UNOFFICIAL COPY

Doc#: Karen A. Y Cook Cou Date: 12/1

Doc#: 1234735045 Fee: \$42.00 Karen A. Yarbrough RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 12/12/2012 10:57 AM Pg: 1 of 3

JCC FINANCING STATEMENT			
OLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional]			
MARGARET VIZZINI 312/836-5337			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
TILLINOIS HOUSING DEVELOPMEN	T T		
AUTHORITY	·-		
401 N. MICHIGAN AVE., STE 700			
CHICAGO, IJ, 60611			
ATTN: LEGAL DEPARTMENT			
	THE ABOVE	SPACE IS FOR FILING OFFICE I	USE ONLY
1. DEBTOR'S EXACT FULL LEGAL NAME sert only one debtor name	e (1a or 1b) - do not abbreviate or combine names		
1a. ORGANIZATION'S NAME			
1411-23 SHIELDS LLC		LADDIE HALE	Teneriv
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Ic. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
325 N WELLS, 8TH FLOOR	CHICAGO	IL 60654	USA
d. TAX ID #: SSN OR EIN ADD'L INFO RE 19. TYPE OF ORGANIZAT.		1g. ORGANIZATIONAL ID #, if a	ny
ORGANIZATION LLC	, 'L'LINOIS	04125657	NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only			
C ADDITIONAL DEDITOR 3 EXACT FULL LEGAL NAME - Insertably (one debtor name (25, or 2b) - do not abbreviate or comb	oine names	
2a. ORGANIZATION'S NAME	one debter name (22 or 2b) - do not abbreviate or comb	oine names	
2a. ORGANIZATION'S NAME		IMIDDLE NAME	SUFFIX
	one debt.r name (22 or 2b) - do not abbreviate or comb		SUFFIX
28. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME			SUFFIX
28. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	
26. ORGANIZATION'S NAME 26. INDIVIDUAL'S LAST NAME 26. MAILING ADDRESS 26. TAX ID #: SSN OR EIN ADD'L INFO RE 26. TYPE OF ORGANIZATION	FIRST NAME	MIDDLE NAME	COUNTRY
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME 2c. MAILING ADDRESS	FIRST NAME	MIDDLE NAME STATE POSTAL CODE	COUNTRY
26. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME 2c. MAILING ADDRESS 2d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 26. TYPE OF ORGANIZATION DEBTOR	FIRST NAME CITY N 21. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE 20. ORGANIZATIONAL ID #, if a	COUNTRY
28. ORGANIZATION'S NAME 20. INDIVIDUAL'S LAST NAME 20. MAILING ADDRESS 20. TAX ID #: SSN OR EIN ADD'L INFO RE 28. TYPE OF ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIG	CITY N (2f. JURISDICTION OF ORGANIZATI') SNOR S/P) - insert only one secured party name (3a •	STATE POSTAL CODE 20. ORGANIZATIONAL ID #, if a	COUNTRY
26. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME 2c. MAILING ADDRESS 2d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR 26. TYPE OF ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGN	CITY N (2f. JURISDICTION OF ORGANIZATI') SNOR S/P) - insert only one secured party name (3a •	STATE POSTAL CODE 20. ORGANIZATIONAL ID #, # a	COUNTRY INON
26. ORGANIZATION'S NAME 26. INDIVIDUAL'S LAST NAME 26. MAILING ADDRESS 26. TAX ID #: SSN OR EIN ADD'L INFO RE 26. TYPE OF ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of AS	CITY N (2f. JURISDICTION OF ORGANIZATI') SNOR S/P) - insert only one secured party name (3a •	STATE POSTAL CODE 20. ORGANIZATIONAL ID #, if a	COUNTRY
26. ORGANIZATION'S NAME 26. INDIVIDUAL'S LAST NAME 26. MAILING ADDRESS 26. TAX ID #: SSN OR EIN ADD'L INFO RE 28. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE OF ASSIGNAME ILLINOIS HOUSING DEVELOPMENT A	FIRST NAME CITY N 2f. JURISDICTION OF ORGANIZATI N SNOR S/P) - insert only one secured party name (3a AUTHORITY	STATE POSTAL CODE 20. ORGANIZATIONAL ID #, # a	COUNTRY INONE
26. ORGANIZATION'S NAME 26. INDIVIDUAL'S LAST NAME 26. MAILING ADDRESS 26. TAX ID #: SSN OR EIN ADD'L INFO RE 28. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE OF ASSIGNAME ILLINOIS HOUSING DEVELOPMENT A	FIRST NAME CITY N 2f. JURISDICTION OF ORGANIZATI N SNOR S/P) - insert only one secured party name (3a AUTHORITY	STATE POSTAL CODE 20. ORGANIZATIONAL ID #, # a	COUNTRY INONE

ALL OF DEBTOR'S EQUIPMENT, ACCOUNTS AND GENERAL INTANGIBLES, AND ALL OF DEBTOR'S RIGHT, TITLE AND INTEREST IN THE FIXTURES NOW OR HEREAFTER ATTACHED OR AFFIXED TO, OR CONSTITUTING A PART OF, OR LOCATED IN OR UPON, THE REAL PROPERTY DESCRIBED ON EXHIBIT A ATTACHED HERETO AND MADE A PART HEREOF, TOGETHER WITH ALL PROCEEDS THEREOF.

60017

1st AMERICAN TITLE order #__

•						
5. ALTERNATIVE DESIGNATION (if applicable):	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed			QUEST SEARCH REPOR	RT(S) on Debtor(s)	All Debtors De	blor 1 Debtor 2
ODTIONAL CILED DECEDENCE DATA						

FAF-040

4. This FINANCING STATEMENT covers the following collateral:

CHRISTIAN VISION CENTER

COOK COUNTY

1234735045 Page: 2 of 3

UNOFFICIAL COPY

UCC FINANCIN FOLLOW INSTRUCTIO A. NAME & PHONE OF	NS (front and back CONTACT AT FILE	c) CAREFULLY ER [optional]				
MARGARET						
B. SEND ACKNOWLED	GMENT TO: (Nan	ne and Address)				
I _{ILLINOIS} AUTHOR	·	DEVELOPMENT	7			
		VE., STE 700				
	O. IC 50611	. v L., B1L 700				
	EGAJ, DEPA	ARTMENT				
	0,		_]			
DEBTOD'S EVACE	FULL LEGAL MANA			E SPACE IS FO	OR FILING OFFICE US	E ONLY
1a. ORGANIZATION'S	NAME	≥ II sert only one debtor name (1a	a or 1b) - do not abbreviate or combine names			
1411-23 SH						
16. INDIVIDUAL'S LAS	NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
c. MAILING ADDRESS		O _x			-	
325 N WELLS,	8TH FLOO	R O	CHICAGO	STATE	POSTAL CODE 60654	COUNTR
d. TAX ID #: SSN OR EIN			11. JURISDICTION OF ORGANIZATION		ANIZATIONAL ID #, if any	USA
	ORGANIZATION DEBTOR	LLC	ILLINOIS		5657	П
ADDITIONAL DEBTO	R'S EXACT FULL	LEGAL NAME - insert only one	debtor na le (2a or 2b) - do not abbreviate or co	mbine names	-	<u></u>
28. ORGANIZATION'S	IAME					
R 25. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE NAME		SUFFIX
•			4			
c. MAILING ADDRESS			ату	STATE	POSTAL CODE	COUNTR
d. TAX ID #: SSN OR EIN	ADD'L INFO RE	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2- 000		
	ORGANIZATION DEBTOR	I	21.30 NISDICTION OF ORGANIZATION	Zg. ORG	ANIZATIONAL ID #, if any	
		of TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert only one secured party name (3a o	or 3hi		
. SECURED PARTY	IAME	•				
3a. ORGANIZATION'S N		VELOPMENT AU		\mathcal{T}		
3a. ORGANIZATION'S H			FIRST NAME	MIDDLE	AV NT	SUFFIX
38. ORGANIZATION'S N	MANUE			1		1
3a. ORGANIZATION'S H	TANAL		ату	STATE	POST, LCCUE	COUNTRY

ALL OF DEBTOR'S EQUIPMENT, ACCOUNTS AND GENERAL INTANGIBLES, AND ALL OF DEBTOR'S RIGHT, TITLE AND INTEREST IN THE FIXTURES NOW OR HEREAFTER ATTACHED OR AFFIXED TO, OR CONSTITUTING A PART OF, OR LOCATED IN OR UPON, THE REAL PROPERTY DESCRIBED ON EXHIBIT A ATTACHED HERETO AND MADE A PART HEREOF, TOGETHER WITH ALL PROCEEDS THEREOF.

5. ALTERNATIVE DESIGNATION [if applicable]:		SELLER/BUYER AG. LIEN NON-UCC FILING
6. This FINANCING STATEMENT is to be filed [for ESTATE RECORDS. Attach Addendum	ir record] (or recorded) in the REAL 7. Check to REQUEST SEARCH REPO	ORT(S) on Debtor(s) [optional] All Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA		
FAF-040	CHRISTIAN VISION CENTER	COOK COUNTY

UNOFFICIAL COPY

EXHIBIT A

LEGAL DESCRIPTION

LOTS 11 THROUGH 19, BOTH INCLUSIVE IN BLOCK 79, IN THE SUBDIVISION OF BLOCKS 79, 80 AND 81 AND OUTLOT F OF CHICAGO HEIGHTS IN THE WEST HALF OF THE SOUTHEAST QUARTER OF SECTION 21, TOWNSHIP 35, NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

The Cook County Clark's Office Common Address. +211-27 Shields, Chicago Heights, Illinois

PINS: 32-21-402-036