

UNOFFICIAL COPY



1206042033

Doc#: 1206042033 Fee: \$44.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 02/29/2012 09:04 AM Pg: 1 of 4

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

STC CAPITAL BANK
460 SOUTH 1ST STREET

ST CHARLES, IL 60174

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 FIRST NAME MIDDLE NAME SUFFIX
HEIDNER DAVID R.

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
159 WELLINGTON DRIVE BLOOMINGDALE IL 60108 USA

1d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any
INDIVIDUAL ILLINOIS 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
750 E. HIGGINS RD., INC.

OR

2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
750 E. HIGGINS ROAD SCHAUMBURG IL 60193 USA

2d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any
CORPORATION ILLINOIS 67921232 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
STC CAPITAL BANK

OR

3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
460 SOUTH 1ST STREET ST CHARLES IL 60174 USA

4. This FINANCING STATEMENT covers the following collateral:

ALL OF THE DEBTOR'S ASSETS, INCLUDING WITHOUT LIMITATION, DOCUMENTS, DOCUMENTS OF TITLE, AND ALL OF THE DEBTOR'S PROPERTY DESCRIBED AS EQUIPMENT, ACCOUNTS, INVENTORY, INSTRUMENTS, GENERAL INTANGIBLES, INVESTMENT PROPERTY, CHATTEL PAPER, FIXTURES LOCATED AT 750 E. HIGGINS ROAD, SCHAUMBURG, ILLINOIS 60193 AND 2429-2449 W. LAKE STREET, ADDISON, ILLINOIS 60101, TITLED VEHICLE AND DEPOSIT ACCOUNTS WHICH THE DEBTOR NOW OWNS OR MAY HEREAFTER ACQUIRE OR CREATE AND ALL PROCEEDS AND PRODUCTS THEREOF, WHETHER TANGIBLE OR INTANGIBLE INCLUDING PROCEEDS OF INSURANCE.

Handwritten notes: S, P, S, SC, INT, and a signature.

BOX 333-CT

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

8. OPTIONAL FILER REFERENCE DATA

201145894/8816581 AH
808 8 4g

UNOFFICIAL COPY

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
HEIDNER	DAVID	R

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				
LAKE ST. AND MEDINAH RD., INC				
OR 21b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
21c. MAILING ADDRESS			CITY	STATE POSTAL CODE COUNTRY
159 WELLINGTON DRIVE			BLOOMINGDALE	IL 60108 USA
21d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	21e. TYPE OF ORGANIZATION	21f. JURISDICTION OF ORGANIZATION	21g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE
		CORPORATION	ILLINOIS	160151091

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
HEIDNER		MARGARET	J	
22c. MAILING ADDRESS			CITY	STATE POSTAL CODE COUNTRY
159 WELLINGTON DRIVE			BLOOMINGDALE	IL 60108 USA
22d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	22e. TYPE OF ORGANIZATION	22f. JURISDICTION OF ORGANIZATION	22g. ORGANIZATIONAL ID #, if any <input checked="" type="checkbox"/> NONE
		INDIVIDUAL		

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
HEIDNER		MARGIE	J	
23c. MAILING ADDRESS			CITY	STATE POSTAL CODE COUNTRY
159 WELLINGTON DRIVE			BLOOMINGDALE	IL 60108 USA
23d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	23e. TYPE OF ORGANIZATION	23f. JURISDICTION OF ORGANIZATION	23g. ORGANIZATIONAL ID #, if any <input checked="" 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)

UNOFFICIAL COPY

UCC FINANCING STATEMENT **ADDENDUM**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

HEIDNER

DAVID

R.

10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME

LAKE ST. AND MEDINAH RD., INC.

OR

11b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

11c. MAILING ADDRESS

159 WELLINGTON DRIVE

CITY

BLOOMINGDALE

STATE

IL

POSTAL CODE

60108

COUNTRY

USA

11d. SEE INSTRUCTIONS

ADD'L INFO RE
ORGANIZATION
DEBTOR

11e. TYPE OF ORGANIZATION

CORPORATI §

11f. JURISDICTION OF ORGANIZATION

ILLINOIS

11g. ORGANIZATIONAL ID #, if any

60151091

NONE

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME

OR

12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

12c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing.

14. Description of real estate:

SEE ATTACHED EXHIBIT "A"

16. Additional collateral description:

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

17. Check only if applicable and check only one box.

Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate

18. Check only if applicable and check only one box.

- Debtor is a TRANSMITTING UTILITY
 Filed in connection with a Manufactured-Home Transaction
 Filed in connection with a Public-Finance Transaction

UNOFFICIAL COPY

David Heidner

EXHIBIT "A"

750 E. Higgins Road
Schaumburg, IL 60193

P.I.N. 07-14-302-006-0000

THAT PART OF THE EAST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 14, TOWNSHIP 41 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS: BEGINNING AT THE INTERSECTION OF THE NORTHERLY LINE OF HIGGINS ROAD (STATE ROUTE #72 AS CONDEMNED PER DOCUMENT (2547604) WITH THE EAST LINE OF SAID EAST 1/2; THENCE NORTHWESTERLY ALONG SAID NORTHERLY LINE OF HIGGINS ROAD, 225.08 FEET; THENCE NORTHERLY PERPENDICULAR TO SAID NORTHERLY LINE OF HIGGINS ROAD, 130.00 FEET; THENCE EASTERLY PARALLEL WITH SAID NORTHERLY LINE OF HIGGINS ROAD, 203.87 FEET TO A POINT ON THE EAST LINE OF SAID EAST 1/2. THENCE SOUTH ON SAID EAST LINE, 131.72 FEET TO THE PLACE OF BEGINNING, (EXCEPTING THEREFROM THE EAST 50 FEET AS MEASURED PERPENDICULAR TO THE EAST LINE THEREOF), IN COOK COUNTY, ILLINOIS, (EXCEPTING FROM SAID PROPERTY TAKEN AS A TRACT, THE EAST 10.0 FEET THEREOF).

Recorder's Office