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Corporation Service Company SUITE 2320 33 North LaSalle Street Chicago, IL 60602 433876-2



Doc#: 1018131130 Fee: \$42.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds

Date: 06/30/2010 04:12 PM Pg: 1 of 4

DEBTOR'S EXACT FULL LEGAL NAME - insertonly one debtor name (1a or 1b) - do not abbreviate or combine names 1a. ORGANIZATION'S NAME			E SPACE IS FOR FILING OFFICE USE ONLY			
1a. ORGANIZATION'S	NAME NAME - insertonly one debtor n	ame (1a or 1b) -do not abbreviste or combine names		0.1102	JOE ONL 1	
OR SAHI, INC.			·			
1c. MAILING ADDRESS	TNAME	FIRST NAME	MIDDLE	MIDDLE NAME		
	AMBRIDGE DRIVE	SCHERERVILLE	STATE IN	POSTAL CODE	COUNTRY	
	ADD'L NIFO RE 10. TYPE OF ORGANIZATION CORP	IN	1001	ANIZATIONAL ID #, If an	y	
2a. ORGANIZATION'S	DK 5 EXACT FULL LEGAL NAME - Inse	nt only g sa d blo name (2a or 2b) - do not abbreviate or com	bine names		NON	
OR 2b. INDIVIDUAL'S LAS		FIRST NAME				
		0,	MIDDLE NAME		SUFFIX	
2c. MAILING ADDRESS 2d. SEEINSTRUCTIONS		сту	STATE	POSTAL CODE	COUNTRY	
AU. MERINGIRUS IRUS	ADD'L INFO RE 2e. TYPE OF ORGANIZ ORGANIZATION DEBTOR	ZATION 21. JURISDICTION OF OR A SEZATION	2g. ORGA	I MIZATIONAL (D#, If any		
3. SECURED PARTY		SIGNOR S/P) - insert only one secured party name (Sec. 31)			None	
			<u> </u>			
OR STANDARD	BANK & TRUST COM		7			
3c. MAILING ADDRESS	TYNE	FIRST NAME	N DILEN	AMÉ	SUFFIX	
7800 W. 95TH		HICKORY HILLS	STATE IL	POSTAL CODE	COUNTRY	
4. This FINANCING STATEM	ENT covers the following collateral:	THOUSE THE SECOND	IL	60457	USA	

All personal and fixture property of every kind and nature including without limitation all goods (including inventory, equipment and any accessions thereto), instruments (including promissory notes), documents, accounts, chattel paper (whether tangible or electronic), deposit accounts, letter-of-credit rights (whether or not the letter of credit is evidenced by a writing), commercial tort claims, securities and all other investment property, supporting obligations, any other contract rights or rights to the payment of money, insurance claims and proceeds, and all (See Attached Addendum)

5. ALTERNATIVE DESIGNATION (7 applicable): LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING ESTATE RECORDS. As Addressed (or recorded) in the REAL T. Check to RECUEST SEARCH REPORT(S) on Debtor(S) 6. OPTIONAL FILER REPERENCE DATA 6. OPTIONA
IL-Cook County

1018131130 Page: 2 of 4

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TOM NOTION	(front and back) C						
NAME OF FIRST DEBT	FOR (1a or 1b) Of	N RELATED FINANCING STATI	EMENT				
9a. ORGANIZATION'S NA	ME						
SAHL INC.		IFIRST NAME	MIDDLE NAME SUFFIX				
96. INDIVIDUAL'S LAST N	IAME	FIRST NAME					
.MISCELLANEOUS: II	-Cook Cour	+ v					
•	D 00						
	C	A				S FOR FILING OFFIC	E USE ONLY
ADDITIONAL DEBTO		L LF.G/ L NAME - insert only one na	rne (11a or 11b) - do not abbrev	ate or combine name	<u> </u>		
		0.5					
R 116. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE	IAME	SUFFIX
IC. MAILING ADDRESS		- Co	СПУ		STATE	POSTAL CODE	COUNTRY
d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DESTOR	11e. TYPE OF ORGANIZATION	TITE JURISDICTION OF ORGA	NIZATION	11g. ORG] IANIZATIONAL ID #, If a	ny No
ADDITIONAL SE	CURED PARTY	'S et ASSIGNOR S/P'S	NAME - / ise t only one name	(12s or 12b)			
12a. ORGANIZATION'S	NAME		40				
12b. INDIVIDUAL'S LAS	TNAME		FIRST NAME		MIDOLE	NAME	SUFFIX
2c. MAILING ADDRESS			СПҮ	C	STATE	POSTAL CODE	COUNTRY
3. This FINANCING STATE	MENT covers ti	mber to be cut or as-extracted	15. Additional collateral desc				
colleteral, or is filed as a	fixture filing.	_	intangibles).;		y of	the foregoing sions, addit:	ng is owne
 Description of real estate See Attached 		cription	or acquired la replacements the foregoing; any of the foregoint	and substitution all record pregoing; all	otion ls of ll pr ling	s relating to any kind re occeds relat incurance,	o any of lating to ing to any
			incangibles a:			()	
15. Name and address of a (if Debtor does not have		of above-described real estate	Tilldigibles a:				
		of above-described real estate	Tilldigibles a:				
(if Debtor does not have HARJIT SAHI 1217 EAST CA	e a record interest): MBRIDGE DRI	IVE	17. Check <u>goly</u> if applicable	and check <u>enly</u> one by	3 0.		
(if Debtor does not have HARJIT SAHI	e a record interest): MBRIDGE DRI	IVE	17. Check <u>only</u> if applicable Debtor is a Trust or	Trustee acting with	respect to	property held in trust of	
(if Debtor does not have HARJIT SAHI 1217 EAST CA	e a record interest): MBRIDGE DRI	IVE	17. Check <u>goly</u> if applicable	Trustee acting with	respect to	property held in truet o	
(if Debtor does not have HARJIT SAHI 1217 EAST CA	e a record interest): MBRIDGE DRI	IVE	17. Check galy if applicable Debtor is a Trust or 18. Check galy if applicable Debtor is a TRANSMITT	Trustee acting with I and check <u>gnby</u> one bo ING UTILITY	respect to ox.		
(if Debtor does not have HARJIT SAHI 1217 EAST CA	e a record interest): MBRIDGE DRI	IVE	17. Check galy if applicable Debtor is a Trust or 18. Check galy if applicable	Trustee acting with I and check galy one but ING UTILITY a Manufactured-Horne	respect to ox. Transacti	on — effective 30 years	

1018131130 Page: 3 of 4

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CC FINANCIN	G STATEME	NT ADDENDU	M				
LLOW INSTRUCTION	RTOR (1s or 1s) Of	N RELATED FINANCING	STATEMENT				
9a. ORGANIZATION'S	NAME						
SAHL INC.							
9b. INDIVIDUAL'S LAS	TNAME	FIRST NAME	MIDOLE NAME, SUF	FIX			
MISCELLANEOUS:	IL-Cook Coun	ty	1				
	00						
	100			THE AB	OVE SPACE I	S FOR FILING OFF	CE USE ONLY
ADDITIONAL DER	TOR'S EXACT FULL	LFGV L NAME - insert onh	one name (11a or 11b) - do not at	breviste or combine	names		
1. ADDITIONAL DEB		EL.G.E IV-IVIE - INIGHTONIA				***	
		O.c			-		
11b. INDIVIDUAL'S LA	AST NAME		FIRST NAME	•	MIDDLE	NAME	SUFFIX
1c. MAILING ADDRESS	<u> </u>		CITY		STATE	POSTAL CODE	COUNTRY
1d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATE	ON JURISDICTION OF O	RGANIZATION	11g. ORG	SANIZATIONAL ID#, If a	Iny NO
2. ADDITIONAL S	ECURED PARTY	S or ASSIGNOR	S/P'S NAME - inset only goe	name (12s or 12b)			
12a. ORGANIZATION	SNAME						
			<u> </u>				SUFFIX
12b, INDIVIDUAL'S L	AST NAME		FIRST NAME	7	MOOLE	NAME	SUPPIX
			<u> </u>		STATE	IPOSTAL CODE	COUNTRY
2c. MAILING ADDRESS			СТҮ	し	- BIRIL	I GOTAL GODE	
		mber to be cut or se-extr	racted 16. Additional collateral	description		<u> </u>	
 This FINANCING STA collateral, or is filed a 		mber to be cut or as-ext	SCORG FO. Additional consuman	description.	Z ,		
14. Description of real es					0.1		
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						175.	
			1			10-	
						9	
	of a RECORD OWNER of a record interest):	of above-described real estate					
JASWINDER S						<u></u>	
	AMBRIDGE DRI		17. Check <u>only</u> if applic	able and check goly	one box.		
SCHERERVILI	LE, IN USA 46	3313				property held in trust	Decedent's Es
			18. Check <u>enty</u> if applic		one box.		
			Debtor is a TRANS				
			11 I				
				with a Manufactured with a Public-Financ		ion — effective 30 years	

1018131130 Page: 4 of 4

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IN DOCUMENT 302200] IN LANSING TORRENCE MANOR RESURDIVISION BEING A SUBDIVISION IN THE SOUTHWEST (40 OF SECTION 31, TOWNSHIP 20 NOTH. RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, MY THERDER TECTORED DECEMBER 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, MY COMMONITY KNOWN AS 15, TOWNSHIP 20, THE THIRD THE THIRD PRINCIPAL MERIDIAN, MY COMMONITY KNOWN AS 15, 18555 TORRENCE AVENUE. 10.31-318-047-0000 15. Sand Meridige Drive 17. Constant and asset (1) The second principal and the second princip	13. This FINANCING STATEMENT covers the base of the color of assessment of its fleet to a Mill forume filing. 14. Description of real sense: LOT 89. LOT 90 AND LOT 91 (EXCEPT THAT PART THEREOF TAKEN FOR HIGHWAY PURPOSES AS SHOWN	12c MALING ADDRESS	12b INDIVIDUAL'S LASI NAME
Day P applicable Trust up Trus	16. Additional collaboratismscription:	מדיץ	FINAL MARKET
ped is properly held in lites. or commencion clien Harriand Financial Solutions 400 S.W. 8in Avenue, Portland		NIAIE POSIAL CODE	
Docadont's Estate		COOMIR	COLINTRY