### **WNOFFICIAL COPY**



### 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@wolte	erskluwer.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	14433 - BRIDGEVIEW
CT Lien Solutions	42753223
P.O. Box 29071 Glendale, CA 91209-9071	ILIL
	FIXTURE
File with Cook II	

1410417019

Doc#: 1410417019 Fee: \$42.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 04/14/2014 11:23 AM Pg: 1 of 3

File with Cook, IL		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY			
1. DEBTOR'S NAME: Provide only one Dr stor name (1a or 1b) name will not fit in line 1b, leave all of item 1 blant, thick here	(use exact, full name; do not omit, modify, or abbreviate an and provide the Individual Debtor information in item 10	ny part of the Debtor's name); if any part of the of the Financing Statement Addendum (Form	Individual Debtor's UCC1Ad)		
1a. ORGANIZATION'S NAME MCINERNEY & MCBREARTY JOINT, VENT					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
1c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY		
10900 S HAMLIN	CHICAGO	IL 60655	USA		
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b name will not fit in line 2b, leave all of item 2 blank, check here	) (use exact, fuil name, do not omit, modify, or abbreviate a and provide the trunidual Debtor information in item 10	ny part of the Debtor's name); if any part of the of the Financing Statement Addendum (Form	Individual Debtor's UCC1Ad)		
2a. ORGANIZATION'S NAME					
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSON L N/ ME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
2c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY		
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of A	SSIGNOR SECURED PARTY): Provide only one Secure	Pai y name (3a or 3b)			
3a. ORGANIZATION'S NAME BRIDGEVIEW BANK GROUP		6			
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	A CUITIONAL NAME(SYINITIAL(S)	SUFFIX		
3c. MAILING ADDRESS	CITY	STA E POSTAL CODE	COUNTRY		
7940 SOUTH HARLEM AVE	BRIDGEVIEW	IL 5045!	USA		
4. COLLATERAL: This financing statement covers the following c All Inventory, Chattel Paper, Accounts, Equipment an additions, replacements, and substitutions relating to	d General Intangibles; whether any of the fore	going is owned now or aquirad later; ating to any of the foregoing, at proc	all accessions, ceeds relating to		

			171
5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and	d Instructions)	being administered by a De	cedent's Personal Representative
6a. Check <u>only</u> if applicable and check <u>only</u> one box:		6b. Check only if applicable	e and check <u>only</u> one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transm	nitting Utility	Agricultural Lien	■ Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor	Seller/Buye	Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:			
42753223 BRIDGEVIEW BANK GROUP		622876100-	11001

any of the foregoing (including insurance, general intangibles and other accounts proceeds).

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#### **UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS					
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing S because Individual Debtor name did not fit, check here	Statement; if line 1b was left blank				
9a. ORGANIZATION'S NAME					
MCINERNEY & MCBREARTY JOINT VENTU	URE				
R 96. INDIVIDUAL'S SURNAME					
FIRST PERSONAL NAME					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	7117 4 5 6 1 1 1 1		. 10 E00 E4 INO 0E5	
D.DEBTOR'S NAME: Provide (10a or 10b) onl cn. additional D	Debtor name or Debtor name that did not fit in line			IS FOR FILING OFF tatement (Form UCC1) (us	
do not omit, modify, or abbreviate any part of the Debtur's tame) are					
10a. ORGANIZATION'S NAME					
10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME	<del>-</del> C				
INDM/DIALIC ADDITIONAL PROPERTY OF					T
INDIVIDUAL'S ADDITIONAL NAME(SYINITIALIS)	4				SUFFIX
Oc. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
· ADDITIONAL SECURED PARTY'S NAME OF	ASSIGNOR SECURED PARTY'S NAM	Æ: Provide only	one name	(11a or 11b)	
11a. ORGANIZATION'S NAME		ric. Provide only	one nam	e (Traior Trp)	<del></del>
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	СІТУ	-6	STATE	POSTAL CODE	COUNTRY
. ADDITIONAL SPACE FOR ITEM 4 (Collateral):			4		
, Constant,			. 0	OFFICE	
This FINANCING STATEMENT is to be filed [for record] (or re		NT:			
REAL ESTATE RECORDS (if applicable)	covers timber to be cut	NT:	xtracted o	collateral 🔀 is filed as	a fixture filing
REAL ESTATE RECORDS (if applicable)	covers timber to be cut ed in item 16 16. Description of real estate: Parcel ID:	covers as-e			a fixture filing
REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate describe	covers timber to be cut ed in item 16 decription of real estate:	covers as-e			a fixture filing
REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate describe	covers timber to be cut  ed in item 16	covers as-e			a fixture filling
REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate describe	covers timber to be cut  ed in item 16	covers as-e			a fixture filing
. Name and address of a RECORD OWNER of real estate describe	covers timber to be cut  ed in item 16	covers as-e			a fixture filling
REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate describe	covers timber to be cut  ed in item 16	covers as-e			a fixture filing

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9. NAME OF FIRST D		AREFULLY		-			
IN CHICANIZATION		N RELATED FINANCING ST	ATEMENT				
	-	a & 1. f =					
OR INDIVIDUAL'S LA	McBrearty Joir						
30 INDIVIDUALS DO	) I NAME	FIRST NAME	MIDDLE NAME, S	UFFIX			
MISCELLANEOUS	<del></del>		i	<del> </del>			
ADDITIONAL DEB	FOR'S EXACT FULL S NAME	LEGAL NA VE - Insert only go	name (11s or 11b) - do nol	THE ABOVI	E SPACE	IS FOR FILING OFFI	CE USE ONLY
R 116 INDIVIDUAL'S LA	ST NAME	<del></del>	Pipervious		<del></del>		
	r c commission		FIRST NAME		MIDDLE	NAME	SUFFIX
MAILING ADORESS			O O		STATE	POSTAL CODE	COUNTRY
SEE INSTRUCTIONS	ORGANIZATION	14. TYPE OF ORGANIZATION	111 J REPOPLITION OF	DRGANIZATION	11g OR	] Sanizational ID #, ii bi	<u> </u>
ADDITIONAL SI	DESTOR   CURED PARTY'S		S NAME - insert or ly one		<u>l</u>		Пих
120. INDIVIDUAL'S LAS	1 throng		FIRST NAME		MIDDLE	POSTAL CODE	SUFFIX
This FINANCING STATE	MENT covers timbs	r to be cut or se-extracted	16. Additional collateral d	escription:	<u></u>		
collateral, or is find as a Description of real estate:	X fixture fling		j	-	(0)	6.	
						7	
OT 17 (EXCEPT TI F LOT 18 AND LO IEREOF) IN FOR LOCK 17 ON CA ECTION 7, TOWNS IE THIRD PRINCIL	HE WEST 8 INCH T 19 (EXCEPT TI BE'S SUBDIVISI NAL TRUSTEE'S HIP 39 NORTH B	ES THEREOF), ALL HE EAST 8 INCHES ION OF PART OF IS SUBDIVISION OF IANGE 14, EAST OF IN COOK COUNTY,				750,	ŝc.
OT 17 (EXCEPT TI F LOT 18 AND LO IEREOF) IN FOR OCK 17 ON CA ICTION 7, TOWNS IE THIRD PRINCII JINOIS. -07-228-016-0000:	HE WEST 8 INCH T 19 (EXCEPT TI IBE'S SUBDIVISI NAL TRUSTEE'S HIP 39 NORTH, R PAL MERIDIAN, I	HE EAST 8 INCHES ION OF PART OF IS SUBDIVISION OF					Š.
OT 17 (EXCEPT TI F LOT 18 AND LO HEREOF) IN FOR LOCK 17 ON CA ECTION 7, TOWNS	HE WEST 8 INCH T 19 (EXCEPT TI BE'S SUBDIVISI NAL TRUSTEE'S HIP 39 NORTH, R PAL MERIDIAN, 1	HE EAST 8 INCHES ON OF PART OF IS SUBDIVISION OF IANGE 14, EAST OF IN COOK COUNTY,  17-07-228-024-0080;	17 Check only if applicable Debtor is a Trust or				
OT 17 (EXCEPT TIF LOT 18 AND LO HEREOF) IN FOR LOCK 17 ON CASTION 7, TOWNS IE THIRD PRINCILLINOIS.  -07-228-016-0000; -07-228-027-0000.	HE WEST 8 INCH T 19 (EXCEPT TI BE'S SUBDIVISI NAL TRUSTEE'S HIP 39 NORTH, R PAL MERIDIAN, 1	HE EAST 8 INCHES ON OF PART OF SUBDIVISION OF ANGE 14, EAST OF IN COOK COUNTY,  17-07-228-024-0000;  Indescribed real estate (f	Debtor is a Trust or 18 Check only if applicable Debtor is a TRANSMITT	Trustee acting with reaps and check only one box.	oct to prope		Decedant's Estate