

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]	200 4141
Phone:(800) 331-3282 Fax: (818) 6	002-4141
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	15715 Bank Financial
CT Lien Solutions	37986390
P.O. Box 29071 Glendale, CA 91209-9071	ILIL FIXTURE
File with: CC IL Co	ook, IL

Doc#: 1313010044 Fee: \$25.00 RHSP Fee:\$10,00 Affidavit Fee:

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 05/10/2013 02:10 PM Pg: 1 of 2

7 10 Mar. 00 12 00 11				ING OFFICE USE ONE I			
1 DE	RTOR'S EXACT FUL	L LEGAL VAN E - I	nsert only o <u>ne d</u> ebtor name (1a	or 1b) - do not abbreviate or combine	names		
Г	A ODGANIZATIONIC I	FARAE	TY MANAGEMEN				
no I	1b. INDIVIDUAL'S LAST		9	FIRST NAME	MIDDLE	NAME	SUFFIX
1c M 651	AILING ADDRESS O WARREN	VILLE RD.,	SUITE 500	CITY LISLE	STATE IL	60532	USA
1d. <u>\$</u>	EE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	043	ANIZATIONAL ID #, if any 46114	NONE
2. A[DDITIONAL DEBTOR	S EXACT FULL LE	GAL NAME - insert only o <u>ne</u> d∵	ptor name (2a or 2b) - do not abbrevia	ate or combine nan	nes	
	2a. ORGANIZATION'S						
OR	2b. INDIVIDUAL'S LAS	T NAME		FIRST NAN E	MIDDLE	NAME	SUFFIX
2c. N	AILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
_	SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f, JURISDICTION UF ORGAN, A TION	·	GANIZATIONAL ID#, if any	NONE
3. S	ECURED PARTY'S	NAME (or NAME of	TOTAL ASSIGNEE of ASSIGNO	OR S/P) - insert only one secured p at	v name (3a or 3b)		
	3ª ORGANIZATION'S BANKFINA	NAME			4		
OR	3b. INDIVIDUAL'S LAS			FIRST NAME	MIDDLE	NAME	SUFFIX
36 A 15	MAILING ADDRESS SW060 NOR	TH FRONT	AGE ROAD	BURR RIDGE	STATE IL	FUSTAL CODE FUS27	USA

4. This FINANCING STATEMENT covers the following collateral:

All Equipment and 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 and accounts proceeds) for Property located at 98-106 Lincoln Ave., Riverside, IL 60546. PIN #15-35-204-020-0000.

7 N	1 2	1>1>	17.75
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5. ALTERNATIVE DESIGNATION [if applicable]	LESSEE/LESSOR CONSIGNEE/CONSIGNOR	BAILEE/BAILOR SELLER/BUY	FER AG. LIEN NON-UCC FILING
6. This FINANCING STATEMENT is to be filed ESTATE RECORDS Attach Addendum	for record] (or recorded) in the REAL 7. Check to RI	EQUEST SEARCH REPORT(S) on Debtor(s AL FEE) [optional]	Ali Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA		200 / 204 / 400005	FOCE
37986390	(JM) Jovy Mathew	303 / 691 / 190205	Prepared by CT Lien Solutions, P.O. Box 29071,
THE STREET CORP. NATIONAL LICC CINA	NOING STATEMENT (FORM LICC1) (REV. 05/2	2/02)	Glendale, CA 91209-9071 Tel (800) 331-3282

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UNOFFICIAL COPY

FINANCING STATEM FOLLOW INSTRUCTIONS (front and b	ENT ADDENDUM pack) CAREFULLY					
	O) ON RELATED FINANCING STATEME	NT				
9a, ORGANIZATION'S NAME						
RI	ERTY MANAGEMENT					
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
D. MISCELLANEOUS						
7986390-IL-31						
5715 Bank Financial						
ille with: CC IL Cook, IL 30	.2 C91 / 1902055865 (JM) .	lovy Mathew	THE ABOVE SPA	ACE IS FOR	FILING OFFICE USE	ONLY
1. ADDITIONAL DEBTOR'S EXACT	FULL L'.G/.L NAME - insert only one na	me (11a or 11b) - do not al	obreviate or combine	names	***	
11a. ORGANIZATION'S NAME						
R 11b. INDIVIDUAL'S LAST NAME	<u> </u>	FIRST NAME		MIDDLE N	SUFFIX	
1c. MAILING ADDRESS	0	CITY		STATE	POSTAL CODE	COUNTRY
1d. <u>SEE INSTRUCTION</u> ADD'L INF ORGANIZ DEBTOR	1	11f. JURISDICTION OF ORG	GANIZATION	11g. ORG	CANIZATIONAL ID #, i	f any
2. ADDITIONAL SECURED PA	RTY'S OF ASSIGNOR S/P's NA	ME - i iser, only <u>one name</u>	(12a or 12b)			
12a. ORGANIZATION'S NAME	NTTO W. L. TROPONON CO. C. C.	<i>U</i> ₂				
R						Lougery
12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE N	IAME	SUFFIX
2c. MAILING ADDRESS		CITY	\bigcirc .	STATE	POSTAL CODE	COUNTRY
20. MAILING ADDRESS						
A THE SHARWAY OF A TATEMENT AND A	timber to be cut or as-extracted	16. Additional collateral des	ectiption:			
This FINANCING STATEMENT covers collateral or is filed as a		16. Auditorial collateral des	T.C			
4. Description of real estate:			G			
,	IN THE COUTH 4/2 OF LOT 5				Ca	
Description: LOTS 33, 34 AN IN BLOCK 2 IN WAHL'S RES	ND THE SOUTH 1/2 OF LOT 5 SUBDIVISION OF LOTS 1	ļ				
THROUGH 6, 8 AND 33 IN B	LOCK 1 AND LOTS 1					
THROUGH 6, 8 AND 33 OF I	BLOCK 2 IN BEEBE'S DIVISION OF THE SOUTH 20				0	
ACRES OF THE EAST FRAC	CTIONAL 1/4 OF THE					
NORTHEAST 1/4 OF SECTION NORTH, RANGE 12, EAST (ON 35, TOWNSHIP 39 OF THE THIRD PRINCIPAL					
MERIDIAN, IN COOK COUN	TY, ILLINOIS. Parcel ID:					
15-35-204-020-0000						
15. Name and address of a RECORD OWN (if Debtor does not have a record inter						
		17. Check only if applicable	and check only one box			
		Debtor is a Trust or	Trustee acting with res	pect to prop	erty held in trust o	Decedent's Es
		18. Check only if applicable	and check <u>only</u> one box			
		Debtor is a TRANSMIT	TING UTILITY			
		Filed in connection with	n a Manufactured-Home	Transaction		
		Filed in connection with	a Public-Finance Trans	action		