

# UNOFFICIAL COPY



Doc#: 1126404033 Fee: \$38.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 09/21/2011 09:54 AM Pg: 1 of 2

## UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

**GREENCHOICE BANK**  
**5225 W. 25TH STREET**

**CICERO, IL 60804**

2011264432/8862050

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 <b>LEWANDOWSKI</b>	FIRST NAME <b>ANTHONY</b>	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS <b>61 N. EDGEWOOD</b>	CITY <b>LA GRANGE</b>	STATE <b>IL</b>	POSTAL CODE <b>60525</b>
		COUNTRY <b>USA</b>	

1d. SEE INSTRUCTIONS    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

OR

2b. INDIVIDUAL'S LAST NAME <b>LEWANDOWSKI</b>	FIRST NAME <b>JANET</b>	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS <b>61 N. EDGEWOOD</b>	CITY <b>LA GRANGE</b>	STATE <b>IL</b>	POSTAL CODE <b>60525</b>
		COUNTRY <b>USA</b>	

2d. SEE INSTRUCTIONS    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  
**GREENCHOICE BANK, FSB**

OR

3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS <b>5225 W. 25TH STREET</b>	CITY <b>CICERO</b>	STATE <b>IL</b>	POSTAL CODE <b>60804</b>
		COUNTRY <b>USA</b>	

4. This FINANCING STATEMENT covers the following collateral:  
**151 IN WEST END ADD TO LA GRANGE, BEING A SUBDIVISION IN SECTION 05, TOWNSHIP 38 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, IL**

P.I.N. 18-05-211-010-0000

S Y

P 2

S N

SC X

INT UB

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) (for recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable)    7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional)     All Debtors     Debtor 1     Debtor 2

8. OPTIONAL FILER REFERENCE DATA

# BOX 333-CT

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**UCC FINANCING STATEMENT ADDITIONAL PARTY**
**FOLLOW INSTRUCTIONS (front and back) CAREFULLY**
**19. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT**

19a. ORGANIZATION'S NAME			
OR	19b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
	<b>LEWANDOWSKI</b>	<b>ANTHONY</b>	

**20. MISCELLANEOUS:**
**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**
**21. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (21a or 21b) - do not abbreviate or combine names**

21a. ORGANIZATION'S NAME					
<b>LEWANDOWSKI FAMILY TRUST DATED OCTOBER 3, 2008</b>					
OR	21b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
21c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
<b>61 N. EDGEWOOD</b>		<b>LA GRANGE</b>	<b>IL</b>	<b>60525</b>	<b>USA</b>
21d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	21e. TYPE OF ORGANIZATION	21f. JURISDICTION OF ORGANIZATION	21g. ORGANIZATIONAL ID #, if any	
	<b>INDIVIDUAL TR</b>			<input checked="" type="checkbox"/> NONE	

**22. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (22a or 22b) - do not abbreviate or combine names**

22a. ORGANIZATION'S NAME					
OR	22b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
22c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
					<b>USA</b>
22d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	22e. TYPE OF ORGANIZATION	22f. JURISDICTION OF ORGANIZATION	22g. ORGANIZATIONAL ID #, if any	
				<input type="checkbox"/> NONE	

**23. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (23a or 23b) - do not abbreviate or combine names**

23a. ORGANIZATION'S NAME					
OR	23b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
23c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
					<b>USA</b>
23d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	23e. TYPE OF ORGANIZATION	23f. JURISDICTION OF ORGANIZATION	23g. ORGANIZATIONAL ID #, if any	
				<input type="checkbox"/> NONE	

**24. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (24a or 24b)**

24a. ORGANIZATION'S NAME					
OR	24b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
24c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

**25. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (25a or 25b)**

25a. ORGANIZATION'S NAME					
OR	25b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
25c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

**FILING OFFICE COPY - UCC FINANCING STATEMENT ADDITIONAL PARTY (FORM UCC1AP) (REV. 05/22/02)**