A. NAME & PHONE OF CONTACT AT FILER [optional] Phone:(800) 331-3282 Fax: (818) 662-4141					
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	15715 BANK FINANCIAL				
	· ·				
CT Lien Solutions	22596963				
P.O. Box 29071					
Glendale, CA 91209-9071					
	FIXTURE				
File with: CC IL Cook+, IL					



Doc#: 1009134021 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 04/01/2010 08:51 AM Pg: 1 of 2

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. D	EBTOR'S EXACT FULL	LEGAL NAME -	insert only one_debtor name (1a	or 1b) - do not abbreviate or combine names			
)R	1a. ORGANIZATION'S NA CMHDC PRO	ME					
	1b. INDIVIDUAL'S LAST N	NAME	Ž	FIRST NAME	MIDDLE	NAME	SUFFIX
	OW ADAMS	ST, SUITE	1710	CHICAGO	STATE	POSTAL CODE 60606	USA
1d. <u>S</u>	SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORCANIZATION LLC	11. JURISDICTION OF ORGANIZATION		ANIZATIONAL ID #, if any 93231	NONE
2. Al	DDITIONAL DEBTOR'S	EXACT FULL LE	EGAL NAME - insert only (<u>ne</u> de	btor name (2a or 2b) - do not abbreviate or c	ombine na	mes	
)R	CHICAGO M		LITAN HOUSING D	EVELOPMENT CORPOR	RATIO	N	
21	2b. INDIVIDUAL'S LAST N	IAME		F RST NAME	MIDDLE	NAME	SUFFIX
	AILING ADDRESS	ST., SUIT	E 1710	CHICAGO	STATE	POSTAL CODE 60606	USA
2 d . <u>S</u>	EE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION CORPORATION	2f. JURISDICTION OF ORGANIZATION		ANIZATIONAL ID #, if any 71086	NONE
3. SI			TOTAL ASSIGNEE of ASSIGNOR	R S/P) - insert only one_secured party name	(3a or 3b)		
	BANKFINAN		.B.	0/1			
)R !	3b. INDIVIDUAL'S LAST N	IAME		FIRST NAME	MIDDLE	NAME	SUFFIX
	W060 NORTH	H FRONTA	AGE ROAD	BURR RIDGE	STATE IL	SU527	USA

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 7955-7959 S. Paulina St./1648-1652 W. 80TH St., Chicago, IL 60620. Parcel ID: 20-31-206-021-0000

5. ALTERNATIVE DESIGNATION [if applicable]		/CONSIGNOR BAILEE/BAILOR	SELLER/BUYER	AG. LIEN NON-UCC FILING
This FINANCING STATEMENT is to be file ESTATE RECORDS. Attach Addendum	d [for record] (or recorded) in the REAL (if applicable)	 Check to REQUEST SEARCH REPORTS CADDITIONAL FEET 	DRT(S) on Debtor(s) [optional]	All Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA				
22596963	RN	301/	849/1902044052	

1009134021 Page: 2 of 2

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FINANCING STATEME FOLLOW INSTRUCTIONS (front and back	NT ADDENDUM	1		
9. NAME OF FIRST DEBTOR (1a or 1b)		TEMENT		
9a. ORGANIZATION'S NAME				
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX		
10. MISCELLANEOUS	<u></u>			
22596963-IL-31				
15715 BANK FINANCIAL File with: CC IL Cook+, IL 201/	849/1902044052 R	ı n	THE AROUS SPACE IS EOR	UI INC OFFICE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FUI	CECAL NAME - insert only o	ne name (11a or 11b) - do not a	THE ABOVE SPACE IS FOR F	ILING OFFICE USE ONLY
11a. ORGANIZATION'S NAME	The service in the se	name (The or The) de More	bolovide of combine names	
OR11b. INDIVIDUAL'S LAST NAME	0.	EIDOT NAME	Luppieve	LOUEEN,
TTD. INDIVIDUAL 3 LAST NAME		FIRST NAME	MIDDLE NA	ME SUFFIX
11c. MAILING ADDRESS	C	CITY	STATE P	OSTAL CODE COUNTRY
11d. <u>SEE INSTRUCTION</u> ADD'L INFO R ORGANIZATIO DEBTOR		11f. JURISDICTION OF ORG	ANIZATION 11g. ORGA	NIZATIONAL ID #, if any
12. ADDITIONAL SECURED PART 12a ORGANIZATION'S NAME	Y'S or ASSIGNOR S/P	's NAME_insurt only <u>one_</u> name	(12a or 12b)	
DR 12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NA	ME SUFFIX
		<i>'</i>		
12c. MAÍLING ADDRÉSS		CITY	STATE P	OSTAL CODE COUNTRY
This FINANCING STATEMENT covers collateral or is filed as a fixture filing.	timber to be cut or as-extrac	ted 16. Additional collateral desc	ription:	
14. Description of real estate: Description: LOTS 146 AND 14 WESTFIELD SUBDIVISION IN 7 SECTION 31, TOWNSHIP 38 NO OF THE THIRD PRINCIPAL ME COUNTY, ILLINOIS. Parcel I	FHE NORTHEAST 1/4 C ORTH, RANGE 14, EAS RIDIAN, IN COOK	PF T	O	C _O
15. Name and address of a RECORD OWNER of (if Debtor does not have a record interest):				74 6 7 7
		17. Check only if applicable a	nd check only one boy	
			rustee acting with respect to property	y held in trust or Decedent's E
		18. Check only if applicable a	nd check <u>only</u> one box.	
		Debtor is a TRANSMITTI		
		112	Manufactured-Home Transaction	
		Filed in connection with a	Public-Finance Transaction	reported by CT Line Calulines B.O. Pay