UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

KIM CUNNEA 708-333-0700

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Providence Bank, LLC P.O. Box 706 South Holland, IL 60473



Doc#: 1311935015 Fee: \$44.00

RHSP Fee:\$10.00 Affidavit Fee:

Karen A. Yarbrough

Cook County Records: 4.7

Cook County Recorder of Deeds Date: 04/29/2013 09:39 AM Pg: 1 of 4

FINANCING STATEMENT IS RECORDED FOR SCRIVENER'S

Doc#: 1323545050 Fee: \$46.25 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 08/23/2013 10:09 AM Pg: 1 of 4

1 DERTODIC SYLVE		<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_ SPACE IS FO	OR FILING OFFICE U	JSE ONLY	
1a. ORGANIZATION'S	FULL LEG/ L NAME - in	sert only <u>one</u> debtor name (1a	or 1b) - do not abbreviate or combine names				
	(W ()) L	ROPERTIES, II					
OR 1b. INDIVIDUAL'S LAS	TNAME	ROPERTIES, II					
IN THE PROPERTY OF THE PROPERT		FIRST NAME	MIDDLE	NAME	SUFFIX		
1c. MAILING ADDRESS			CITY				
8060 W KRIST		Ox	ORLAND PARK	STATE	POSTAL CODE	COUNTRY	
1d. SEE INSTRUCTIONS		ORPORATION	1f. JURISDICTION OF ORGANIZATION IL		L BANIZATIONAL ID#, if an 44264		
2. ADDITIONAL DEBTO	R'S EXACT FULL LEG	AL NAME - insert only one	ebtr r ame (2a or 2b) - do not abbreviate or cor		11201	NON	
2a. ORGANIZATION'S N	NAME	mock only one o	anne (2a di 2b) - do not abbreviate or cor	nbine names			
OR OL HUDING			'				
2b. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE	MIDDLE NAME		
2c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY	
2d SEE INSTRUCTIONS ADD'L INFO RE 2e. TYPE OF ORGANIZATION		YPE OF ORGANIZATION	2f. JURISDICTION OF ORCAMIZATION	2g. ORGANIZATIONAL ID#, if any			
	ORGANIZATION DEBTOR			, i		_	
3. SECURED PARTY'S	NAME (or NAME of TOT.	AL ASSIGNEE of ASSIGNOR	S/P) - insert only one secured party name (3a	36		NON	
Jos. OKOANZATIONS N	AIVIE			37/			
OR 36. INDIVIDUAL'S LAST	CE BANK, LL	<u>C</u>		1/			
36. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIC D. E A	NAME	SUFFIX	
3c. MAILING ADDRESS							
	II) CTDEET	D.O. DOTZ FOR	CITY	STATE	POSTAF CODE	COUNTRY	
630 EAST 162N			SOUTH HOLLAND	IL	604//3	USA	
4. This FINANCING STATEME							
All Fixtures; whether	any of the foregoin	g is owned now or ac	quired later; all accessions, additio	ns, replacem	ents, and subotitu	ıtions Gi ating 🔊	
insurance, general in			quired later; all accessions, addition of the foregoing; all proceeds related.	ing to any of	the foregoing (inc	luding 1	
		,,-		MC)	l	PUL	
					CONTRACTOR OF THE PARTY OF THE	S /	
					<i>1</i> 7	Marie	

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-LICC FILING

8. OPTIONAL FILER REFERENCE DATA

All Debtors

) on Debtor(s) ionail

1323545050 Page: 2 of 4

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JCC FINANCING STATEMENT ADDENDUM					
OLLOW INSTRUCTIONS (front and back) CAREFULLY 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATE	MENT				
OF ORCANIZATION'S NAME					
MARKHAM ALL STAR PROPERTIES, INC	MIDDLE NAME, SUFFIX				
9b. INDIVIDUAL'S LAST NAME FIRST NAME					
10. MISCELLANEOUS:					
		THE ABOVE	SPACE IS	S FOR FILING OF	FICE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one na	me (11a or 11b) - do not abbrev	riate or combine name	es		
11a ORGANIZATION'S NAME					
OR 11b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	IAME	SUFFIX
11c MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
11d. SEE INSTRUCTIONS ADD'L INFO RE 11e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	11f. JURISDICTION OF ORG	ANIZATION	11g. ORG	ANIZATIONAL ID#, i	f any
	NAME instit only one name	e (12a or 12b)			
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	<u> </u>	MIDDLE	NAME	SUFFIX
126. INDIVIDUAL'S LAST NAME					
12c. MAILING ADDRESS	CITY	C/2	STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers timber to be cut or as extracted collateral, or is filed as a fixture filing. 14. Description of real estate: ADDRESS: 16655 SOUTH CRAWFORD AVENUE,	16. Additional collateral desc	ription:	Ś		
MARKHAM, ILLINOIS 60428 PIN: 28-23-300-020-0000				/Sc.	
LEGAL DESCRIPTION: THE WEST 235.00 FEET OF THE SOUTH 184.75 FEET OF LOT 7 IN ARTHUR T. MCINTOSH'S CRAWFORD AVENUE FARMS, BEING A SUBDIVISION OF THE WEST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 23, TOWNSHIP 36 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING SOUTH OF INDIAN BOUNDRY LINE, REFERENCE BEING HAD TO PLAT RECORDED MAY 21, 1918 IN BOOK 154 OF PLATS PAGE 16 DOCUMENT 6327419; (EXCEPTING THEREFROM THAT PART OF THE LAND					
15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):					
	17. Check only if applicable Debtor is a Trust or 18. Check only if applicable Debtor is a TRANSMITT Filed in connection with	Trustee acting with and check only one building UTILITY a Manufactured-Home	respect to p ox. e Transaction		or Decedent's Estate
	Filed in connection with	a Public-Finance Trai		nd Financial Solut	ione

1323545050 Page: 3 of 4

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UCC FINANCING STATE						
FOLLOW INSTRUCTIONS (front and bac 9. NAME OF FIRST DEBTOR (1a or 1b	k) CAREFULLY b) ON RELATED FINANCING STATE	MENT				
9a ORGANIZATION'S NAME	AR PROPERTIES, INC					
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
10. MISCELLANEOUS:						
000					IS FOR FILING OFFI	CE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT I	FULL LEGAL NAME - insert only one na	me (11a or 11b) - do not abbre	viate or combine name	s		
OR 11b INDIVIDUAL'S LAST NAME	Ć	FIRST NAME		MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS	0/	CITY		STATE	POSTAL CODE	COUNTRY
11d. SEE INSTRUCTIONS ADD'L INFO INFO INFO INFO INFO INFO INFO INFO	(E 1)C: 111 E O: O:(O:(III)	17 E JUR SDICTION OF ORGA	ANIZATION	11g OR	GANIZATIONAL ID#, if a	ny None
12. ADDITIONAL SECURED PAR 12a. ORGANIZATION'S NAME	TY'S <u>a</u> ASSIGNOR S/P'S	NAME - in sert only one name	e (12a or 12b)			
OR 12b INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS		CITY	0,,	STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers collateral, or is filed as a fixture filing 14. Description of real estate: CONVEYED TO THE COUNTY DEED RECORDED OCTOBER 22878309, BOUNDED AND DES BEGINNING AT THE SOUTHWEST THENCE EAST ON THE SOUTH THE EAST LINE OF THE WEST THENCE NORTH OF SAID THENCE NORTH OF SAID THENCE NORTH OF LOT 7 SAID SOUTH LINE OF LOT 7 PARALLEL LINE TO A POINT WEST LINE OF LOT 7 AFORE SAID PARALLEL LINE): THENCE POINT 27.00 FEET NORTH OF THE PLACE OF BEGINNING, (AS LINE OF LOT 7 AFORESAID ANGLES 15. Name and address of a RECORD OWNER Debtor does not have a record interest):	OF COOK BY WARRANTY 16, 1974 AS DOCUMENT SCRIBED AS FOLLOWS: ST CORNER OF SAID LOT 7; H LINE OF SAID LOT 7 TO 235.00 FEET AFORESAID; THE TO ITS INTERSECTION THOF AND PARALLEL WITH THENCE WEST ON SAID 27.00 FEET EAST OF THE SAID, (AS MEASURED ON ENORTHWESTERLY TO A AND 17.00 FEET EAST OF MEASURED ON THE WEST AND ON A LINE RIGHT	16. Additional collateral descr	iption:	C		
		17. Check only if applicable a Debtor is a Trust or 18. Check only if applicable a Debtor is a TRANSMITTI Filed in connection with a	Trustee acting with re and check only one box NG UTILITY	spect to p		Decedent's Estate
		Filed in connection with a	Public-Finance Trans		nd Financial Solution	ns

1323545050 Page: 4 of 4

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UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY					
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STA	TEMENT				
9a. ORGANIZATION'S NAME MARKHAM ALL STAR PROPERTIES, IN	C.				
9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME, SUFFIX				
10. MISCELLANEOUS:					
		THE ABOVE	SPACE	S FOR FILING O	FFICE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL (EC AL NAME - insert only one r	name (11a or 11b) - do not abbrev	iate or combine name	s		
11a. ORGANIZATION'S NAME			·		
OR 11b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
11d. SEE INSTRUCTIONS ADD'L INFO RE 11e. TYPE OF ORGANIZATION DEBTOR	111. JURISDICTION OF ORGA	NIZATION	11g. OR0	GANIZATIONAL ID#	if any
12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S	NAME instirt only one name	(12a or 12b)			
12a ORGANIZATION'S NAME	<i>U</i> 2				
OR					
12b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
 13. This FINANCING STATEMENT covers timber to be cut or collateral, or is filed as a limit fixture filling. 14. Description of real estate: 	16. Additional collateral descrip	otion:	Ś		· · · · · · · · · · · · · · · · · · ·
THERETO); THENCE NORTH PARALLEL WITH THE WEST LINE OF LOT 7 AFORESAID TO THE NORTH LINE OF THE SOUTH 184.75 FEET OF LOT 7 AFORESAID; THENCE WEST ON SAID NORTH LINE TO THE WEST LINE OF LOT 7 AFORESAID; THENCE SOUTH TO THE PLACE OF BEGINNING), IN COOK COUNTY, ILLINOIS					

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):					
	17. Check only if applicable an	_			
	Debtor is a Trust or T		pect to pro	perty held in trust	or Decedent's Estate
	Debtor is a TRANSMITTIN				
	Filed in connection with a M		ansaction		
	Filed in connection with a F				