

1718115149

Doc# 1718115149 Fee \$52.00

FOLLOW INSTRUCTIONS

UCC FINANCING STATEMENT

A. NAME & PHONE OF CONTACT AT FILER (optional)
Submitter No.: 2177 Matthew D. Monroe Asst. V.P. (262-554-5803)
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Tri City National Bank
Loan Services
10909 West Greenfield Avenue, Suite 100
West Allis, WI 52.11

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 06/30/2017 01:35 PM PG: 1 OF 8

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of iter 1 b'ank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 18. ORGANIZATION'S NAME SHG 2120 ARLINGTON HEIGHTS LLC SUFFIX 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) POSTAL CODE COUNTRY 1c. MAILING ADDRESS STATE **Arlington Heights** 60005 USA 22 W Algonquin Rd 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME POSTAL CODE COUNTRY 2c. MAILING ADDRESS CiTY 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secur 3 Party name (3a or 3b) 3a. ORGANIZATION'S NAME Tri City National Bank ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONAL NAME 3b. INDIVIDUAL'S SURNAME STATE POSTAL CODE COUNTRY CITY 3c. MAILING ADDRESS Wi 53144 USA Kenosha 5901 Washington Road

4. COLLATERAL: This financing statement covers the following collateral:

All inventory, equipment, accounts (including but not limited to all health-care-insurance receivables), chattel paper instruments (including but not limited to all promissory notes), letter-of-credit rights, letters of credit, documents, deposit accounts, investment property, money, other rights to payment and performance, and general intangibles (including but not limited to all software and all papers intangibles); all oil, gas and other minerals before extraction; all oil, gas, other minerals and accounts constituting as-extracted collateral; all fixtures; all timber to be cut; all attachments, accessions, accessories, fittings, increases, tools, parts, repairs, supplies, and commingled goods relating to the foregoing property, and all additions, replacements of and substitutions for all or any part of the foregoing property; all insurance refunds relating to the foregoing property; all good will relating to the foregoing property; all records and data and embedded software relating to the foregoing property, and all equipment, inventory and software to utilize, create, maintain and process any such records and data on electronic media; and all supporting obligations relating to the foregoing property; all whether now existing or hereafter arising, whether now owned or hereafter acquired or whether now or hereafter subject to any rights in the foregoing property; and all products and proceeds (including but not limited to all insurance payments) of or relating to the foregoing property.



CT/17NW7127342NS

Mze Der C

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's Personal Representative
6a. Check only if applicable and check only one box:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy	yer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: Loans #756393-1 and # 756393-3-1 June 22, 2017 (LAI)	

FOLLOW INSTRUCTIONS		-			
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here	line 1b was left blank				
9a. ORGANIZATION'S NAME		-1			
SHG 2120 ARLINGTON HEIGHTS LLC					
SHO 2120 AREMOTOR HEISTON EEG		-			
OR 9b. INDIVIDUAL'S SURNAME		1			
FIRST PERSONAL NAME		1			
ADDITIONAL NAME(S)/INITIA_(S)	SUFFIX	1			
0,		THE ABOVE	SPACE	IS FOR FILING OFFICE U	JSE ONLY
10. DEBTOR'S NAME: Provide (10a ur 10b) and one additional Debtor name or	Debtor name that did not fit	in line 1b or 2b of the	Financing S	Statement (Form UCC1) (use	exact, full name;
do not omit, modify, or abbreviate any part or the Dr btor's name) and enter the m	nailing address in line 10c				_
10a, ORGANIZATION'S NAME					
OR					
10b, INDIVIDUAL'S SURNAME					
AND WITH A LICE CIPET DEPONAL MANE					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)),				SUFFIX
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10c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME OF ASSIGN	OR SECURET PART	Y'S NAME: Provide	only one na	ame (11a or 11b)	<u> </u>
11a. ORGANIZATION'S NAME		y			
		7_			
OR 11b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
		<u>C'2</u>			
11c. MAILING ADDRESS	CITY	10.	STATE	POSTAL CODE	COUNTRY
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12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):		•	0		
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				1);	
				10	
				<u>_</u> 0	
13. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14. This FINANCING STAT	IEMENT:			
REAL ESTATE RECORDS (if applicable)	X covers timber to be	e cut X covers as	s-extracted	collateral X is filed as a	fixture filing
15. Name and address of a RECORD OWNER of real estate described in item 16	16. Description of real esta	ate:			
(if Debtor does not have a record interest):	PARCEL 1:	OT 7 IN SUBDIV	ISION C	F JOSEPH A. BARN	IES' FARM I
	SECTIONS 9, 15 A	ND 16, ALL IN TO	OWNSHI	P 41 NORTH, RANGE	11, EAST C
				IBED AS FOLLOWS:	
	COMMENCING AT	A POINT IN TH	E CENT	ERLINE OF ARLINGT	ON HEIGHT
	ROAD (BEING TH	IE EAST LINE Measuren al (OF SAI	D LOT 7) THAT IS D CENTERLINE OF R	SOULUL FEE
	NORTH LINE OF S	AID LOT 7; THE	NCE W	EST PARALLEL WITH	I THE NORT
•	LINE OF SAID LOT	7, AS DISTANC	E OF 44	1.27 FEET; THENCE S	SOUTHERLY
•					
17. MISCELLANEOUS:					

FOL	LOW INSTRUCTIONS						
	IAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if I ecause Individual Debtor name did not fit, check here	line 1b was le	ft blank				
	9a, ORGANIZATION'S NAME						
	SHG 2120 ARLINGTON HEIGHTS LLC	•					
	SING ZIZO AKEMOTOK TIZIOTTO ZZO						
OR	9b. INDIVIDUAL'S SURNAME						
	BE. INDIVIDUALS SUNTAINE						
	FIRST PERSONAL NAME						
	THIS I PERSON E WINE						•
	ADDITIONAL NAME(\$)/INITIAI (\$)		SUFFIX				
	ADDITIONAL NAME(S)/MITTA (S)		0017111				
						IS FOR FILING OF	
10.	DEBTOR'S NAME: Provide (10a or 10th or 1) one additional Debtor name or			ine 1b or 2b of the	Financing S	Statement (Form UCC:	i) (use exact, full name;
	do not omit, modify, or abbreviate any part of the Jehtor's name) and enter the m	aning address	s in line roc				
	10a. ORGANIZATION'S NAME						
OR	10b. INDIVIDUAL'S SURNAME						
	INDIVIDUAL'S FIRST PERSONAL NAME						
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	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S))/					SUFFIX
		T					
10c	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
11.	ADDITIONAL SECURED PARTY'S NAME or ASSIGNO	OR SECUI	RED PARTY'S	NAME: Provide	only one na	ame (11a or 11b)	
• • •	11a, ORGANIZATION'S NAME			· · · · · · · · · · · · · · · · · · ·			
				1			
OR	11b. INDIVIDUAL'S SURNAME	FIRST PER	SONAL NAME		ADDITIO	NAL NAME(S)/INITIA	L(S) SUFFIX
11c.	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
12.	ADDITIONAL SPACE FOR ITEM 4 (Collateral):				77		
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						Office	
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						(C)	
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13.	X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14. This FIN	IANCING STATE	MENT:			
	REAL ESTATE RECORDS (if applicable)	X cov	ers timber to be c	ut X covers as	-extracted	collateral X is file	d as a fixture filing
	Name and address of a RECORD OWNER of real estate described in item 16	16. Descrip	tion of real estate:	C OCNITEDI IN		UD DOAD A DIS	STANCE OF 150 0
	(if Debtor does not have a record interest):	PARALI	LEL WITH TH	E CENTERLIN T DARALI FL \	MITH TH	IE NORTH LINE	STANCE OF 150.00 OF SAID LOT 7, A
		DISTAN	CE OF 441.27	FEET TO A P	OINT IN	THE CENTERLIN	NE OF SAID ROAD
		THENC	E NORTHERL	Y ALONG SA	ID CEN	TERLINE, A DIS	TANCE OF 150.00
		FEET TO	O THE PLACE	OF BEGINNIN	1G, (EXC	EPT THAT PAR	T TAKEN BY PLAT
		OF DED	ICATION REG	31STERED AS	3/86154) IN COOK COU	NIT, ILLINOIS.
		PARCE				100=0114 041	DUECUE A DEA IN
		THATP	ART OF LOT	7 IN SUBDIVIS	ION OF	JOSEPH A. BAI	KNES PARMIN
_		<u> </u>					
17.	MISCELLANEOUS:						

FOI	LOWINSTRUCTIONS						
	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if linecause Individual Debtor name did not fit, check here	line 1b was le	ft blank				
	9a. ORGANIZATION'S NAME						
	SHG 2120 ARLINGTON HEIGHTS LLC						
			1				
OR	9b. INDIVIDUAL'S SURNAME						
	FIRST PERSONAL NAME						
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX				
10	DEBTOR'S NAME: Provide (10a or 10th, mily one additional Debtor name or	Debtor name	that did not fit in li			IS FOR FILING OFFICE	
IV.	do not omit, modify, or abbreviate any part of the Debtor's name) and enter the m				and noting to	salomoni (r om obov) (b	
	10a. ORGANIZATION'S NAME						
OR	10b. INDIVIDUAL'S SURNAME						
	INDIVIDUAL'S FIRST PERSONAL NAME						· · · · · · · · · · · · · · · · · · ·
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	7		-			SUFFIX
10c	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
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11.	ADDITIONAL SECURED PARTY'S NAME QI ASSIGNO	OR SECUE	REL PERTYS	NAME: Provide of	only <u>one</u> na	ame (11a or 11b)	
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OR	11b. INDIVIDUAL'S SURNAME	FIRST PERS	SONAL NAME	0	ADDITIC	INAL NAME(S)/INITIAL(S)	SUFFIX
11c	MAILING ADDRESS	CITY		0,	STATE	POSTAL CODE	COUNTRY
12.	ADDITIONAL SPACE FOR ITEM 4 (Collateral):					<u> </u>	
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13.	This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	I —	IANCING STATEM	[]		W	
	Name and address of a RECORD OWNER of real estate described in item 16	16. Descript	ers timber to be cu ion of real estate:			<u> </u>	a fixture filing
	(if Debtor does not have a record interest):	THE TH	IRD PRINCIPA	L MERIDIAN,	DESCR	P 41 NORTH, RANG IBED AS FOLLOWS	:
		COMME	NCING AT A	POINT IN THE	E CENT	ERLINE OF ARLING D LOT 7) THAT IS	STON HEIGHTS S 500.00 FEET
		SOUTH	ERLY, AS ME	ASURED ALO	NG SAI	D CENTERLINE OF	ROAD OF THE
		LINE OF	SAID LOT 7	, A DISTANCE	E OF 44	ST PARALLEL WI 1.27 FEET; THENC	E SOUTHERLY
		PARALI	LEL WITH THE HENCE EAST	E CENTERLINI PARALLEL W	E OF SA VITH TH	AID ROAD, A DISTA E NORTH LINE OF :	NCE OF 100.00 SAID LOT 7, A
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17	MISCELLANEOUS:		 				
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FOLLOW INSTRUCTIONS		_			
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here	line 1b was left blank				
9a, ORGANIZATION'S NAME					
SHG 2120 ARLINGTON HEIGHTS LLC					
OR 9b. INDIVIDUAL'S SURNAME.					
FIRST PERSONAL NAME					
ADDITIONAL NAME(S)/INITIA'-(S)	SUFFIX				
<u> </u>				IS FOR FILING OFF	
 DEBTOR'S NAME: Provide'(10a or 100) one additional Debtor name or do not omit, modify, or abbreviate any part of the Debtor's name) and enter the m 		line 1b or 2b of the I	inancing S	Statement (Form UCC1)	(use exact, full name;
10a. ORGANIZATION'S NAME					<u> </u>
OR 10b. INDIVIDUAL'S SURNAME					·
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INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S))_				SUFFIX
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10c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNO	OR SECURED PARTY	S NAME: Provide	only one ri	ame (11a or 11b)	
11a. ORGANIZATION'S NAME	51(02001121 () 11) 1 V	C / C III.	, , <u>, , , , , , , , , , , , , , , , , </u>		
OR	I THE PERSON IN THE		TARRITIC	DNAL NAME(S)/INITIAL	(S) SUFFIX
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIC	THAL NAME (S)/INTIAL	(S) SUFFIX
11c. MAILING ADDRESS	CITY	0,	STATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):			12	<u> </u>	
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	14. This FINANCING STATE			. <u> </u>	
13. X This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)	X covers timber to be		extracted	collateral X is filed	d as a fixture filing
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	16. Description of real estate DISTANCE OF 441.2	o: P7 FEET TO A P0	OINT IN	THE CENTERLIN	E OF SAID ROAI
(THENCE NORTHER	LY ALONG SA	ID CEN	terline, a dist	TANCE OF 100.0
	FEET TO THE PLACE OF DEDICATION R	E OF BEGINNIN	IG, (EXC	SEPT THAT PART 52) IN COOK CO	TAKEN BY PLA
	EXCEPTING FROM	PARCELS 1 AN	D 2 DES	CRIBED ABOVE	THE FOLLOWIN
	DESCRIBED PROPI	ERTY CONVEY	ED BY	DEED DATED JA	NUARY 29, 199
	INCORPORATED, A	WISCONSIN CO	ORPOR.	ATION TO THE PI	EOPLE OF STAT
	OF ILLINOIS, FOR	THE USE OF	F BENE	EFIT OF THE D	EPARTMENT C
	TRANSPORTATION	, MORE PARTIC	ULARL	Y DESCRIBED	
					
17. MISCELLANEOUS:					

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FOLLOW INSTRUCTIONS		-			
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here	line 1b was left blank				
9a. ORGANIZATION'S NAME		1			
SHG 2120 ARLINGTON HEIGHTS LLC					
OR 9b. INDIVIDUAL'S SURNAME					
SE REPUBLIC CONTAINS					
FIRST PERSONAL NAME		-			
ADDITIONAL NAME(S)/INITIA'_(S)	SUFFIX				
				IS FOR FILING OFFICE	
 DEBTOR'S NAME: Provide (10a or 10b) min one additional Debtor name or do not omit, modify, or abbreviate any part of the Dribtor's name) and enter the m 	Debtor name that did not fit in the land the land the land address in line 10c	n line 1b or 2b of the	Financing :	Statement (Form UCC1) (use	exact, full name;
10a. ORGANIZATION'S NAME					
OR 10b, INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	7				SUFFIX
INDIVIDUAL O NODITIONAL INVIDENCE (O)	4				
10c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
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11. ADDITIONAL SECURED PARTY'S NAME OF ASSIGN	OR SECURED PARTY	"S NAME: Provide	only <u>one</u> n	ame (11a or 11b)	
11a. ORGANIZATION'S NAME		X,			
OR 11b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		TADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
110. INDIVIDUAL'S SURNAME	THOT I ENGOINE WAIL			,	
11c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	<u>. </u>				
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13. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STAT			collateral X is filed as a	. fixtura filina
15. Name and address of a RECORD OWNER of real estate described in item 16	X covers timber to be				
(if Debtor does not have a record interest):	AS FOLLOWS TH	AT PART OF	LOT 7	IN SUBDIVISION OF IP 41 NORTH, RANGE	F JOSEPH A
	THE THIRD PRINCI	PAL MERIDIAN,	IN COO	K COUNTY, ILLINOIS	, ACCORDIN
r	TO THE PLAT THE	REOF RECORD	ED MAY	29, 1899 AS DOCUM	IENT 2826756
	DESCRIBED AS FO		et con	NER OF SAID LOT 7	· THENCE O
	AN ASSUMED BEA	RING OF SOUTI	1 07 DE	GREES, 13 MINUTES,	, 20 SECOND
	WEST ALONG TH	E EASTERLY L	INE OF	SAID LOT 7, BEIN	G ALSO TH
	CENTERLINE OF A	KLINGTON HEIL	אכוחכ	OAD, A DISTANCE O	ı
					<u></u>
17. MISCELLANEOUS:	<u></u>				

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FOLLOW INSTRUCTIONS						
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here	line 1b was left	blank				
9a. ORGANIZATION'S NAME						
SHG 2120 ARLINGTON HEIGHTS LLC						
	-					
OR 9b. INDIVIDUAL'S SURNAME						
FIRST PERSONAL NAME						
	1	SUFFIX				
ADDITIONAL NAME(S)/INITIA'_(S)	(SUFFIX	THE ABOVE	SPACE	IS FOR FILING OFFICE	USE ONLY
10. DEBTOR'S NAME: Provide (10a or 10a) min' one additional Debtor name or				_		
do not omit, modify, or abbreviate any part of the Dr htor's name) and enter the m	nailing address i	n line 10c				
10a. ORGANIZATION'S NAME						
OR 10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	7		_			SUFFIX
10c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
		<u>)</u>				<u> </u>
11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNO	OR SECURI	EL PARTY'S	NAME: Provide of	only one na	ame (11a or 11b)	
11a. ORGANIZATION'S NAME		17%				
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSO	ONAL NAMC		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY		Q,	STATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
12. ADDITIONAL SI AGE FOR IT ENTITY (OSTITUTION).			•	S		
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13. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	I —	NCING STATEM		extracted	collateral X is filed as a	fixture filing
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	350.00 FF NORTH I MINUTES A DISTAI THENCE SAID SO NORTH L DEGREE THENCE	PROPERTY 6, 20 SECON NCE OF 250. SOUTH 88 D UTH PROPI LINE OF SAID S, 42 MINUT NORTH 07 D	LINE; THENCI DS WEST ALC 00 FEET TO T EGREES, 05 M ERTY LINE, S LOT 7, A DIST ES, 24 SECO	E CONT DNG THI HE GRA MINUTES SAID LII FANCE (NDS EA MINUTES	IG, BEING ALSO THE TINUING SOUTH 07 I E SAID EASTERLY LI INTOR'S SOUTH PRO S, 19 SECONDS WES NE BEING PARALLE OF 54.72 FEET; THEN AST, A DISTANCE OI S 49 SECONDS EAST	DEGREES, 1 INE OF LOT TOPERTY LINE T ALONG TH EL WITH TH ICE NORTH 0 F 51.29 FEET
17. MISCELLANEOUS:						

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OLLOW INSTRUCTIONS					
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if I because Individual Debtor name did not fit, check here	line 1b was left blank				
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9a. ORGANIZATION'S NAME					
SHG 2120 ARLINGTON HEIGHTS LLC					
R ₁₀₀ , NONGOVANG GURNANG					
R 9b. INDIVIDUAL'S SURNAME					
FIRST PERSONAL NAME					
ADDITIONAL NAME(S)/INITIA'L(S)	SUFFIX				
ADDITIONAL NAME(S), INTITE 2(3)	00.11%	THE ABOVE	SPACE	IS FOR FILING OFFIC	CE USE ONLY
DEBTOR'S NAME: Provide (10a or 100) an, one additional Debtor name or do not omit, modify, or abbreviate any part of the Or stor's name) and enter the m				 .	
10a. ORGANIZATION'S NAME					
10b. INDIVIDUAL'S SURNAME		<u> </u>			
INDIVIDUAL'S FIRST PERSONAL NAME					···
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INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	4				SUFFIX
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
. ADDITIONAL SECURED PARTY'S NAME of ASSIGNO	OR SECURED PARTY'S	NAME: Provide o	ntv one n	ame (11a or 11b)	
11a. ORGANIZATION'S NAME ASSIGNO	JK JEGOKELT 1911	TONGE O	iny one i	3/112 (1 12 3/ 1 / 12)	
R 11b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	DNAL NAME(S)/INITIAL(S	S) SUFFIX
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c. MAILING ADDRESS	CITY	0	STATE	POSTAL CODE	COUNTRY
ADDITIONAL SPACE FOR ITEM 4 (Collateral):	<u> </u>		.0	· · · · · · · · · · · · · · · · · · ·	•
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B. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14. This FINANCING STATEM	MENT:			<u> </u>
REAL ESTATE RECORDS (if applicable)	X covers timber to be a	_	extracted	collateral X is filed	as a fixture filing
Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	16. Description of real estate: PROPERTY LINE; TH EAST ALONG THE	SAID NORTH	I PRO	PERTY LINE, SA	ID LINE BEIN
	PARALLEL WITH TH	OF BEGINNING	E OF S. G, IN C	OOK COUNTY, ILL	INOIS.
	PARCEL 1: 2124 SOL PIN: 08-16-200-035-0		N HEI	SHTS ROAD	
	PARCEL 2: 2120 SOL PIN: 08-16-200-109-0		N HEI	SHTS ROAD	