

## 1335217027

## **UCC FINANCING STATEMENT**

**FOLLOW INSTRUCTIONS** 

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141					
B. E-MAIL CONTACT AT FILER (optional)  CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	15715 - Bank Financial -				
CT Lien Solutions P.O. Box 29071	40995449				
Glendale, CA 91209-9071	ILIL				
	FIXTURE				
Filo with: Cook !!					

Doc#: 1335217027 Fee: \$40.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A.Yarbrough

Cook County Recorder of Deeds

Date: 12/18/2013 01:41 PM Pg: 1 of 2

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DEBTOR'S NAME: Provide only one Febt r name (1a or 1	b) (use exact, full name; do not omit, modify, or abbreviat	te any part of the Debto	or's name); if any part of	he Individual Debl	
name will not fit in line 1b, leave all of item 1 bia 10 check here	and provide the Individual Debtor information in item	10 of the Financing St	atement Addendum (For	m UCC1Ad)	
1a. ORGANIZATION'S NAME	<u> </u>	*			
Knox Properties, L.L.C.					
1b. INDIVIDUAL'S SURNAME	Labor occoons		*		
10. INDIVIDUAL S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL		SUFFIX	
- MANUA ARABASA				Į.	
. MAILING ADDRESS	CITY	STATE POSTAL CODE		COUNTRY	
3924 W. Devon Ave., Suite 202	Lincolnwood	IL.	60712	USA	
DEBTOR'S NAME: Provide only one Debtor name (2a or 2	b) (use exact, rull, am ); do not omit, modify, or abbreviate	e any part of the Debto	r's name): if any part of t	he Individual Deb	
name will not fit in line 2b, leave all of item 2 blank, check here	and provide the recordual Debtor information in item	10 of the Financing St	atement Addendum (For	m LICC1Ad)	
2a. ORGANIZATION'S NAME			aranione radoridani (i di	111 000 174)	
2b. INDIVIDUAL'S SURNAME	FIRST PERSO, IAL ' AME				
	FIRST PERSONAL TAME	ADDITIONAL NAME(S)INITIAL(S)		SUFFIX	
	96				
. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
	1				
SECURED PARTY'S NAME (or NAME of ASSIGNEE of A	SSIGNOR SECURED PARTY): Provide only one Secure	ed Ps ty name /3a or 3	b)		
3a. ORGANIZATION'S NAME		out City marite (5a of 5	<u> </u>		
BANKFINANCIAL, F.S.B.					
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	7			
	TINOT F ENGOINE NAME	ADDITIONAL NAME(SYINITIAL(S)		SUFFIX	
: MAILING ADDRESS			)		
	СІТУ	STATE	POSTAL CODE	COUNTRY	
	DUDD DIDGE	1	l corr -		
5W060 NORTH FRONTAGE ROAD COLLATERAL: This financing statement covers the following control of the control of t	BURR RIDGE	l IL	60527	USA	

5. Check only if applicable and	check only one box: Collateral is held in a				INTA
6a. Check only if applicable an		a Trust (see UCC1Ad, item 17 ar		being administered by a Dec	edent's Personal Representative
Public-Finance Transa		ion A Debtor is a Trans	mitting Utility	6b. Check <u>only</u> if applicable Agricultural Lien	and check <u>only</u> one box:  Non-UCC Filing
7. ALTERNATIVE DESIGNATIVE 8. OPTIONAL FILER REFEREN		Consignee/Consignor	Seller/Buyer		Licensee/Licensor
40995449	303 / 691 / 1902058570			(JM) Jovy Ma	athew

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## **UNOFFICIAL COPY**

## **UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS** 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME Knox Properties, L.L.C. OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) xn, one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Cebtr. s name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) SUFFIX 10c. MAILING ADDRESS STATE POSTAL CODE COUNTRY ADDITIONAL SECURED PARTY'S NAME ASSIGNOR SECURED PARTIS NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME OF 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) covers timber to be cut Covers as-extracted collateral X is filed as a fixture filing 15. Name and address of a RECORD OWNER of real estate described in item 16 Description of real estate: (if Debtor does not have a record interest): Parcel ID: 13-22-320-045-0000 and 13-22-320-046-0000 LOTS 1 TO 20 INCLUSIVE (EXCEPT THE WEST 13.61 FEET THEREOF) IN BLOCK 10 IN WOODBURY'S ADDITION TO IRVING PARK, BEING A SUBDIVISION OF THE EAST 20 ACRES OF THE SOUTH 40 ACRES OF THE WEST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 22, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT THE EAST 100 FEET OF THE SAID 20 ACRES CONVEYED TO THE CHICAGO AND NORTHWESTERN RAILROAD COMPANY), IN COOK COUNTY, ILLINOIS.

BANKFINANCIAL, F.S.B.

File with: Cook, IL

17. MISCELLANEOUS: 40995449-IL-31 15715 - Bank Financial - Mai

303 / 691 / 1902058570 (JM) Jovy Mathew