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Doc#: 1218719023 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 07/05/2012 09:08 AM Pg: 1 of 3

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)
Phone:(800) 331-3282 Fax: (818) 662-4141
B. SEND ACKNOWLEDGEMENT TO: (Name and Address) 5028 SUBURBAN BANK &
CT Lien Solutions 33824146
P.O. Box 29071
Glendale, CA 91209-9071 ILIL FIXTURE

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
GOFIS DEMETRI
1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
38W435 CLOVERFIELD ROAD ST. CHARLES IL 60175 USA
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 FIRST NAME MIDDLE NAME SUFFIX
GOFIS ANDREW
2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
505 N. LAKESHORE DRIVE, #5205 CHICAGO IL 60611 USA
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
OR
3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX
SUBURBAN BANK & TRUST
3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
150 BUTTERFIELD ROAD ELMHURST IL 60126 USA

4. This FINANCING STATEMENT covers the following collateral:

All Fixtures; all trade 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, including but not limited to all borrower telephone numbers, business names, trade names, trademarks, e-mail addresses, websites, and accounts proceeds) Real Property located at 10401-10415 SOUTH CICERO AVENUE, OAK LAWN, IL 60453. Real Property Tax Identification Numbers are 24-15-107-001-0000, 24-15-107-002-0000, 24-15-107-003-0000, 24-15-107-004-0000, 24-15-107-005-0000, 24-15-107-006-0000, 24-15-107-007-0000, 24-15-107-008-0000, 24-15-107-009-0000, 24-15-107-010-0000, 24-15-107-011-0000 & 24-15-107-012-0000.

Handwritten signatures and stamps: S P S M S E INTL

5. ALTERNATIVE DESIGNATION (if applicable) LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING
6. [X] This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable] 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) All Debtors Debtor 1 Debtor 2 [optional]
8. OPTIONAL FILER REFERENCE DATA

**UNOFFICIAL COPY****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
	GOFIS	DEMETRI
		MIDDLE NAME, SUFFIX

**10. MISCELLANEOUS**

33824146-IL-31

5028 SUBURBAN BANK &amp;

File with: CC IL Cook, IL GOFIS 15339

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**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			
OR	11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME
	GOFIS	SPIROS	
			SUFFIX
11c. MAILING ADDRESS		CITY	STATE
14100 85TH AVENUE		ORLAND PARK	IL
		POSTAL CODE	COUNTRY
		60462	
11d. <u>SEE INSTRUCTION</u>	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION
			11g. ORGANIZATIONAL ID #, if any
			<input type="checkbox"/> 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.

16. Additional collateral description:

**14. Description of real estate:**

Description: LOTS 1 TO 12 INCLUSIVE IN BLOCK 5 IN CICERO GARDENS, A SUBDIVISION OF THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 15, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. Real Property located at 10401-10415 SOUTH CICERO AVENUE, OAK LAWN, IL 60453. Real Property Tax Identification Numbers are 24-15-107-001-0000, 24-15-107-002-0000, 24-15-107-003-0000, 24-15-107-004-0000, 24-15-107-005-0000, 24-15-107-006-0000, 24-15-107-007-0000, 24-15-107-008-0000, 24-15-107-009-0000, 24-15-107-010-0000, 24-15-107-011-0000 & 24-15-107-012-0000. Parcel ID: 24-15-107-001-0000, 24-15-107-002-0000,

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 Estate18. 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

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OR	11b. INDIVIDUAL'S LAST NAME	FIRST NAME
	GOFIS	DEMETRI
		MIDDLE NAME, SUFFIX

**10. MISCELLANEOUS**

**33824146-IL-31**

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OR	11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
11d. <u>SEE INSTRUCTION</u>	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	
				11g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

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

12a. ORGANIZATION'S NAME				
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12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE

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**14. Description of real estate:**

24-15-107-003-0000, 24-15-107-004-0000,  
 24-15-107-005-0000, 24-15-107-006-0000,  
 24-15-107-007-0000, 24-15-107-008-0000,  
 24-15-107-009-0000, 24-15-107-010-0000,  
 24-15-107-011-0000 & 24-15-107-012-0000

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

**16. Additional collateral description:**

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