## UNOFFICIAL COPY

OLLO	FINANCING S	nt and back) CAREFUL		D	1200904093 Fee: \$ gene "Gene" Moore RHSP Fee	\$38.00 e:\$10.00
Jeff Th	hiede (612/766-8773) ND ACKNOWLEDGEME Faegre & Benson 2200 Wells Fargo 90 South Seventh Minneapolis, MN	NT TO: (Name and Ad LLP (MMO) Center Street	·	00	ook County Recorder of Deeds ate: 01/09/2012 10:59 AM Pg:	
$ldsymbol{f L}$		90		THE ABOVE SP.	ACE IS FOR FILING OFFICE USE ONL	
	ITIAL FINANCING STAT		2,3007		1b. This FINANCING STATEMENT to be filed (for record) (or record ESTATE RECORDS.	
Docu 2. 🛛	ment No. 0736034			e is terminated with respect to security interest(s)	ESTATE RECORDS.	mination Statement.
3. 🗆				bove with respect to security interest(s) of the S		
4. 🗆	continued for the additional period provided by applicable law.					
	ASSIGNMENT (full or partial): Give name or assignee in item 12 of 75 and address of assignee in item 12, and also give name or assignee in item 12 of 75 and address of 12 of 75					
5. AMI Also	o check <u>one</u> of the follow CHANGE name and/or a	ORMATION); This am ving three boxes <u>and</u> pro address: Please refer to the re name/address of a party.	ovide appropriate information detailed instructions	n ir, itr ms 6 and/or 7.  DELETE name: Give reco	ordiname	n 7a or 7b, and also ns 7e-7g (if applicable).
6. CUF	RRENT RECORD INFOF					
	6a. ORGANIZATION'S NAME					
OR	6b. INDIVIDUAL'S LAS	ST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
7. CH/	ANGED (NEW) OR ADD	ED INFORMATION:		9		
	7a. ORGANIZATION'S			()	,	
OR	7b. INDIVIDUAL'S LAS	LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
				CITY	STATE POSTAL CODE	COUNTRY
	AILING ADDRESS				0	
7c. MA			7e, TYPE OF	7f. JURISDICTION OF ORGANIZATION	7g. ORGANI (ATIO IAL ID#, if any	□ NONE
7d. <u>SE</u>	E INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	ORGANIZATION			<del></del>
7d. <u>SE</u>	ENDMENT (COLLATER	ORGANIZATION DEBTOR (AL CHANGE): check of	only one box.	al description, or describe collateral ☐ assigned	Co	
7d. <u>SE</u> 8. AMI Des	ENDMENT (COLLATER scribe collateral   delete scribe collateral   delete scribe collateral collateral or adds   9a. ORGANIZATION"	ORGANIZATION DEBTOR  AL CHANGE): check of the debt of added, or give the debt of added, or give the debt of added and added the authorizing Debtor, S NAME	only <u>one</u> box.  entire □ restated collatera  UTHORIZING THIS AMENI  or if this is a Termination as	al description, or describe collateral ☐ assigned assigned by a Debtor, check here ☐ and enter	nent). If this is an Amendment authorize	d by a Debtor which
7d. <u>SE</u> 8. AMI Des	ENDMENT (COLLATER scribe collateral   delete scribe collateral   delete scribe collateral collateral or adds   9a. ORGANIZATION"	ORGANIZATION DEBTOR  AL CHANGE): check of the added, or give the authorizing Debtor, is name.	only <u>one</u> box.  entire □ restated collatera  UTHORIZING THIS AMENI  or if this is a Termination as	DMFNT (name of assignor, if this is an Assignor	nent). If this is an Amendment authorize	nd by a Debtor which
7d. <u>SE</u> 8. AMI Des	ENDMENT (COLLATER scribe collateral   delete scribe collateral   delete scribe collateral or adds   NAME OF SECURED F adds collateral or adds   9a ORGANIZATION! NAREP ILUS RE	ORGANIZATION DEBTOR  AL CHANGE): check of the control of the cont	only <u>one</u> box.  entire □ restated collatera  UTHORIZING THIS AMENI  or if this is a Termination as	DMENT (name of assignor, if this is an Assignr uthorized by a Debtor, check here □ and enter	nent). If this is an Amendment authorize name of DEBTOR authorizing this Ame	SUFFIX
7d. <u>SE</u> 8. AMI Des	ENDMENT (COLLATER scribe collateral   delete scribe collateral   delete scribe collateral or adds   9a. ORGANIZATION'S NAREP IL US RE 9b. INDIVIDUAL'S LA	ORGANIZATION DEBTOR  AL CHANGE): check of the added, or give the authorizing Debtor, is name.  EIT Assets Holding of the authorizing Debtor, is name.	urily one box. entire restated collaters retried restated collaters urilder restated collaters urilder restated collaters	DMENT (name of assignor, if this is an Assignr uthorized by a Debtor, check here □ and enter	nent). If this is an Amendment authorize name of DEBTOR authorizing this Ame	inament.

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UNOFFIC

STREET ADDRESS: 2635 South

CITY: Thilago FC TAX NUMBER: 17-30-300-013-0000

COUNTY: COOK

## LEGAL DESCRIPTION:

THAT PART OF THE SOUTHWEST 1/4 OF SECTION 30, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS::

COMMENCING AT A POINT ON THE EAST LINE OF SOUTH WESTERN AVENUE AS WIDENED BY AN ORDINANCE OF THE CITY OF CHICAGO PASSED OCTOBER 28, 1925 SAID POINT BEING 110.06 FEET SOUTH OF THE NORTHWEST CORNER OF THE SOUTHWEST 1/4 OF SAID SECTION 30 AND 53.29 FEET EAST OF AND AT RIGHT ANGLES TO THE WEST LINE OF SAID SOUTHWEST 1/4; THENCE SOUTHERLY ALONG AFORESAID EAST LINE OF SOUTH WESTERN AVENUE, A DISTANCE OF 347.15 FEET TO A POINT 63.64 FEET EAST OF AND AT RIGHT ANGLES TO THE AFORESAID WEST LINE OF THE SOUTHWEST 1/4; THENCE EAST ALONG A LINE DRAWN AT RIGHT ANGLES TO THE SAID WEST LINE A DISTANCE OF 1236.93 FEET TO A POINT ON THE WEST LINE OF SOUTH LEAVITT AVENUE; IF EXTENDED SOUTH, THENCE NORTH ALONG SAID EXTENDED LINE, DISTANCE OF 347 FEET TO A POINT ON A AFC. TANCE.

TO OF COOP COUNTY CLOTH'S OFFICE LINE WHICH INTERSECTS THE AFORESAID WEST LINE OF SOUTHWEST 1/4 AT RIGHT ANGLES THERETO; THENCE WEST ALONG SAID LINE, A DISTANCE OF 1247.57 FEET TO THE POINT OF BEGINNING, IN COOK COUNTY, ILLINOIS.