#### **WNOFFICIAL COPY**

#### **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A NAME & PHONE OF CONTACT AT FILER [optional] Phone:(800) 331-3282 Fax: (818) 6	62-4141
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	5028 SUBURBAN BANK &
CT Lien Solutions	35820780
P.O. Box 29071 Glendale, CA 91209-9071	ILIL FIXTURE I
File with: CC IL Co	



Doc#: 1234110016 Fee: \$44.00 Karen A. Yarbrough RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 12/06/2012 10:11 AM Pg: 1 of 4

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

			THE NEGREE OF		EING OF FIGE BOL ONE	<u>'</u>
EBTOR'S EXACT FULL	LEGAL NAME -	insert only one debtor name (1a	a or 1b) - do not abbreviate or combine na	nes		
1a. ORGANIZATION'S NA	ME	)				
1b. INDIVIDUAL'S LAST N	IAME	<b>(</b> /_	FIRST NAME	MIDDLE	NAME	SUFFIX
SHAH-KHAN			SARDAR	MA:	SOOD	
AH ING ADDRESS 6 WOOD GLE	EN LANE	O)s	OAK BROK	STATE	POSTAL CODE 60523	USA
EE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if any	NONE
DDITIONAL DEBTOR'S	EXACT FULL LI	EGAL NAME - insert only one de	otor name (2a or 2b) - do not abbreviate	or combine na	ames	
2a. ORGANIZATION'S NA	ME					
SHAH-KHAN		OBA!!?A	MIDDLE	MIDDLE NAME SUFFIX		
AILING ADDRESS			CITY DDCW	STATE	POSTAL CODE	COUNTRY
O WOOD OLL			OAK BROX	IL.	60523	USA
EE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if an	NONE
ECURED PARTY'S NA	ME (or NAME of	TOTAL ASSIGNEE of ASSIGNO	R S /P) - insert only one secured privia	me (3a or 3b	)	
		RUST		7,		
3b. INDIVIDUAL'S LAST N	IAME		FIRST NAME	M DOLE	NAME	SUFFIX
MAII ING ADDRESS 150 BUTTERFIELD ROAD			ELMHURST	STATE	60 126	USA
	18. ORGANIZATION'S NA  16. INDIVIDUAL'S LAST N  SHAH-KHAN  All ING ADDRESS  6 WOOD GLE  EE INSTRUCTIONS  DDITIONAL DEBTOR'S  28. ORGANIZATION'S NA  SHAH-KHAN  AILING ADDRESS  6 WOOD GLE  EE INSTRUCTIONS  ECURED PARTY'S NA  30. ORGANIZATION'S NA  SUBURBAN  AILING ADDRESS	18. ORGANIZATION'S NAME  16. INDIVIDUAL'S LAST NAME  SHAH-KHAN  AH ING ADDRESS  6 WOOD GLEN LANE  EE INSTRUCTIONS  DITIONAL DEBTOR'S EXACT FULL LE  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  SHAH-KHAN  AILING ADDRESS  6 WOOD GLEN LANE  EE INSTRUCTIONS  ADD'L INFO RE  ORGANIZATION  DEBTOR  ORGANIZATION  SUBURBAN BANK & T  3b. INDIVIDUAL'S LAST NAME	18. ORGANIZATION'S NAME  SHAH-KHAN  AH ING ADDRESS 6 WOOD GLEN LANE  EE INSTRUCTIONS  ADD'L INFO RE ORGANIZATION OCCUPANIZATION OCCUPANIZATION OCCUPANIZATION OCCUPANIZATION OCCUPANIZATION OCCUPANIZATION'S NAME  OCCUPANIZATION'S NAME  SHAH-KHAN  AILING ADDRESS 6 WOOD GLEN LANE  EE INSTRUCTIONS  ADD'L INFO RE ORGANIZATION OCCUPANIZATION	10. INDIVIDUAL'S LAST NAME SHAH-KHAN AN ING ADDRESS 6 WOOD GLEN LANE CITY OAK BROK  SEINSTRUCTIONS ADD'L INFO RE ORGANIZATION OEBTOR DITTIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of name (2a or 2b) - do not abbreviate 2a. ORGANIZATION'S NAME  SHAH-KHAN AILING ADDRESS 6 WOOD GLEN LANE  SEINSTRUCTIONS ADD'L INFO RE ORGANIZATION ORBANIZATION DEBTOR  ADD'L INFO RE ORGANIZATION DEBTOR  CUTY OAK BROK  CITY OAK BROK  CITY OAK BROK  CITY OAK BROK  CITY OAK BROK  CUTY OAK BROK  FIRST NAME OBANIZATION OF ORGANIZATION DEBTOR  CURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S /P) - insert only one secured pring a suburban BANK & TRUST  3b. INDIVIDUAL'S LAST NAME  FIRST NAME	TIDE INDIVIDUAL'S LAST NAME SHAH-KHAN SHAH-KHAN SHOOD GLEN LANE CITY OAK BROK IL  STATE IL  STATE IL  STATE IL  STATE OAK BROK IL  STATE OAK BROK IL  STATE OAK BROK IL  STATE IL  STATE OAK BROK IL  STATE IL  STATE OAK BROK IL  STATE IL  STATE OAK BROK IL  STAT	15. INDIVIDUAL'S LAST NAME SHAH-KHAN SARDAR MASOOD ALI ING ADDRESS 6 WOOD GLEN LANE  CITY OAK BROK IL POSTAL CODE 10. OF ORGANIZATION DEBTOR DIDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one device or combine names  PROPERTY OAK BROK IL POSTAL CODE 10. OF ORGANIZATION DEBTOR DIDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one device or abbreviate or combine names  12. INDIVIDUAL'S LAST NAME SHAH-KHAN ALLING ADDRESS 6 WOOD GLEN LANE ORGANIZATION DEBTOR DOTTON ADDITIONE OR DESTOR OAK BROK IL 60523  STATE OAK BROK IL 60523  STATE FOSTAL CODE 11. OF ORGANIZATION DEBTOR  CITY OAK BROK IL 60523  STATE OAK BROK STATE IL 60523  STATE OAK BROK STATE OAK BROK IL 60523  STATE OAK BROK IL 60523  STATE OAK BROK STATE OAK BROK IL 60523  STATE OAK BROK IL 60523  STATE OAK BROK IL 60523  STATE OAK BROK STATE OAK BROK IL 60523  STATE

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. THE SOUTH 40 FEET OF LOT 2, ALL OF LOT 3 AND THE NORTH 12.7 FEET OF LOT 4 IN BLOCK 4 IN NORTH SHORE BOULEVARD SUBDIVISION OF THE EAST 1/2 OF THE SOUTHWEST 1/4, EXCEPT THE SOUTH 30 ACRES, OF SECTION 32, TOWNSHIP 41 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS REAL PROPERTY LOCATED AT 6712-6722 N. SHERIDAN ROAD, CHICAGO, IL 60626 REAL PROPERTY TAX IDENTIFICATION NUMBER: 11-32-307-028-0000

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 ESTATE RECORDS. Attach Addendum	d) in the REAL 7. Check to REQUEST SEARCH REPORT [if applicable] IADDITIONAL FEE]	RT(S) on Debtor(s)  All Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA		

DW/MR

35820780

15397

1234110016 Page: 2 of 4

## **UNOFFICIAL COPY**

FII	NANCING STATEMENT LOW INSTRUCTIONS (front and back) (	ADDENDUM				
9. N	AME OF FIRST DEBTOR (1a or 1b) ON I		ENT			
	SE ORGANIZATION S NAME					
	SHAH-KHAN	SARDAR	MASOOD			
10.	MISCELLANEOUS					
358	320780-IL-31					
	<i>A</i> ,					
502	28 SUBURBAN BANK 8.					
File	with: CC IL Cook, IL 5/W/JR	15397	,			
11	ADDITIONAL DEBTOR'S EXACT FULL L	FG's NAME - insert only one na	ame (11a or 11b) - do not		ACE IS FOR FILING OFF	FICE USE ONLY
• • • •	THE CHICAGO TRUST	4/-	<u> </u>			D \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
OR	11b. INDIVIDUAL'S LAST NAME	- COIV. ANT ACC	FIRST NAME	JOILL 10 0	MIDDLE NAME	SUFFIX
11c.	MAILING ADDRESS	/F	CHICACO		STATE POSTAL CO	•
11d.	10258 S WESTERN AV SEE INSTRUCTION ADD'L INFO RE	11e. TYPE OF ORGANIZATION	CHICAGO  11f. JURISDICTION OF ORG	GANIZATION	IL 60643	
	ORGANIZATION DEBTOR	TRUST	L			X NONE
12.	ADDITIONAL SECURED PARTY'S  12a. ORGANIZATION'S NAME	or ASSIGNOR S/P's NA	ME - insert only one name	e (12a or 12b)		
OR	ACLUMENT TO LACT MANY		4/ <sub>2</sub>		Luppi e Villa	
	125. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
12c.	MAILING ADDRESS		CITY		STATE POSTAL CO	DDE COUNTRY
				0.		
		ber to be cut or as-extracted	16. Additional collateral desc	cription:	,	
	collateral or is filed as a X fixture filing.				9	
	Description of real estate:				Office	
De LO	scription: THE SOUTH 40 FEET T 3 AND THE NORTH 12.7 FEE	TOF LOT 2, ALL OF TOF LOT 4 IN BLOCK			175.	
4	N NORTH SHORE BOULEVARD ST 1/2 OF THE SOUTHWEST 1	SUBDIVISION OF THE			10	
SO	UTH 30 ACRES, OF SECTION:	32, TOWNSHIP 41			-0	
ME	RTH, RANGE 14 EAST OF THE RIDIAN, IN COOK COUNTY, ILI	LINOIS REAL				
RC	OPERTY LOCATED AT 6712-67 AD, CHICAGO, IL 60626 REAL	. PROPERTY TAX				
	ENTIFICATION NUMBER: 11-32 rcel ID: 11-32-307-028-0000	-307-028-0000.				
15 N	lame and address of a RECORD OWNER of abo	ove-described real estate				
	(if Debtor does not have a record interest):					
			17. Check only if applicable a	· <del></del>		( · · · · · · · · · · · · · · · · · · ·
			Debtor is a Trust or 18. Check only if applicable a		ect to property held in tru	st or Decedent's Estate
			Debtor is a TRANSMITT	<del></del>		
			Filed in connection with		ransaction	
			Filed in connection with	a Public-Finance Transa		CT Lien Solutions, P.O. Box 29071

1234110016 Page: 3 of 4

# **UNOFFICIAL COPY**

FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back	NT ADDENDUM  K) CAREFULLY					
9. NAME OF FIRST DEBTOR (1a or 1b) (	ON RELATED FINANCING STATE	MENT	<b> </b>			
OR						
SHAH-KHAN	SARDAR	MASOOD				
10. MISCELLANEOUS						
35820780-IL-31						
5028 SUBURBAN BANK &			THE ABOVE SPA	ACE IS FO	R FILING OFFICI	E USE ONLY
1. ADDITIONAL DEBTOR'S EXACT FUL					···	
TRUST COMPANY A	S TRUSTEE UNDE	R TRUST AGRE	EEMENT DA	TED	NOVEM	BER 5, *
11b. INDIVIDUAL'S LAST NAME	9/	FIRST NAME		MIDDLE		SUFFIX
I1c. MAILING ADDRESS	<u> </u>	CiTY		STATE	BOSTH COST	
10258 S WESTERN A	VE O	CHICAGO		IL	POSTAL CODE	COUNTRY
1d. SEE INSTRUCTION ADD'L INFO RE ORGANIZATION		11, JURISDICTION OF ORG	ANIZATION	11g. OR	GANIZATIONAL I	D #, if any
DEBTOR	11.001					X NC
2. ADDITIONAL SECURED PARTY 12a. ORGANIZATION'S NAME	S or ASSIGNOR S/P's N	AME - inse ( or 'y one name	(12a or 12b)			
R 12b. INDIVIDUAL'S LAST NAME		TFIRST NAME		MODEL		
		THO THE STATE		MIDDLE N	NAME	SUFFIX
2c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
2. This FOUNDAME OF A TENNER.			0			
<ol> <li>This FINANCING STATEMENT covers to toollateral or is filed as a fixture filing.</li> </ol>	imber to be cut or as-extracted	16. Additional collateral descri	ription:			
A Paracellar of the August 1			'(	2		
Description of real estate;						
		li .				
					10	
					<u>_</u> C	
Name and address of a RECORD OWNER of a (if Debtor does not have a record interest):	bove-described real estate					
		17 Charless 2	· · · · · · · · · · · · · · · · · · ·			<del></del>
		17. Check only if applicable and Debtor is a Trust or Tr	d check <u>only</u> one box. rustee acting with respec	t to proper	ty held in trust	or Decedent's Estate
		18. Check <u>only</u> if applicable an			.,	Decedent's Estate
		Debtor is a TRANSMITTIN	IG UTILITY			
		Filed in connection with a l				
NG OFFICE COPY - NATIONAL UCC FIN	IANONO OTITELEUT ACCUM	Filed in connection with a l			2	n Solutions, P.O. Box 2907

1234110016 Page: 4 of 4

## **UNOFFICIAL COPY**

FINANCING STATEME FOLLOW INSTRUCTIONS (front and back	NT ADDENDUM  CAREFULLY					
9. NAME OF FIRST DEBTOR (1a or 1b) 9a. ORGANIZATION'S NAME	ON RELATED FINANCING STA	TEMENT				
OR 96 INDIVIDUAL'S LAST NAME SHAH-KHAN	FIRST NAME SARDAR	MIDDI E NAME SLIFFIX MASOOD				
10. MISCELLANEOUS	<u> </u>	·				
35820780-IL-31						
5028 SUBURBAN BANK P						
File with: CC IL Cook, IL 5 N	,VR 15	397				
AL ADDITIONAL DEPTORIO EVACTEL	NAME insertable				OR FILING OFFICE USE	ONLY
11. ADDITIONAL DEBTOR'S EXACT FU			addreviate or combine	names		
OR 1996 AND KNOWN	AS TRUST NUMBI					
11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS		CiTY		STATE	POSTAL CODE	COUNTRY
10258 S WESTERN	AVE	CHICAGO		IL	60643	
11d. <u>SEE INSTRUCTION</u> ADD'L INFO I ORGANIZATI OEBTOR		11f. JURISDICTION OF ORG	GANIZATION	11g. Oi	rganizational ID#, i	fany X NONE
12. ADDITIONAL SECURED PART 12a ORGANIZATION'S NAME	Y'S or ASSIGNOR S/P'	s NAME - insert only one name	e (12a or 12b)			
OR		40.				
12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	E NAME	SUFFIX
12c. MAILING ADDRESS		CITY	C	STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers collateral or is filed as a fixture filing	timber to be cut or as-extrac	ted 16. Additional collateral description	cription:	<b>&gt;</b>		<u> </u>
	,		' (			
14. Description of real estate:					)_	
					) ffic	
					C <sub>2</sub>	
					C	
<ol> <li>Name and address of a RECORD OWNER (if Debtor does not have a record interest</li> </ol>						
		17. Check only if applicable	and check only one box		<u></u>	
			Trustee acting with respe	ct to pro	perty held in trust or	Decedent's Estate
		18. Check only if applicable	and check only one box.			·
		Debtor is a TRANSMITT	FING UTILITY			
			a Manufactured-Home Tr		on	
	CIMANONIO CTATEMENT ADD		a Public-Finance Transac	ction	Prepared by CT Lien S	Solutions, P.O. Box 29071