, re	frigerating,		
			onveyor, security, sprin lacements thereof or ar							
	attached to such in			rictes in anditi	tution therefor, Whe	ruel 01	not the same are	: of snall de		
		-1	,							

Box 400-CTCC



5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR CONSIGNEE	CONSIGNOR BAILEE/BAILOR	SELLER/BUYER AG. L	EN NON-UCC FILING
This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if epollopite)	7. Check to REQUEST SEARCH REPORT (ADDITIONAL FEE)	tT(S) on Debtor(s) All Debto	ns Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA			
(2072383)			

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JCC FINANCING		NT ADDENDUM		!			
		N RELATED FINANCING STA	TEMENT				
9a. ORGANIZATION'S N		TILERIED I III DIONIO ONI					
LSC Illinois Co							
Pb. INDIVIDUAL'S LAST		FIRST NAME	MIDDLE NAM	STIFFIX			
M. INDIVIDUAL S DAST	TWO IS	PRO INME	nnogee (way)	,, ,,,,			
). MISCELLANEOUS:							
	000	9/4		THE AB	OVE BPACE	IS FOR FILING OFF	FICE USE ONLY
ADDITIONAL DERTO	R'S EXACT FULL	LEG. L / AME - insert only one	name (11e or 11b) - do	not abbreviate or combine	names		
11a. ORGANIZATIONS		- Heart Old AV		June 11 Total Or Southware			
	-	0~					
11b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDOLE	NAME	SUFFIX
							ļ
1c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION	11e. TYPE OF ORGANIZATION	111. J' RISDICTION	OF ORGANIZATION	11g, OR(SANIZATIONAL ID #, if	
	DEBTOR				1		□nc
ADDITIONAL SE	CURED PARTY'S	ASSIGNOD SID	S NAME PAR	<u>yos</u> name (12a or 12b)	<u> </u>		
2. ADDITIONAL SE	JAME TARITS	B I ASSIGNOR SIFE	3 NAME - INSET JIII	/ <u>K18</u> name (128 or 120)			
Tab. On Grand Tribing	WWIL			(/,			
R				<u> </u>			
12b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
C. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
			40		<i></i>		
3. This FINANCING STATE		ber to be cut or as-extracted	16. Additional collet	and description:	()/\		
collateral, or is filed as a	Inture filling.				T		
Description of real estate	:					0	
See Exhibit A atta	ched hereto.				(
						·C	
							\circ
		•					
i. Name and address of a f	ECORD OWNER of -	hove described real salate	1				
(if Debtor does not have		MAIA GASANINSA ISBI SERIE	1				
-	•						
			17. Check only if ac	plicable and check <u>only</u> or	ne box.		
				t or Trustee acting v		roperty held in Irust - ~	Decedents Fate
				plicable and check <u>only</u> o			
			} 		w DOR.		
			II I Dahan la a 704	NSMITTING UTILITY			
			H Decide is a 170	NOMITTING UTILITY			
				on with a Manufactured+	iome Transaction	1	

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EXHIBIT "A" LEGAL DESCRIPTION

PARCEL 1:

LOTS 16, 17, 18 AND 19 IN CLARK AND KOLB SUBDIVISION OF BLOCK 55 IN DEWEY AND VANCE SUBDIVISION IN THE SOUTH 1/2 OF SECTION 30, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 2.

ARCEL 2.

LOTS 20, 21, 22, 23, 27

AND VANCE SUBDIVISION IN THE
EAST OF THE THIRD PSINCIPAL MERI.

2030 316 030-036

OSD

2036 W79th

(Myo III)